

HOLLAND
AND BREWS
MANUAL OF
OBSTETRICS
ROBERT PERCIVAL

CHURCHILL LIVINGSTONE

FOURTEENTH EDITION

Holland & Brews Manual of Obstetrics

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Manual of Obstetrics

PLATE 1



Plate 1 SIR EARDLEY HOLLAND, MD(Lond.) Gold Medal, FRCP (Lond.), FRCS (Eng.), FRCOG, Hon. LLD (Birm. and Leeds), MD (Dub.), FRCS (Edin.), MMSA. Past President of the Royal College of Obstetricians and Gynaecologists. The publication of this fourteenth edition commemorates his close affiliation of half a century with the textbook (see preface).

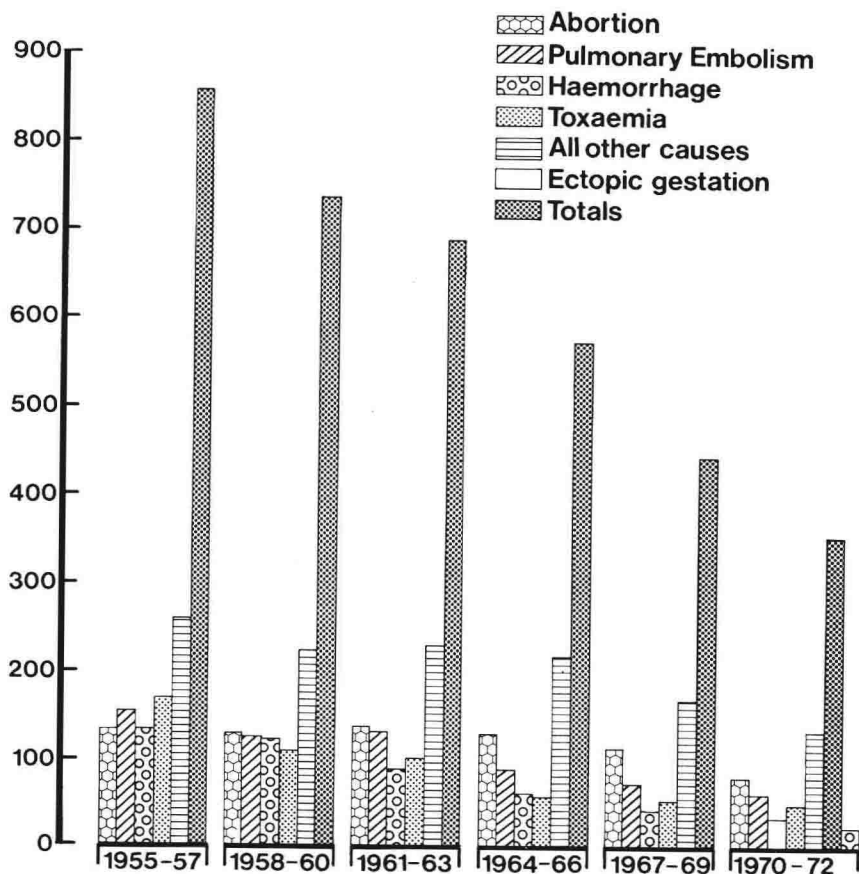


Plate 2 Main causes of maternal deaths directly due to pregnancy and childbirth, 1955-1972 (Confidential Enquiries into Maternal Deaths, 1970-1972). It will be noted that ectopic gestation has displaced ante- and post-partum haemorrhage from the four leading causes of death — sepsis has long since been transferred. (With kind permission of HMSO.)

