

The Midwife.

TRANSFUSION OF BLOOD IN AN OBSTETRICAL CASE.*

By A. R. YOUNG, Baltimore, Maryland.

I was called to Mrs. A., an obstetrical patient, at 8.30 one morning. On reaching her, I found that the membrane had ruptured the previous evening with no pain. An hour after my arrival the pains started, an hour apart, and were very slight until 6.30 p.m., when they became more severe, at half-hour intervals.

A local bath and enema were given. At 10 p.m., the pains became very severe, five and ten minutes apart, but with no progress. The patient's pulse was 110; at 4.30 a.m., 112. She seemed nervous and unable to use her pains. Morphine sulphate, gr. $\frac{1}{4}$, was given by the doctor, who remained at the house all night. Two vaginal examinations were made during the night. At 6.30 a.m., the patient had a hard chill; pains five minutes apart, but not so severe. Another vaginal examination showed the cervix to be dilated to the size of a silver dollar. At 8.30 the temperature was 100.2; pulse, 122; respiration, 24. At 8.10 a second doctor had been called; at 8.45 an anaesthetic was given; the pulse at 9 a.m. was 145 and very weak. Strychnine sulphate, gr. one-thirtieth, was given by hypodermic.

At 9.05 high forceps were applied and at 9.20 the child was delivered, living, without injury, weighing 8 lbs. The patient's pulse became very rapid and at 9.30 the placenta was expressed, bimanually; ergot was given by hypodermic, $\frac{1}{16}$ lx, hemorrhage was profuse. The uterus was packed, the legs were bandaged, the bed elevated, and external heat applied. Atropine sulphate, gr. one-hundredth morphine sulphate, gr. $\frac{1}{4}$ by hypodermic, and black coffee 1 pint, by rectum, were given. At 10.15 the patient had ergot $\frac{1}{16}$ xxx, and the doctors left, as the patient's pulse was stronger and they thought she would be all right.

At 10.30 the pulse became very weak, the rate was 170 with poor volume. There was marked pallor and extreme thirst. The doctor was called. Strychnine sulphate, gr. one-fortieth, and whisky were ordered, given by hypodermic. Saline solution was given by the Murphy method; black coffee, \mathfrak{z} iii by mouth.

At 11, ergot $\frac{1}{16}$ xxx was given by hypodermic. The pulse became stronger, rate 170, fairly good volume. At noon the rate was 172. Strychnine sulphate, gr. one-thirtieth, was given by mouth. At 1 p.m. the pulse was 176, egg and milk with whisky were given. The patient vomited ten minutes after taking this. At 2 p.m. the temperature was 98; pulse, 174; respiration, 30. Ergot,

$\frac{1}{16}$ xxx and quinine, gr. ii, were given by mouth. At 3 p.m. strychnine, gr. one-thirtieth, was given; the pulse was very weak.

At 5 p.m. three doctors were called in consultation, and blood transfusion was advised, as it was thought there might be a rupture of the uterus. At 6.30, Mrs. A. was removed to a hospital, and at 8.30, transfusion was started, her pulse being 164. The blood was given by Mr. A. and a direct transfusion was the mode of procedure. Blood was sent over to the patient for five minutes, during which time she picked up sufficiently to allow the packs in her uterus to be removed by the obstetrician in order to discover the cause of the damage, during the manipulations. The transfusion was temporarily discontinued. The pack having been removed without bleeding, it was immediately seen that the cause of hemorrhage was a bad tear through one side of the cervix.

A trachelorrhaphy and perineorrhaphy were therefore hurriedly done, during the course of which the patient was given more blood for six or seven minutes in order to still further resuscitate her; the total amount being about 400 cc. She would have been given more, but in conditions such as this, where there is a big raw surface, and where a raised blood pressure might cause renewed bleeding by forcing out of the uterine veins the little life-saving thrombi, it was considered wise to give no more blood than was absolutely required to tide the patient over her difficulties.

During the transfusion the blueness left Mrs. A.'s lips, her face changed from a deathly pallor to a hue of life, her breathing became easier and her pulse began to steady itself. She was taken from the operating room, with pulse 136, and in fairly good condition. She was given 500 cc. of saline solution, Murphy method, water was given copiously during the night, she slept at intervals, her pulse running from 124 to 130, temperature 99.8 to 100.2, due to reaction.

During the first 72 hours the temperature ran from 100 to 100.8 the pulse 124 to 130. The first week the temperature ran 99.8 to 100.4, pulse 108 to 120. During the second week the temperature and pulse were becoming normal.

In spite of all she had gone through there was no infection, and at the end of three weeks, Mrs. A. and her baby left the hospital in good condition.

RECIPROCITY OF TREATMENT.

The importance of provision for reciprocity of treatment in the Midwives Act for England and Wales is apparent, now that the Scottish Midwives Act has been passed. That Act gives power to the Board to grant its certificate to a woman trained and certified as a midwife in any other part of His Majesty's Dominions which admits to its register midwives certified under the Scottish

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