MONTHLY OBSTETRIC MEETINGS

A MEETING was held on the 25th September, 1949, and Mr. H. L. Hardy Greer took the chair. The statistics for the previous quarter in respect of the Jubilee Maternity Hospital and the Royal Maternity Hospital were presented and a general discussion followed.

At a meeting held on the 26th October, 1949, Mr. H. L. Hardy Greer took the chair and Dr. B. M. Corkill gave a review of the cases of multiple pregnancy delivered in the Royal Maternity Hospital during the last ten years. There were 376 cases in this review, an incidence of 1 in 42 births. Racial characteristics, heredity, increasing age, and increasing parity are said to influence the incidence of multiple pregnancy, but no conclusions could be drawn on these points in this series. There was a high incidence of premature labour (80 per cent.), pre-eclamptic toxæmia (45 per cent.), anæmia (9 per cent.), and hydramnios (6 per cent.). Two cases of locked twins occurred in this series, in spite of its extreme rarity. Three mothers died, an incidence of 0.8 per cent., and the total fœtal loss was 15.7 per cent. The speaker, in conclusion, gave means by which the fœtal mortality could be further reduced.

A meeting was held on the 23rd November, and Professor Macafee took the chair. Mr. W. Campbell described a case of Roberts' pelvis, which had been caused by an injury in childhood. There was complete absence of the right sacral ala leading to gross contraction of the pelvis and necessitating elective Cæsarean section. Dr. John Watson discussed the maternal deaths occuring in the Royal Maternity Hospital during the years 1927-36 and 1939-48. There were 141 cases during the first decade and 119 cases during the second decade. Puerperal sepsis represented the greatest single cause in the first decade, but had dropped to fourth place in the second decade. Its place had been taken by shock and postpartum hæmorrhage, but this, in turn, appeared likely to be superseded by heart disease as a cause of maternal deaths. The speaker tried to find the primary avoidable factor in each case during the second decade and, where possible, apportioned the blame to the obstetrician, the patient's doctor, or the patient herself. He considered that the incidence of maternal deaths could still be greatly reduced by improved obstetrical skill and education, teamwork, utilisation of the blood transfusion service, and a fuller employment of the advances in anæsthetic technique.

At a meeting held on the 4th January, 1950, Mr. J. A. Price took the chair and Professor Macafee opened a discussion on hydramnios. He took as his standard any case where a suspicion of hydramnios had led to an X-ray examination. He reviewed 10,902 hospital cases and 1,119 private cases with an incidence of hydramnios of 1.2 per cent. and 1.4 per cent. respectively. In cases of hydramnios the gross fœtal mortality was 58.1 per cent. in the hospital series and 52.9 per cent. in the private series. There were fifty-four cases of hydramnios (36 per cent. of series) in which

X-ray showed a gross fœtal abnormality, usually anencephaly. Taussig claims that anencephaly is always associated with hydramnios, but search of the hospital records showed nine cases of anencephaly without hydramnios. Even when the X-ray appeared normal, hydramnios carried a serious prognosis for the baby—in seventy-eight cases the fœtal mortality was 33 per cent. and in five of these cases an abnormal baby survived. There was an increased incidence of pre-eclamptic toxæmia in cases of hydramnios. Uterine inertia was a hazard in labour and led to an abnormally high forceps and Cæsarean section rate. The speaker concluded with a reference to the treatment of hydramnios and to the prognosis in future pregnancies after the delivery of an abnormal baby.

A meeting was held on the 25th January, Mr. H. L. Hardy Greer taking the chair. Mr. G. Boyd described a case of malignant hypertension. The patient, a young primigravida, had a family history of hypertension. After a twenty-week miscarriage she had eight Jacksonian fits on the eighteenth puerperal day. Thrombosis of a cerebral vein was suspected, but persistent hypertension and albuminuria, with marked retinopathy, pointed the way to the correct diagnosis. The patient showed some improvement after bilateral lumbar sympathectomy. The speaker discussed the differential diagnosis of puerperal fits with particular reference to eclampsia.

Dr. J. Watson described a case of gross cervical œdema occurring in a primigravida at thirty-seven weeks, and suggested that it might have been due to the wearing of very tight corsets in an effort to conceal pregnancy. The œdema resolved after rest in bed and the patient later had an uncomplicated delivery.

