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BROMLEY HOSPITAL

(Incorporating the Bromley, Chislehurst and District
Maternity Hospital)

Maternity Clinical Report

for

1948

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Bromley Group Hospital Management Committee
SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Maternity Clinical Report

OF THE

Bromley Hospital

(Incorporating the Bromley, Chislehurst and District Maternity Hospital)

for 1948

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SURVEY

THIS, the report for 1948, is the first to be published since the hospital came into the National Health Scheme under the South East Metropolitan Regional Hospital Board. It is the third report to be published in the standard form but the first since the publication of the recommendations of the Council of the Royal College of Obstetricians and Gynaecologists on maternity hospital reports. This says, "The Council of the College is firmly of the opinion that the publication of a medical report is of extreme value in maintaining a high standard of practice, and would go so far as to urge all maternity hospitals and departments to publish an annual report. The standard form now recommended closely follows the form used in the past and if it can be widely adopted the value of the information obtained will be enhanced by the possibility of comparisons over a number of years."

The Hospital

Bromley is a Kentish market town which has become enveloped by the dormitory suburbs of London but which has maintained its own civic character. The patients are drawn mainly from the middle class, some in more favourable circumstances than others but very few really poor people, and few who are not intelligent and eminently teachable. Apart from Non-booked patients, who this year numbered 57, the patients book for their confinements a full six months before the expected date so that ante-natal supervision can have a strong influence on the course of pregnancy.

The maternity department is in two units. The Widmore Unit of twenty-two beds is situated about half a mile from the other buildings, and it is here that all the ante-natal out-patient work is carried on. It is the former Bromley, Chislehurst and District Maternity Hospital. There are four single-bedded rooms, one two-bed ward, and the remaining beds are in wards of three, four and five beds.

The Masons Hill Unit of thirty-eight beds is also self-contained and its grounds are a stone's throw from the grounds of the main Hospital. It has fourteen single rooms and the largest ward accommodates six patients.

The facilities provided for all expectant mothers include comprehensive blood investigations, instruction in dietetics, exercise classes in the Physiotherapy Department, and the systematic obstetric supervision which can be assessed in the pages of this report.

The year's progress

Early in the year we began holding monthly clinico-pathological meetings to review the work of the previous month. These meetings have been well attended by the pathologist, radiologist, paediatrician, anaesthetist, clinical assistants and the obstetrical staff together with the medical officers of those Kent County Council ante-natal clinics which refer patients to the hospital. The senior midwifery sisters are present and also several general practitioner obstetricians who work in the patients' homes. There is no doubt that these meetings have kept our work under constant scrutiny so that we have been quick to effect improvements. They have also made for smoother and more efficient relations between the three divisions which Parliament has made in maternity work. The value of the meetings has been so evident that the idea is being copied in other centres.

The first pupil midwives to enter the Hospital for training for Part I of the Central Midwives Board examination began their training during the year. The hospital was also recognised for training midwives and pupils in the administration of analgesia and Dr. Kevin McCaul has visited the hospital to lecture and supervise this work.

The new ante-natal clinic at Widmore Road was opened during the year. It is made from a prefabricated hut and includes three consulting rooms, each with two changing cubicles, urine testing room, offices and sanitary equipment together with a lecture room and a dental surgery. The facilities enabled Mr. T. J. Hancock to begin a regular service of dental examination of all out-patients at the time of booking, and to begin treatment of those who could not readily obtain it from their own dental surgeons.

We are indebted to Mr. Lewis Graham, M.S., F.R.C.S., Consulting Surgeon to the Maternity Hospital, Birmingham and the Birmingham and Midland Hospital for Women, Consulting Obstetrician to the Queen's Hospital, Birmingham, and Consulting Gynaecologist to the Birmingham General Hospital, who again took charge of the department for a month in August and September.

In July Dr. Bruce Eton was appointed Resident Obstetric Officer and Dr. J. L. Warren took up the duties of Obstetric House Surgeon.

The Emergency Obstetric Service (Flying Squad) has been in readiness throughout the year but it only needed to go out on one occasion to a very serious case of post-partum haemorrhage at Beckenham.

This Report

These reports are intended to enable the clinical work to be examined and compared with that of previous years and with the work of other hospitals so that methods and results can be evaluated for the benefit of our future patients.

