E. Rupture of Perineum.

May be caused by precipitate labour, malposition of the fœtal head (delivery of an unreduced occipto-posterior position or of the after-coming head in a breech delivery), rough or clumsy manipulations by the attendant in allowing premature extension before escape of the occiput, incomplete anesthesia, faulty technique during forceps delivery.

May be incomplete—not involving the sphincter ani. May be complete—involving the sphincter ani and frequently splitting the lower part of the anterior rectal

May be central—where a small portion of the anterior part of the perineum remains intact.

F. Rupture of the Vulva and Urethra.

Especially common after delivery by forceps. May be very minor lacerations, very extensive injuries involving the urethra, or even avulsion of the urethra from the bladder.

In most cases sloughing occurs with formation of a vesico-vaginal fistula, leaving the patient incontinent.

G. Rupture of the Symphisis Pubis.

May occur during course of normal labour. Usually some departure from normal is present, e.g., high forceps delivery, feetal malposition, pelvic contraction or abnormal size of feetal head. May also arise from excessive abduction of patient's thighs when in lithotomy position or from extreme restlessness of patient.

H. Osteo-myelitis of the Pubis.

Rare condition which may occur in the puerperium.

I. Injury to Sacro-Iliac Joint.

May arise from difficult labour, e.g., after high forceps delivery.

May also occur after operation of symphisiotomy, for outlet dystocia, if divided bones have been separated too widely.

Criticism of Multiplicity of Responsibility in Maternity Cases.

Speaking at the opening in Gloucester of the 28th annual refresher course for Nurses, Midwives and Health Visitors, Dr. P. Phillips of Southmead Hospital, Bristol, criticised the multiplicity of responsibility in maternity cases.

"In my view," he said, "there will need to be a much closer integration of the various authorities concerned with the care of mothers if the whole Service is to run as smoothly as we should like.

"At the present time, it is possible that a mother may pass from the control of her ordinary medical adviser to the Maternity and Child Welfare Service of the local authority, and then to the specialist services in the hospitals, which are under the control of the Hospital Management Committee and a Regional Board. It is so often the emergency case, always fraught with considerable risks and dangers where this change of responsibility occurs."

In Bristol, the speaker said, by a system of Consultant Clinics, they had endeavoured to make sure that every mother should be covered by the services of a particular consultant, should such an emergency arise. "But in the best interests of the patients," concluded Dr. Phillips, "I regard closer integration of all these services as very important."

Venereal Diseases.

SINCE JANUARY V.D. PRESS ADVERTISEMENTS have been appearing in selected national daily and Sunday papers, women's weekly and monthly magazines and national weeklies.

In support of this publicity the Central Office of Information has produced a new series of four posters for the Ministry of Health, two of which are now available; the remaining two will be issued separately at six-monthly intervals. All these posters are crown folio size (C.F. 15 in. by 10 in.) and are intended for local display. One has a space for overprinting and addresses of the nearest treatment centres and times of clinics. Supplies are available free of charge and application should be made to the Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

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