The Midwife.

THE CONGRESS OF OBSTETRICS AND GYNÆCOLOGY.

Professor Beckwith Whitehouse presided over the ninth British Congress of Obstetrics and Gynaecology held at the University of Birmingham from April 5th–7th. A most interesting report of the proceedings is published in *The Lancet* of April 15th, from which we extract portions of greatest interest to those midwives who are alert to keep themselves informed on the latest opinions, and newest methods, of distinguished obstetricians.

Anæmia of Pregnancy

Prof. Leonard Parsons and Dr. R. J. Gittins read papers on the effect of anæmia of pregnancy on the fœtus. The milk of mammalians, they said, was deficient in copper and iron, and in their young this deficiency was made good by the utilization of copper and iron stored chiefly in the liver and spleen during intra-uterine life. Nutritional anæmia in infants could arise if storage is deficient, or if the postnatal supply is abnormally poor, or both; by prolongation of milk feeding; and in premature babies and twins. Mineral deficiencies affected the maturation of the erythron chiefly in its later stages. A series of cases of anæmia in mother and child had been studied and showed various combinations; apparently the mother could sometimes retain iron at the expense of her baby. Anæmia, often termed physiological, occurred during pregnancy especially during the later months; the usual view was that this was largely due to hydræmia, but Strauss and Castle had found a true hypochromic anæmia and gastric anacidity in some pregnant women who had taken a defective diet. Was the extreme restriction of protein during pregnancy, as advised by some, a contributory factor to anæmia in mother and child?

An attempt had been made to observe the effect on the babies' hæmoglobin contents by administering (1) dried yeast, (2) sterilized wheat germ, (3) iron, to three different unselected groups of women with a fourth group as control. This work was still in progress and only an interim report on 689 hæmoglobin estimations on 232 women and 142 babies was at present available. In the control group, 245 estimations during pregnancy showed curves very similar to those of Galloway (1929) and Strauss and Castle (1932). A mean value of 83 per cent. in the fourth month fell to 76 per cent. in the last three months. In the puerperium there was a steady rise from the second month to the sixth, when a level of 92 per cent, was reached; this corresponded with that of 52 female surgical out-patients, who did not appear to be anæmic. The babies showed a mean of 92 per cent. in the second month falling to 86 per cent. in the fourth month; this fall was strikingly less than that found by Dr. Helen Mackay. There was no difference between the babies of primiparæ and multiparæ, or between breast and artificially fed babies. The figures of the mothers to whom yeast or wheat germ was given for two months or more during pregnancy were very small, but the babies had not, so far, shown any increase in hæmoglobin content. The mothers who took iron for more than two months during pregnancy regained a normal level of hæmoglobin in the puerperium more quickly than the controls. A few women were examined a second time during pregnancy and showed a rise in hæmoglobin in every case but one. Their babies were at a higher level in the second month, but fell to the same level in the fourth month. A selected group was composed only of women that had started taking iron in the fourth and sixth months, and though almost half had taken it for only short periods, this group showed slightly better results than the whole iron group.

It appeared probable that the anæmia of pregnancy was largely physiological, and probably due to hydræmia, but the above results suggested that it was not entirely so. Probably in a large group of women some required iron. It might be assumed that a good quantity of iron was desirable in the diet of the pregnant woman.

Prof. Leyland Robinson emphasised the importance of liaison between the pædiatrician and obstetrician.—Prof. C. G. Lowry uttered a warning against excessive meat restriction during pregnancy.

Uterine Action and its Abnormalities

Mr. Aleck Bourne, in opening a discussion on uterine action, pointed out that feeble contractions were the cause of many of the disasters of childbirth. For the child the long labour was a considerable risk. He had searched the records of over 4,500 consecutive deliveries at Queen Charlotte's Hospital and had found 49 cases of genuine primary uterine inertia, in 13 of which the cervix was described as definitely rigid. The condition was not common, its incidence being 1 in 150 among "booked" cases, as against 1 in 18 among "emergency" cases. Inertia was not influenced by maturity or by the weight of the child; it was five times more common in primigarvidæ, and malpresentation was not a predisposing factor. In this series there was an unduly high number of cases of albuminuria. The membranes ruptured prematurely in 30 out of the 49 cases, and this early rupture appeared to have some definite connection with the inertia, though it might not necessarily be causal. Manual removal of the placenta was performed eight times. Sedatives had been employed in most of the cases, and in less than half the total was delivery spontaneous. In only two cases was manual dilatation of the cervix performed. The maternal mortality was 10 per cent. and morbidity 40 per cent. He emphasised the part played by fear in causing weak contractions. A contented and care-free woman would usually have an easy labour, and one of the most important functions of the medical attendant was to obtain the confidence of the mother, especially during the antenatal period.

Cæsarian Section—Hydramnos

Mr. Victor Bonney read the paper on Cæsarian Section. (This appears in full, with illustrations, in another part of the paper, it is of great interest, and we hope to refer to it in a subsequent issue.)

Mr. Rivett described ten cases of hydramnios in which he had performed paraceutesis. He had injected indigo-carmine into the amniotic sac to see whether it would be absorbed by the mother and thus excreted in the urine. The result was negative. Similarly, when insulin was introduced there was no appreciable reduction in the maternal blood sugar. He thought paraceutesis a rational method of treatment, and that there was little risk attached to it.

Prof. Munro Kerr mentioned that he had injected uroselectan into the amniotic sac for the diagnosis of placenta prævia, but 40 per cent. of the cases went into labour as a result of the injection.

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