The primary importance of the preventive aspect of obstetrics is stressed by classifying the patients with abnormal conditions treated in the hospitals into "Booked" and "Non-Booked." A "Booked" case is one that attended the ante-natal clinic on more than one occasion. "Non-booked" patients had not been to the hospital for ante-natal supervision more than once, and were either admitted seriously ill or at the last moment after little or no ante-natal care. This report differs from similar ones in that it includes a third category of cases, "Private." These women were cared for during their pregnancies and confinements by private practitioners; but some of the "Private" cases were similar to the hospital "Non-booked" group in that they had neglected to place themselves in their doctors' hands until late in pregnancy.

Throughout the report, patients treated in the Widmore Unit have a registered number prefixed by "W," while the Mason's Hill cases are marked "M."

The report includes all the data required in the recommended form of the College and adheres to its plan except in the following details.

The College recommends that a "Booked" case is one for which the hospital has accepted responsibility for the ante-natal care, but our definition is stricter as already defined.

A preliminary sub-section of the Obstetric section has been created to deal with ante-natal care and in this has been included the Table 47, External Version of Breech Presentation, because it appears to be out of place amongst the tables devoted to In-patient treatment. The definition of uncomplicated breech presentation has been interpreted more strictly so as to include all cases in which there was no other risk to the life of the foetus than breech presentation. Extended legs, extended arms and prolapse of the cord are considered to be risks arising from breech presentation and so are included. This table is important because all the cases are ones in which breech presentation could have been prevented by version and it thus includes all the foetal losses due to breech labour which could have been prevented.

The other variations from the College model are the inclusion of a third unclassified group of cases of ante-partum haemorrhage and the division of the "Toxaemia" table into two groups, "Albuminuria" and "Hypertension without albuminuria." The table numbers have been kept the same, and where an additional table has been inserted it has been given a letter in addition to the number.

The Results

There has been continuous improvement. Amongst the 1,039 Booked, 57 Non-booked and 241 Private Cases there was not any maternal death. The stillbirth rate was 17 per 1,000, compared with 28 in 1947 and 25 in 1946. The infant death rate was 11 per 1,000 compared with 13 in 1947 and 15 in 1946. Combined stillbirth and infant death rate was 28 compared with 41 in 1947 and 40 in 1946.

The prevention of breech labour has been successful and for the third successive year there has not been any stillbirth or infant death due to breech delivery in "Booked" cases nor any infant losses among patients on whom version has been performed.

The year has been one of solid work and steady progress in which every member of the staff has contributed to the full. The midwifery sisters have helped by keeping careful records throughout the year. The completion of the report has only been made possible by the tireless efforts of Dr. Warren, the Superintending Sisters, Miss Hurrell and Miss Stickney and the secretary Miss Dean, to whom I am very grateful.

A. G.

ABBREVIATIONS

Alb.	=	Albumen.
A.N.	=	Ante-natal.
A.N.C.	=	Ante-natal Clinic.
A.P.H.	=	Ante-partum haemorrhage (Accidental).
A.R.M.	=	Artificial rupture of membranes.
B.A.	=	Before admission.
B.B.A.	=	Born before admission.
B.P.	=	Blood pressure.
C.S.	=	Caesarean Section.
D.	=	Died.
D.C.	=	Diagonal conjugate.
E.B.M.	=	Expressed breast milk.
E.C.	=	External conjugate.
Epis.	=	Episiotomy.
E.U.A.	=	Examination under anaesthesia.
F.	=	Female.
F.	=	Fresh.
F.D.	=	Fully dilated.
G.C.P.	=	Generally contracted pelvis.
Grav.	=	Gravida.
Hb.	=	Haemoglobin.
Hr. Min.	=	Hours, minutes.
I.M.	=	Intramuscular.
In.	=	Inches.
I.V.	=	Intravenous.
L.	=	Living on discharge from Hospital.
M.	=	Macerated (Stillborn).
M.	=	Male.
Mat.	=	Maturity.
M.C.	=	Mother, Child.
M.D.	=	Maternal death.
N ₂ O.	=	Nitrous oxide.
N.Y.	=	New York Heart Assoc., 1939.
O ₂	=	Oxygen.
P.M.	=	Post-mortem examination.
P.N.F.	=	Promontory not felt.
P.F.	=	Promontory felt.
P.P.H.	=	Post-partum haemorrhage.
Preg.	=	Pregnancy.
Rh.	=	Rhesus.
S.B.	=	Stillborn (fresh).
S.F.	=	Scarlet fever.
T.B.	=	Tubercle bacilli.
Tb.	=	Tuberculosis.
W.R.	=	Wasserman reaction.

