

## OBSTETRICS.

UNDER THE CHARGE OF

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**The Mortality of Parturition in Hospital and General Practice.**—In the *Journal of Obstetrics of the British Empire*, May, 1905, BOXALL publishes the results of his continued observations on the mortality of parturient patients in England, Wales, London, and the Provinces.

His statistics include death in puerperal septic disease, and also what are termed the accidents of parturition; abortion, premature labor, puerperal mania, convulsions, placenta prævia, and hemorrhage. The York Road Hospital furnishes the statistics of hospital practice. This building is an old one, but has repeatedly been altered to secure good ventilation, and for some time antiseptic precautions have been practised within the wards. In the last sixteen or more years, among 8373 patients, no deaths from septic infection occurred among those who had been for some time in the hospital, and who had not been examined by outside physicians. During this period 4 deaths took place from septic infection in patients who had been infected before admission. Septic infection from these cases did not spread to other patients in the hospital within the time of antiseptic precautions. The mortality of this hospital formerly ranged from 3.08 per cent. to 1.69 per cent. Just before antiseptic precautions were instituted, 9 patients died out of 63 delivered; as a result the hospital was closed, its ventilation remodelled, and when it was reopened a system of antiseptic precautions was instituted by a committee, of which Lister was chairman.

At present but one douche is given during the puerperal period, and that on the fifth day. Formalin has been substituted for sulphur for fumigation, and the washing of the walls and the furniture with carbolic solution has been discontinued; for a time a modern patented antiseptic salufer was used, but the results were so bad that bichloride of mercury was again employed.

From these observations, the writer concludes that the total death rate from parturition has not diminished in England, Wales, Scotland, or Ireland. In London it has declined considerably. The death rate from the accidents of parturition has declined generally, especially in London, but remains abnormally high in Ireland. For the last ten years the death rate from sepsis has declined in London; in other parts it has increased; the only explanation for this lies in the fact that it is still almost impossible to induce the general practitioner to practice antiseptic precautions in attending cases of labor.

**Abdominal Hysterectomy for Severe Concealed Accidental Hemorrhage.**  
—TARGETT (*Journal of Obstetrics of the British Empire*, May, 1905) describes the case of a multipara who went to Guy's Hospital in col-

lapse. It was stated that she had been seized with severe pain in the lower abdomen during the morning and that she had become very faint. The patient had had seven children, and with the last two there had been hemorrhage during pregnancy. During the last gestation hemorrhage occurred during the seventh month and was treated by the use of the tampon. Labor came on, the child being stillborn. The patient thought she was six months advanced in pregnancy.

When she was first seen the os uteri admitted the tips of two fingers; there had been some hemorrhage and the patient was suffering severe pain. The membranes were ruptured and a leg brought down. Some hours later the patient became pulseless; labor did not advance, and a tampon was applied and the patient removed to the hospital.

On admission she was very pale; pulse 140, very compressible. The fundus reached to the ensiform cartilage and the uterus was very tense. The legs were much swollen, and the urine contained albumin. The uterus had evidently enlarged since the patient's admission. The os uteri admitted one finger alongside the leg of the fetus, but the edge of the cervix was very tight and could not be dilated.

In view of the fact that labor had not come on after version, that the uterus had enlarged, that the patient was growing weaker, and that the cervix could not readily be dilated, it was determined to perform abdominal hysterectomy.

On opening the abdomen the uterus was almost black in color. It was brought outside the abdomen and gauze packed about the uterus. When the womb was opened a large quantity of black clotted blood was removed. The placenta was completely detached and was removed with the fetus. Hysterectomy was then performed, the stump being covered with peritoneum. Intravenous saline transfusion was performed and saline fluid left in the peritoneal cavity.

The fetus measured 40 cm. and weighed three pounds. During the first week the pulse fell slowly from 140 to 110, thickening and tenderness were present in the posterior vaginal fornix, and pus was present in the urine. This cleared up and the patient did well until the twentieth day, when she developed thrombosis of the left lower extremity. The right was also involved, but the patient finally made a good recovery.

The reason for declining the vaginal method of operation lay in the condition of the cervix, desperate state of the patient, with the evidently increasing intrauterine hemorrhage. The patient's recovery was ultimately complete.

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**Intraperitoneal Rupture of the Bladder.**—In the *Journal of Obstetrics of the British Empire*, May, 1905, GRIMSDALE reports the case of a primipara, aged twenty-six years. She had a lingering labor under the care of a midwife, who summoned the physician when the pains became stronger. She was delivered by forceps without much difficulty. The patient stated that she had passed no urine for two days before her delivery. The nurse reported that urine had been expelled during the labor pains. The abdomen was very prominent after the patient's delivery and very tympanitic. On the following day the patient was found in collapse. She had vomited coffee-ground material. The abdomen was swollen, and the catheter brought away fluid looking like beef-tea. The patient was at once removed to a hospital and the abdomen opened. The peritoneum bulged through the wound, and when it