

The Midwife.

THE RÔLE OF CÆSAREAN SECTION IN MIDWIFERY.

The discussion on the Rôle of Cæsarean Section in Midwifery was opened at the recent meeting of the British Medical Association at Newcastle-on-Tyne by Professor J. M. Munro Kerr (Glasgow) and Dr. Eardley Holland (London).

As reported in the *Lancet* :—

Professor Kerr observed that his remarks would be confined entirely to a discussion of the indications for Cæsarean section. The question of technique would be considered by Dr. Holland. Apart from, perhaps, the question of toxæmias, there was no subject in obstetric medicine which was more interesting than Cæsarean section. The modern operation dates back to the "eighties," when stitching of the uterus was introduced by Sænger. The name of Murdoch Cameron should also always be remembered in association with this early pioneer work. At that time contracted pelvis and tumours of the uterus and ovaries obstructing the birth canal were the only indications. In 1898 Lawson Tait suggested placenta prævia as an indication, a suggestion which fell almost as a bomb-shell at the time. In later years, grave eclampsia, accidental hæmorrhage, rigidity of the birth canal, prolapse of the cord, and many other conditions have been cited as indications. This is but natural, since the scope of any surgical operation extends as the technique becomes more perfect. He would like to enter a word of caution in this connection: discretion must be exercised in selecting cases which are suitable. It should be remembered that after the operation the uterus is permanently injured and liable to rupture in subsequent labours. This very fact limits the scope of the operation. Take, for example, the case of the young primipara with eclampsia. Either she must be sterilised at the original operation, or she must run the risk of a ruptured uterus in a later pregnancy. Sterilisation is a crude procedure and not justifiable. Again, there is the case of the elderly primipara where a difficult forceps operation frequently results in the birth of a dead child and much injury to the mother. Cases such as this, where the indication is not absolute but relative, lead one to the conclusion that all obstetric work should be carried out in hospital or nursing home where every facility is available. Personally, the speaker was convinced that the time will come when all primiparae and many multiparae will be confined in institutions, as against the present practice. The argument has been put forward that the younger school of obstetricians are too surgically inclined. This he did not believe was the case. In fact, it could hardly be so, as every labour was really a surgical operation.

MATERNITY MORTALITY.

According to *Kai Tiaki* the Health Department in New Zealand is making special investigation into the causes of deaths of women in childbirth, the rate of which for the whole Dominion is considered far too high—viz., 6 per cent. The Minister of Health has made the following announcement in the press :—

"Our policy must be to enlist the hearty co-operation of all doctors and midwives in necessary reforms. We must educate and help the mothers, and we must promote the best education, training, and practice for doctors, nurses and midwives inside and outside our medical school and maternity hospitals. I think the proper care and safeguarding of mother and child must bulk much more largely in the teaching of medical students and nurses than has been the case in the past. Every monthly nurse should be kept up-to-date, so that she may be a safe and reliable helper. I shall make suggestions to the Board of Health in the direction of improving the knowledge and practice of all existing maternity nurses and midwives. Lectures and demonstrations to midwives may enter into our programme, so as to bring their practice up-to-date, and convince them that their help and co-operation is essential. Conferences with the University authorities, the B.M.A., and the doctors, with a view to getting their help, must also be arranged.

"I am clear that some legislation is necessary. For instance, under the existing law an untrained and uncertificated woman may take in one case at a time if there be no doctor in attendance. I find that there are a good many of these cases. I think I must draw Parliament's attention to this matter, and ask it to review this practice. In the meantime the Medical Officers of Health all over New Zealand are now inquiring into every death in childbirth, and the cause, and we are getting some interesting information. Inspection of all private nursing homes must be greatly improved. I hope by a policy of friendly co-operation with the various interests concerned soon to effect a substantial reduction in our unjustifiably high death-rate. The matter is one of national importance."

A NEW DEPARTURE.

A correspondent forwards the following cutting :
BIRTHS.

WEBB-JOHNSON.—On September 5th, at East Sheen, the wife of Dr. Cecil Webb-Johnson, of a daughter. (In Twilight Sleep.)

"Does this mean," she enquires, "that a new style of announcing births is imminent; that in future we shall see inserted in the press, 'chloroform,' 'forceps,' and other aids to parturition?"

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