SECTION I. THE OBSTETRIC SECTION

STATISTICAL SUMMARY

	Booked	Non-booked	Private	Total
Adult patients admitted after 28th week ...	1039	57	241	1337
Patients delivered in hospital after 28th week Primiparae	481	31	101	613
Patients delivered in hospital after 28th week Multiparae	516	25	135	676
Patients admitted after delivery (B.B.A.) Primiparae	1	0	1	2
Patients admitted after delivery (B.B.A.) Multiparae	2	0	2	4
Total patients delivered after 28th week ...	1000	56	239	1295
Abortions	10	9	1	20
Patients transferred	2	0	0	2
Maternal deaths	0	0	0	0
Maternal death rate per 1,000	0	0	0	0
Infants born in hospital	993	54	240	1287
Infants born before admission (B.B.A.) ...	3	0	3	6
Total infants born	996	54	243	1293
Infants transferred	2	0	0	2
Stillbirths	18	3	1	22
Stillbirth rate (stillbirth rate per 1,000 live and still births)	17.8	52.6	4.1	16.8
Neo-natal deaths	9	2	3	14
Neo-natal death rate per 1,000 live births	9.1	37.0	12.5	10.9
Other infant deaths	0	0	0	0

OUT-PATIENT TREATMENT

TABLE A.

Conditions treated in the Ante-Natal Department in patients not admitted to hospital for treatment of these conditions.

Abortion, threatened	4	Retroversion of gravid uterus ...	51
Acroparaesthesia	4	Scabies	2
Anaemia (Hb. 65% or less) ...	27	Syphilis	4
Breech presentation	133	Threadworms	2
Cervical polypus	4	Tuberculosis, pulmonary ...	5
Epilepsy and petit mal	2	Tuberculosis, non-pulmonary ...	1
Erythema nodosum	1	Urinary infection	4
Herpes Zoster	1	Urticaria	1
Hyperemesis	32	Vaginitis, trichomonas	6
Hypertension	6	,, Monilia	21
Migraine	1	,, other	3
Phlebitis, superficial	3		

ANTE-NATAL TREATMENT OF BREECH PRESENTATION

TABLE B.

Breech presentation was particularly looked for at the thirty-second week of pregnancy, and external version was performed as soon as possible unless there was some contra-indication. With the technique adopted this procedure was largely successful and out of 167 cases it was only necessary to administer an anaesthetic in 4.

The prevention of foetal mortality due to breech labour has been entirely successful, because of 997 Booked deliveries uncomplicated breech labour occurred in only two cases. Moreover there were not any stillbirths or infant deaths in these cases or in cases in which external version was performed or attempted. In 2 other uncomplicated Booked cases, breech presentation was treated by Caesarean section.

Breech presentation diagnosed, including 34 recurrences but excluding twins	167
Spontaneous version	10
External version finally successful without anaesthesia	110
Version under anaesthesia successful	2
Version under anaesthesia unsuccessful	2
Caesarean Section for breech presentation	2
Uncomplicated breech deliveries	2
Complicated breech deliveries	4

X-RAY EXAMINATIONS

TABLE C.

111 cases were referred to the X-Ray Department. Reasons for reference were:—

	Booked	Private	Total
Maternal conditions (cardiac, pulmonary, renal, etc.)	15	1	16
For foetal parts	1	0	1
Breech	19	3	22
Presentation, attitude, etc.	41	2	43
Twins	14	0	14
Foetal death	0	0	0
Anencephaly	2	0	2
Hydrocephaly	0	0	0
Pelvimetry	11	0	11
For maturity	2	0	2

IN-PATIENT TREATMENT

A NUMERICAL SUMMARY OF CASES admitted for treatment, delivered in hospital or admitted after delivery. Some cases appear in more than one category in the summary.

