

help all those who wish for their aid when they leave the infirmary.

We must not forget to mention the excellent charts in use in the wards, designed by Dr. Hood, which might well be adopted by many other institutions.

By the kindness of the Matron we are able to publish the accompanying illustrations of the staff, and the labour ward.

PLACENTA PRÆVIA AND CÆSAREAN SECTION.

Dr. A. G. Tresidder, M.D., Captain in the Indian Medical Service, and Staff Surgeon, Poona, discusses in the *Lancet* the conditions

been very satisfactory, both as regards the maternal mortality and that of the infants. The maternal mortality of placenta prævia treated on the ordinary lines is four to eight per cent., and the average foetal mortality is sixty per cent. Munro Kerr says: 'The best figures give four per cent. and thirty-five per cent. respectively, and they are as low as one can ever expect to reach with the present recognised methods of treatment.' But in certain cases of placenta prævia, such as the one described below, Cæsarean section would, I think, justify us in expecting much better results than a maternal mortality of four per cent. and a foetal one of thirty-five per cent.

"As regards the mothers, there seems no special reason why Cæsarean section, performed in suitable cases of placenta prævia should not



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under which Cæsarean section should be performed in cases of placenta prævia. He writes:—

"One meets only a few cases of placenta prævia in which the condition of both mother and child justifies the operation of Cæsarean section. This is more especially so in hospital practice, where such patients are usually admitted in a more or less advanced stage of labour and only after there has been a considerable loss of blood—a state of affairs which would obviously contraindicate a major operation when other means of delivery are open to us.

"In recent years it has been recognised that the best treatment for certain cases of placenta prævia is Cæsarean section, and the results obtained among these carefully selected cases have

yield quite as good results as it does in cases of contracted pelvis, when the operation is performed under the best conditions—the maternal mortality then being 2.9 per cent. (Amand Routh). . . . One other great advantage to the mother is a lesser risk of morbidity as compared with that which results from the necessary manipulations, often prolonged, which accompany delivery *per vias naturales*.

"The foetal mortality must obviously be very greatly reduced by Cæsarean section, and the rate of thirty-five per cent. at the best would be reduced to one of about five per cent. Further, in most cases, the mother should be as well able to nurse her infant as after normal delivery, a result which, because of some slight sepsis or as the result of hæmorrhage before and during delivery,

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