

MIDWIVES' UNION SECTION

Sloughing of the Uterus after Complete Inversion

From the Nursing Times

The following unusual case of complete inversion of the uterus is reported in the "British Medical Journal," by Mr. Alex. Wood, M.B., Ch.B. :—

A married woman, aged 32, under the care of a certified midwife, was delivered of her third child after an uneventful labour of six hours on July 10. She described her puerperium as normal, but admitted that the lochial discharge had continued for eighteen days, and that she had become very constipated. She got up on the tenth day feeling quite fit. On the eighteenth day after her confinement she suddenly discovered that she could not pass water, and on attempting to open her bowels she felt a large mass pass *per vaginam*.

When she arrived in hospital she appeared pale and somewhat shocked, but she felt no pain. Her pulse was 100, and her temperature 99.6°. She had felt the mass pass through the vagina about two hours before. Previous to that, on the same day, she had attended church and carried out her ordinary duties. On examination, the uterus, the size of a four months' pregnancy, was seen to be completely inverted and lying outside the vagina. The exposed surface was smooth, shining, greyish in colour, and showed signs of sloughing, accompanied by a strong faecal odour. The openings of the Fallopian tubes were quite obvious. The bladder was distended.

Under a general anaesthetic the uterus was thoroughly cleansed with biniodide solution and saline, and the bladder catheterised. An attempt was then made to reduce the inversion; on this being found to be impossible the uterus, in its inverted state, was pushed back into the vagina, and the vagina packed with gauze wrung out of biniodide solution. The condition of the patient and the gangrenous state of the uterus did not allow of anything else being done then.

Subsequent treatment consisted of vaginal douches of biniodide solution three times daily. A profuse purulent vaginal discharge was present from the first. The temperature continued at 100° for ten days, and then gradually came down to normal. On the eighth day after admission a large gangrenous mass came away from the vagina, which practically corresponded to the whole of the uterus, except for the cervix. From that day the discharge gradually diminished. There was no hæmorrhage whatsoever at any time in the course of the illness. On August 30, five weeks after admittance to hospital, she was discharged quite well. On examination *per vaginam* the remains of the cervix, slightly patent, could be felt *in situ* and the pelvic floor in good condition.

This case presents the following very unusual features :—

- (1) The uterus must have become inverted shortly after labour, yet, presenting no signs other than constipation and the continuous red lochial discharge; the inversion was not discovered until eighteen days after delivery.
- (2) Shock was entirely absent until the uterus protruded through the vagina.
- (3) The case showed little or no sign of actual septic absorption.
- (4) Sloughing of the uterus, with uneventful recovery.

Madras Board of Midwifery**Midwifery Examination for Nurses, March, 1930**

1. What conditions may be found on vaginal examination during the first stage of labor which would make you decide to send for a doctor?
2. How would you recognise over-distension of the bladder during labor, or the lying-in period, and how would you treat it?
3. What precautions would you observe to prevent septic poisoning in your midwifery cases?
4. At what stage in the normal labor of a twin pregnancy is there likely to be trouble, and what precautions would you use to prevent it?

Central Midwives' Board**Examination Paper**

February 12th, 1930, From 2-5 p.m.

CANDIDATES ARE ADVISED TO ANSWER ALL THE QUESTIONS

1. Describe the parts of the birth-canal that undergo dilatation during labour and the means by which dilatation is effected.
Mention briefly the conditions that may cause delay in dilatation.
2. Under the Rules of the Central Midwives' Board a midwife has to keep notes of her ante-natal visits. What notes would you make?
3. What are the causes of early rupture of the membranes and what consequences are likely to follow it?

What symptoms and signs would suggest to you the need for medical aid?

4. What is the significance of hæmorrhage—
(a) in the early months of pregnancy?
(b) in the last month of pregnancy?

Describe all your duties under the Rules of the Central Midwives' Board in such cases.

5. What do you understand by the term "shock"?
What conditions during and immediately after labour may produce it?
What would you do for your patient pending the arrival of the doctor?
6. Describe in detail the nursing attention you would give to mother and child on the second day of the lying-in period.

Lady Hailey recently opened the largest School and Hospital for women in the North, at Lahore.

Typhoid prevention is easier than its cure. Inoculation is advisable before going to the Hills, if two years has elapsed since you were inoculated.

Dr. Isadore Falk of Chicago has succeeded after many months of research, in isolating the influenza germ. He is now trying to find a specific to combat the disease.

Malaria is said by scientists to have caused the collapse of the great Maya civilization.