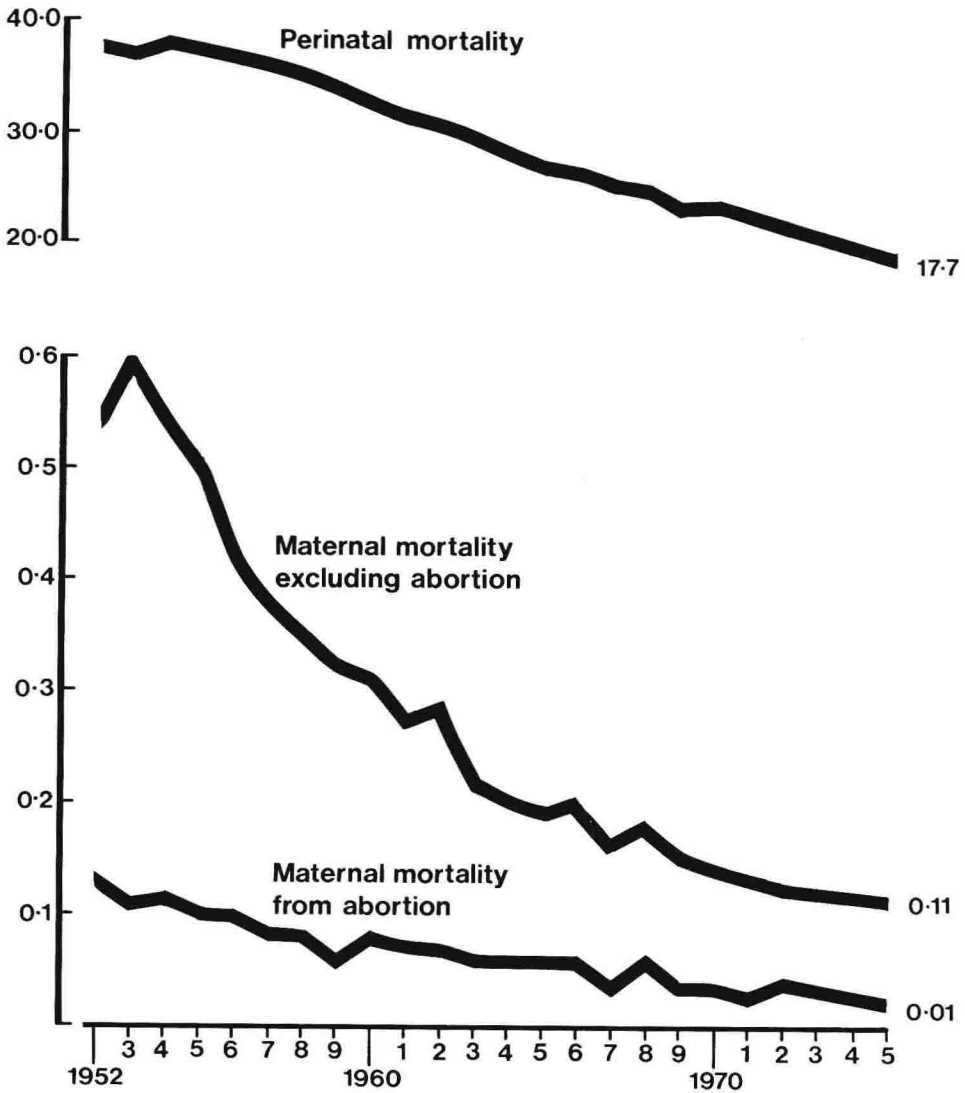


Plate 3 Perinatal and maternal mortality rates per 1000 total births, 1952-1972. (Confidential Enquiries into Maternal Deaths, 1952-1972). (With kind permission of the controller of HMSO.) More recent figures have been appended.

