1. ERYTHROBLASTOSIS FETALIS AS A CAUSE OF INFANTILE MORTALITY

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Erythroblastosis caused 5 per cent of the neonatal deaths in 1936 at the Woman's Clinic of the New York Hospital. It is believed that the mortality rate can be lowered by diagnosis in the unborn child, proper management of labor, and prompt treatment.

Blood formation in the embryo was reviewed. Erythroblastosis may be due to a deficiency in the principle necessary for red cell maturation. Pathologically, the prolongation of extra-medullary hemopoiesis must exceed that of premature infants.

Maternal and infantile records of ten cases were presented, including laboratory and autopsy data. The mortality rate was 70 per cent. Treatment consisted of blood transfusions. The three surviving infants received nine, seven, four transfusions respectively. The nucleated red cells disappeared within the first two weeks of life.

The diagnosis was based on the clinical picture and the presence of erythroblasts in the blood smear, and in the fetal vessels of the placenta. Prematurity, sepsis, congenital syphilis, hemorrhagic disease, intracranial hemorrhage, congenital heart disease, malformation of the biliary system, aplastic anemia, and leukemia were ruled out.

Erythroblastosis runs part of its course intra-utero. Students of neonatology can base a presumptive diagnosis on the racial aspects, familial jaundice, hydramnios, diminished or absent fetal activity, fetal distress, and amber colored amniotic fluid.

2. PREVENTION AND CONTROL OF Puerperal Infection due to the Beta Hemolytic Streptococcus*

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A resumé of measures preventing all kinds of puerperal infections should include the following:

Strictest possible aseptic surgical technique; limitation of pelvic examinations and operative interference; improvement of the general condition of the patient and employment of prophylactic transfusions when indicated.

The most common source of Group A hemolytic streptococci is the upper respiratory passages. It has also been found that these organisms are frequently present during acute follicular tonsillitis and scarlatina.

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