Dr. F. G. Grant described a case of annular avulsion of the cervix. This occurred in a young primigravida after a labour of seventy-six hours. The patient had had moderate contractions throughout labour and the head was deeply engaged in the pelvis. The cervix failed to dilate beyond two fingers, and while preparations were being made for Cæsarean section the patient delivered herself unexpectedly. It was then found that this had occurred because a ring of cervix one inch in thickness had been torn away—the ring surrounded the external os which was still only two fingers dilated. There was no hæmorrhage from the torn cervix and the patient made an uneventful recovery.

Dr. G. B. Gibson described a case of massive cervical fibroid, which gave rise to dystocia in labour. This was mistaken for a placenta prævia until the baby was extracted through the centre of it with great difficulty during a lower segment Cæsarean section. The capsule was resutured initially and a hysterectomy was performed later in the puerperium.

At a meeting held on the 22nd February Mr. H. L. Hardy Greer took the chair and Dr. R. S. Allison discussed some of the nervous diseases associated with pregnancy. He pointed out that disseminated sclerosis was not necessarily a rapidly progressive malady. There was no evidence that pregnancy influenced the progress of the disease in its early stages—in late cases daily ambulation was essential because bed rest caused rapid progression of the paraplegia. The speaker also described the pathology, diagnosis, and treatment of cerebral venous throm-

bosis and emphasised that its incidence was considerable. This condition was characterised by puerperal headache, fits, and transient coma, followed by focal neurological signs. Treatment was by sedatives and heparin—if the superior longitudinal sinus were involved, daily lumbar puncture was of value.

REVIEW

THE CHILD IN HEALTH AND DISEASE. By C. R. Grulee and R. C. Eley. Pp. 1,006. Baillière, Tindall & Cox. 66s.

THIS volume follows the now usual practice of making use of a number of expert contributors on the different branches of the subject, the whole edited and co-ordinated to present a balanced view of the subject as a whole. In this case there are over fifty contributors, and the editors state in their introduction that the aim of the book is to emphasize the practical application of the study of pædiatrics at the bedside, rather than the purely scientific advances in the subject.

With nineteen sections and ninety-one chapters there is inevitably some unevenness, and a tendency to overlap and repetition, but the editors' aims have, in general, been well realised. It is doubtful, however, whether this book is suitable for students, as they suggest; certainly few students in British medical schools would have the time or inclination to read the 1,006 pages which it contains.

The range and size of the work prevents any detailed discussion of the individual sections. In the introductory section on "general considerations" one finds a short chapter on pædiatric pathology, which is valuable to the general pædiatrician, though, presumably, too elementary to be of value to pathologists. There is a useful chapter on E.N.T. procedures, and a short section on surgical pædiatrics, including good advice on preparing the child for an operation. (Unfortunately by the time the child comes to the pre-operative stage it is usually too late to advise the parents.)

As in most American pædiatric text-books, a rather larger age group is covered than in British practice, and a section on adolescence includes a chapter on gynæcological disorders in adolescents, with the comment that these patients are most often courteously referred from the pædiatrician to the gynæcologist, and, equally courteously, from the gynæcologist to the pædiatrician.

There are a few statements which are rather unorthodox in various parts of the book; in the chapter on cerebral palsy it is assumed that the increased incidence of this condition in premature infants cannot be due to birth trauma, because of their small size and easy delivery. In discussing the ætiology of cirrhosis in childhood, the rather surprising figure of sixteen per cent. due to chronic alcoholism is quoted. Intracranial hæmorrhage is blamed for one-third of neonatal deaths, a much higher figure than usually found in this country. It is interesting to note that B.C.G. vaccination is considered to be of doubtful value, but great reliance is placed on mass miniature radiography for the control of tuberculosis. In the section on aspiration pneumonia, which lays valuable stress on the need to avoid oily nasal preparations and the danger of forcing cod-liver oil into a struggling infant, it is stated that vegetable oils are more irritating than mineral oils, which is contrary to general teaching and practice (e.g. the use of iodised poppyseed oil for bronchography).

The chapter on intestinal parasites is spoiled by the lack of correlation between illustrations and text, the references in the text having no connection with the numbered figures quoted; also the illustration of ova has no key to identify them.

Despite these minor failings, the book is, in general, at a high standard of sound practical teaching, and will be helpful to postgraduate students of child health and to practising pædiatricians. Unfortunately, devaluation has made it a rather expensive addition to the practitioner's library.

W. A. B. C.