PLATE 4

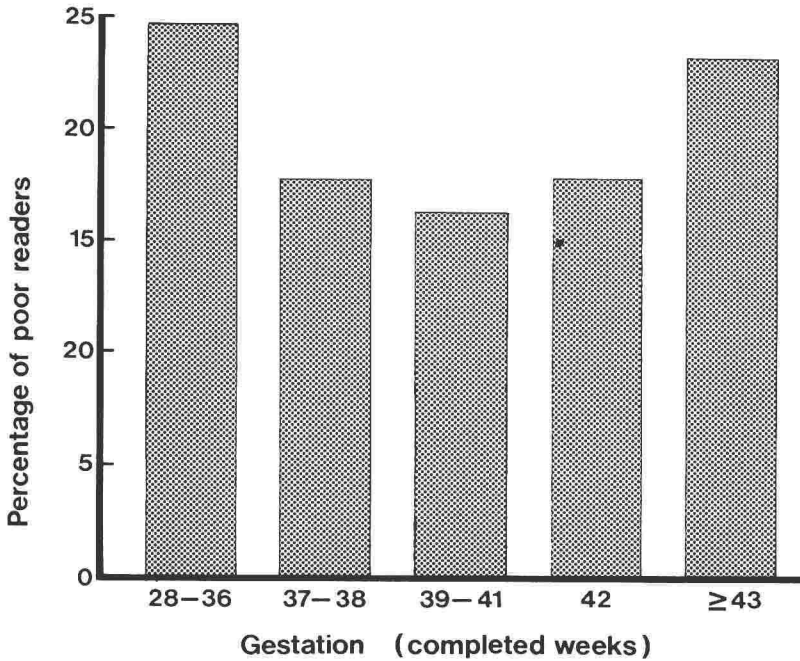


Plate 4 The influence of environment on intellect. Premature birth removes the fetus from a normally more favourable encompassment whilst genuine post-maturity retains the fetus in adverse surroundings because of diminishing placental competence. (After N. Butler and E. Albemarle with kind permission.)

Preface to the Fourteenth Edition

The appearance of the fourteenth edition of 'Holland and Brews' serves as a milestone in its history, for only recently the fiftieth anniversary of Eardley Holland's association with the publication has been passed — firstly as co-editor, then sole editor — but now, sadly in the title only. Even though great advances have been made in many fields, so much of his scholarly writing and wise counsel (couched in the simple, lucid English of his Churchillian style) can justifiably find a place in the book which has been thoroughly revised and in many parts re-written, that it must still remain 'Holland and Brews'.

Eardley Holland was very much ahead of his time in his thinking in obstetrics and was always striving to raise standards in the disciplines upon which midwifery depends. His professional life was fully occupied by the many demands made upon it, but in spite of a large and influential private practice he gave generously of his time to his hospital appointment in teaching, clinical work and in research. In the latter field one of his most outstanding contributions was original work on the causation of fetal death, the report on which was published in 1922 which can be regarded as a model in both writing and in research — a monograph which even today should be read as a classic.

As has been stated, this 14th edition has been extensively re-written to keep it in line with the many changes in practice and technique (most of which can be regarded as advances) that have taken place since the last, but only those that have proved themselves and become accepted practice have received mention or been described.

Fetal ecology, that most luxuriant growth in obstetric horticulture, has received the emphasis it has won for itself; and the various means by which the study may be pursued both in pregnancy and in labour have been fully described. Similarly the newer methods of stimulating the uterus either into activity or to stronger action by the use of prostaglandins or the oxytocin pump have received a full description; inhibition of uterine action too has been given attention. Although ultrasound had been under study for some time when the last edition was published it is really only in the interval since that its outstanding value in obstetrics has been proved and so a full description of its rationale is given as well as its uses, whenever appropriate, in the text.

Importance is attached to the Further Reading List that follows each chapter wherein relevant works of particular value are listed, those of former editions being retained only when meritorious or historical considerations justify it.

The immigrant population has brought its own special problems in obstetrics and so these have been brought together and discussed.

The incidence of puerperal sepsis has declined due to the greatly improved standards of midwifery throughout the land, and in consequence of this and the availability of effective antibiotics it no longer finds a place among the four main causes of maternal death. The chapter on puerperal infection has therefore been completely re-written and justifiably curtailed by the able pen of Professor David Williams, Head of the Department of Microbiology, one of whose main interests this particular study remains and to whom I am very grateful.

In consequence of the important changes that may take place in mental health in pregnancy and in the puerperium, this section has been re-written and enlarged and for this I am indebted to Dr Brice Pitt who has extensive experience in this field and works in close collaboration with our department.

