The Midwife.

THE TREATMENT OF FORMS OF ANTE-PARTUM HÆMORRHAGE.

On January 12th, a lecture was delivered by Mr. Gordon Ley, to the members of the Nurses' Club, nurses and pupils of the City Road Lying-in Hospital on the subject of Treatment of Forms of Ante-Partum Hæmorrhage.

Placenta Prævia, he said, was far more common in the elderly multipara than in the primepara. Bleeding from this cause rarely started when labour commenced, but was present before the pains began, it was due to the stretching and relaxation of the lower uterine segment causing a portion of the placenta to detach. Bleeding generally begins in the 30th–36th week, and these patients rarely go to term. For some unexplained reason it generally occurs at night. It is a general rule that the first hæmorrhage does not start labour pains. As a result, one small portion becomes separated. In a week or two another hæmorrhage occurs, and yet another till the placenta gradually separates off. The amount of separated placenta acts as a foreign body, and stimulates the uterus to contract. After two or three pains profuse hæmorrhage starts. The earlier, however, bleeding occurs in pregnancy, the less when labour begins, as often the placenta is practically separated and each area is thrombosed.

The lecturer then dealt with diagnosis and treatment. With regard to the latter, there were he said two conditions that could be safely dealt with by the midwife.

One was when labour was far advanced, with a vertex presentation—in which case the membranes should be ruptured, a tight binder applied and a dose of ergot given. The second condition was when a foot presented, when the membranes should be ruptured, the foot pulled down and held on to till the arrival of a medical man.

In cases where the presenting part could not be felt and the hæmorrhage was severe, the midwife should plug very effectually, but these cases were rare, and it was very unusual to have to plug.

Results in placenta prævia from the mother's point of view were good. The babies were hopeless, whatever was done 66 per cent. were born dead.

The chief cause of mortality in these children was that they sit on the cord, and so cut off the supply of oxygen. Other causes were premature birth, and breech presentation.

Speaking of accidental hæmorrhage, the lecturer said it was not nearly so common as placenta prævia, and was unfortunately so called, as it was practically never caused by accident. All severe cases of this class had albuminuria, some had chronic Bright's disease, some heart disease. Careful enquiry had failed to attribute any one case to any one accident. Of the three varieties of this condition—Revealed, Concealed, and Combined—Revealed was by far the most common.

Diagnosis rested on the exclusion of placenta prævia. The bleeding was due to the one fact only—the contractions of the uterus separating the placenta. Very few cases of revealed accidental hæmorrhage die. The best treatment was to rupture membranes, put on a binder and give a dose of ergot. Concealed accidental hæmorrhage was by far the most serious. It was really caused by paralysis of the uterus, by a sudden large hæmorrhage. The bleeding continues till the expansion of the muscle fibre has reached its limit, and then the tension will stop it. Pains are absent, or the blood would track along. The diagnosis should be obvious; in appearance the patient will have all the symptoms of shock from loss of blood. As for the treatment, any attempt by the midwife to deliver the patient would kill her, she can do absolutely nothing.

The medical man can do two things, give morphia or open the abdomen. The first treatment in the opinion of the lecturer should be tried. The patient may recover from shock, the pains start, a binder be applied and the membranes ruptured. If the abdomen is opened, either a Cæsarian operation is performed or the uterus removed.

In the old days every single case of concealed hæmorrhage died because it was not understood that the condition was due to paralysis.

The following lectures will be given on the undermentioned dates:—

February 9th.—Venereal Disease in relation to Still Birth. Dr. Eardley Holland.

March 8th.—Toxæmia of Pregnancy. Mr. Gordon Ley.

April 13th.—Abnormal Uterine Pains. Mr. Comyns Berkeley.

THE TENDER EPITHELIUM OF THE NEWLY BORN.

Dr. Eric Pritchard in a recent lecture on the Care of the New Born Child, dealing with infection through the skin, pointed out the immense amount of harm that was done by injuring the tender epithelium of the newly born. The vernix caseosa was the child's protective armour, and should be removed with great caution and gentleness. The skin eruptions of the scalp in the form of dry crusts were often due to abraison. In like manner the cleansing of the nose, ears and mouth should be done with great ceremony and always with the softest wool. The practice of cleaning the mouth with linen wrapped round the finger leaving the nail exposed, commonly produced ulcers on the palate. He also deplored the practise of clearing off the meconium by castor oil as it was nature's method of protecting the intestine from infection.

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