TALKS ON OBSTETRICS

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649718054

Talks on Obstetrics by Rae Thornton La Vake

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

www.triestepublishing.com

RAE THORNTON LA VAKE

TALKS ON OBSTETRICS

Trieste

TALKS ON OBSTETRICS

BY

RAE THORNTON LA VAKE, M.D.

Instructor in Obstetrics and Gynecology, University of Minnesota; Obstetrician-in-Charge of the Out-Patient Obstetric Department of the University of Minnesota; Associate Attending Obstetrician and Gynecologist to the Minneapolis City Hospital; Obstetrician-in-Charge of the Out-Patient Obstetric Department of the Wells Memorial Dispensary; Obstetrician to the Swedish and Abbott Hospitals, Minneapolis; One Time Assistant Resident Obstetrician to the Sloane Hospital for Women in New York.

ST. LOUIS
C. V. MOSBY COMPANY
1917

INTRODUCTION

A book which is designed to be neither a text-book nor a compend is unique.

Dr. LaVake in this little volume has stuck to his text and has done what he set out to do; to emphasize some of the commoner complications of obstetrics arranged in the order of their importance and presented in a familiar "chatty" way.

He has not tried to tell all about even the subjects treated; but in a few "talks," has attempted to give a perspective that will help to establish the relative importance of certain problems. He has entertainingly presented some very important facts which are necessary to the successful practice of obstetrics.

Here is a book which sets in relief important facts, establishes relative values, and will stimulate the reader to further study and more careful obstetrics.

J. C. LITZENBERG, M.D.

TALKS ON OBSTETRICS

CHAPTER I

SEPSIS

The prevention of sepsis is by far the most important problem in obstetrics. General mortality statistics show that sepsis kills almost as many parturient women as do all other causes put together. In the United States alone it may be computed that approximately seven thousand five hundred women die annually from this dread complication, and that severe sepsis arises in about one in every hundred parturient women on an average throughout the country. The incidence of mild sepsis would be far in excess of the latter figure. Let it not be thought that this tremendous toll can be accounted for by the immense number of cases imperatively demanding obstetric operations and other interferences. This is clearly shown by the fact that in maternity hospitals, where the number of abnormal cases demanding interference would naturally be above the

average found in general practice, the incidence of sepsis is approximately one in two hundred cases. The clear conclusions to be drawn are that either the average aseptic technic is poor or that meddlesome interference is rife.

The beginner nearly always pictures the patient as dying from exhaustion due to malposition of the passenger, obstruction in the passage, lack of propulsive forces, hemorrhage, etc., and in his worry and impatience is inclined to unnecessary interference, failing to see the dread specter, sepsis, at his elbow. There will always be a small mortality rate attendant upon the accidents of childbirth, a tragedy in every case, but nothing can equal the tragedy of death by sepsis in what should otherwise have been a normal case. The prevention of such a catastrophe should be foremost in the mind of every physician in the conduct of every case. We should remember that Nature has had to deal with sepsis from time immemorial and has so provided against it from an anatomic standpoint that without interference this complication is almost inconceivable. From an evolutionary standpoint Nature has seemingly ordained that it were better for the future of the race that all women with marked deformities should die without propagating their kind

than that normal women should die of sepsis. Modern obstetric methods should make it possible to save the great majority of deformed women and their offspring without prejudicing the lives of the normal women.

Malpositions and obstructions are not common, neither are the mortal accidents of labor as compared to the incidence of infection. The history, signs and symptoms of the patient, together with perfection in pelvimetry and abdominal and rectal examinations make the presence of such abnormal conditions possible of determination with almost perfect accuracy without infringing upon Nature's guards against infection. Let sepsis be the specter and not the advent of other untoward conditions in which, if suspected, time is generally ample in which to get the advice of others before attempting to aid Nature and possibly doing irreparable damage where Nature might otherwise have consummated delivery without untoward or fatal results to child, mother, or both.

Death is not the only danger in sepsis. Many women recover only to be potential invalids for life. We may postulate from statistics that for every woman dying of severe sepsis three recover. A case coming under my observation recently will illustrate what recovery may

mean. This woman, eight years ago, after a very easy and normal labor in which, however, vaginal examinations were freely made, developed a sepsis which kept her bedridden for thirteen months. The left hip became involved in a nontuberculous, septic process which resulted in a permanently stiff hip with the thigh adducted to such a degree that in the second pregnancy the question arose as to whether it would obstruct the birth of the child. Thrombosis of the external iliac vessel on the left side resulted in a practically useless limb which for the last seven years would break down in ulceration at any point after pressure or slight injury. She had been correctly advised to have this leg amputated, but had not as yet followed the advice. After seven years of dragging around on crutches the patient presented herself five months pregnant, with a stiff adducted useless limb, a severe lumbar compensatory scoliosis, and a terrible dread of the coming labor. During all these years she had been practically incapacitated for household duties, a great sufferer and a source of infinite anxiety to her family. The family was not wealthy and the fact that her former illness had cost the family over three thousand dollars for which they had had to run in debt, added to her worry. This is