Professor Rae Johnson has revised the anatomy of normal pregnancy and Professor Kenneth Cross its physiology. To both colleagues, I am more than grateful. The subject of the possible effects on the fetus and neonate from medication to the mother has justifiably received more attention in recent years and Professor of Therapeutics, Dr Duncan Vere, has kindly written a concise piece on this important subject. Pulmonary embolism is still one of the four main causes of maternal death and I am indebted to Dr Adam Turnbull and Mr Douglas Eadie for contributions to the medical and surgical management of thrombosis. Although labour can, and often still does with modest success, take place naturally and unaided, today there is an ever-increasing tendency to proffer unsolicited patronage under the guise of the 'active management of labour'. Like almost all endeavours, as long as it is pursued with knowledge and skill, with suitable surroundings and staff, favourable reports will no doubt continue to be made and perhaps the undoubted tedium and dangers of prolonged labour will disappear. Miss Christine Tuck, now Consultant Obstetrician at York, has had valuable experience in its technology and management and to her I give thanks for an able and crisp account. I am most grateful too to Dr Colin Blogg for re-writing the section on control of pain and for reviewing that on resuscitation and anaesthesia in obstetrics. I have received much help from the following colleagues both in advice, and in many cases, re-writing work connected with their own discipline: Dr Stuart Mason — endocrinology, Dr George Jenkins — haematology, Dr Stanley Murray and Dr Bill Hately — radiology and sonography, Dr Joe Pegum — dermatology, Dr David Hughes — thoracic medicine, Dr Frank Marsh — nephrology, Dr Michael Swash — neurology, and Dr Alistair McDonald — cardiology. To all I wish to record my warm appreciation and thanks.

So complicated has become the subject of sexually transmitted disease for a number of reasons — its increases (linked with that of the immigrant population), its complexity (for the same reason), the emergence of resistant organisms, the availability of more effective drugs and the development of allergy both to these and to ones in former use, to name the majority — that this subject has been completely re-written by Dr Eric Dunlop, Senior Physician to the Department of Veneriology and to him I am truly grateful.

Dr Anthony Jackson has become responsible for Chapter 8 which deals with the neonate. I am indebted to him for this but the mantle naturally fell upon him on the retirement of Dr Richard Dobbs.

Because this text-book is read widely, including the developing countries, it is thought apposite to include a succinct review of the special obstetric problems found in those lands. No one could be in a better position to write on this subject than Mr John Lawson who gained vast experience in Ibadan, Nigeria, where he occupied the Chair in Obstetrics and Gynaecology with distinction — my warm thanks to him.

No textbook for the obstetric scene in the United Kingdom today would be complete without including something on the special problems affecting the immigrant woman, especially the one with a dark skin and from a developing country. It might be thought redundant to include such a piece in a textbook that has already introduced a section on tropical obstetrics but the two situations are somewhat different. The problems *within* developing countries are known about and to be expected, whereas when encountered in an environment in which the majority of the population is white the special problems and accompanying risks are apt to be overlooked — hence the decision to include 'obstetrics relating to the immigrant woman'.

I have received the greatest co-operation and help too, for which I am most thankful, from Miss J.M. Piercy, Principal of the School of Physiotherapy; Miss P.L. Humpherson, Group Chief Dietitian and from Miss M.J.M. Hendrie, Group Dietitian of the Edgware General Hospital who devised the important section on 'nourishment in labour'; Miss D.G. Dedman, Principal Social Worker; Mrs M. Ellis, Head of the Department of Occupational Therapy; Mr C.W. Barratt, Area Pharmacist. From members of the Department of Obstetrics itself I have received much helpful advice (but in particular from Miss J. Piggford, Principal Nursing Officer, Midwifery), to all of whom I extend my warm appreciation. For help with many new photographs, and graphs I am grateful to Mr R.F. Ruddock, Head of the Photographic Department and Miss J. Abbot, Medical Artist to the Medical College. I wish to acknowledge the courtesy shown by the following for allowing me to borrow from their publications: W.B. Saunders & Co., Boston and London; *British Journal of Hospital Medicine*, London; Churchill Livingstone, Edinburgh, London and New York; Harty Press Inc., Newhaven, Conn. (or Corometrics Medical Systems Inc., Newhaven Conn.); *British Medical Journal*; Controller of H.M. Stationery Office, Department of Health and Social Security and Nuclear Enterprises Ltd., Edinburgh.

I am very conscious of the help in every way received from the publishers — Churchill Livingstone — especially from Mr Timothy Hailstone, Mr Richard Zorab, Ms Lynn Baxter and Mrs Sylvia Hull. Finally I must again record by grateful thanks to my secretary, Mrs C. Rapp, and also to Mrs M. Bowering for dealing with much of that side of the work.

London, 1980

R.P.

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