	Booked	Non-booked	Private	Total
1. Conditions chiefly ante-natal—				
Hypertension only	12	0	1	13
Albuminuria	58	4	7	69
Eclampsia	3	0	0	3
Persistent vomiting of pregnancy ...	8	1	1	10
Acute pyelitis	7	0	1	8
Malnutrition, debility, simple anaemia, etc.	5	0	0	5
2. Intercurrent disease—				
Chronic rheumatic carditis	3	0	0	3
3. Conditions chiefly natal—				
Anterior positions of the vertex ...	863	58	199	1120
Posterior positions of the vertex ...	110	5	21	136
Breech	14	1	8	23
Shoulder (not delivered as such) ...	2	0	0	2
Face and brow	4	0	2	6
Caesarean section	12	4	12	28
Twins and triplets	14	1	4	19
Accidental haemorrhage	3	1	1	5
Placenta praevia	4	0	2	6
Other ante-partum haemorrhage ...	10	0	0	10
Trial labour	31	1	2	34
Hydramnios	10	1	1	12
Prolapse of cord	1	0	1	2
Primary uterine inertia	27	4	2	33
Retained placenta	13	2	2	17
Post-partum haemorrhage	63	4	15	82
B.B.A.	3	0	3	6
Lacerated perineum and episiotomy ...	476	19	128	623
Obstructed labour	0	0	0	0
Premature labour	36	2	9	47
Abortion	10	9	1	20
Ectopic gestation	0	4	0	4
4. Post-partum complications—				
Notified puerperal pyrexia	14	0	3	17
Mastitis, not suppurative	19	1	5	25
Mastitis, suppurative (aspirated) ...	1	0	0	1
Delayed involution of the uterus ...	31	2	0	33
Post-partum urinary infection	15	0	1	16
Post-partum superficial phlebitis ...	7	1	0	8
Post-partum deep venous thrombosis	1	0	0	1

TABLE I
**ASSOCIATED DISEASES AND CONDITIONS NOT DETAILED ELSEWHERE AND
 ADMITTED FOR TREATMENT**

23 Cases

Case No.	Reg. No.	Age	Previous Pregnancies Before	Maturity on admission	Disease or Condition	Treatment	No. of days in hosp. before labour or discharge	Result M. C.	Remarks
BOOKED									
1	W191	32	—	36	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	10	L.	
2	W192	20	2	24	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	9	L.	
3	W366	37	1	12	Incarcerated retroverted gravid uterus	Catheterisation, correction, sedatives	2	L.	
4	W508	29	—	39	Diarrhoea	Observation	3	L.	
5	M 20	21	—	28	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	5	L.	
6	M 23	40	2	32	General debility, twins	Rest and diet	39	L.	Twin pregnancy.
7	M 80	35	—	32	Anaemia	Blood transfusion. Iron therapy	11	L.	
8	M117	33	—	36	Gross oedema of legs	Rest	15	L.	
9	M151	20	—	33	Flatulent distension	Purgatives, diet	5	L.	
10	M237	31	—	36	Orthopnoea	Rest, Cardiac investigations normal	14	L.	
11	M268	21	—	24	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	11	L.	Twin pregnancy.
12	M274	34	2	38	Degenerating fibroid	Sedatives	3	L.	
13	M282	32	—	18	General debility, tapeworm	Sedatives and diet	18	L.	A.R.M. for lateral placenta praevia.
14	M415	27	—	25	Vertigo	Iron therapy	5	L.	
15	M609	37	—	24	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	10	L.	
16	M612	25	—	38	Prolapse of cervix, inversion of vagina	Rest. Pessary	18	L.	
17	M626	23	—	36	Social reasons and debility	Rest	21	L.	
18	M668	25	—	35	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	13	L.	Developed Pre-eclampsia.
19	M704	20	—	34	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	9	L.	
20	M730	38	—	31	Haematuria	Observation and investigation	58	L.	Developed pre-eclampsia.— See C.S.
21	M752	40	—	28	Bruises due to a fall	Rest	7	L.	
22	M796	27	—	36	Abdominal pain, pyrexia	Observation, sedatives	3	L.	
PRIVATE									
23	M463	30	—	38	Pyelitis	Fluids, Mist. Pot. Cit. Sulphamezathine	6	L.	

TABLE 2

ABORTION

20 Cases.

Expulsion of products of conception before completion of the 28th week of pregnancy and treated in the gynaecological ward of the hospital. In addition 35 patients who booked for delivery during the year are known to have aborted although not admitted to this hospital

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity weeks	If induced, indication or method	If spontaneous : cause (if known) and treatment	Result	Morbidity	Remarks
			Before	After						
1	3069	37	—	1	16	—	Cord wound tightly around foetus ...	L.	—	Macerated foetus.
2	3597	32	—	—	14	—	Completed surgically ...	L.	—	
3	3712	20	—	1	10	—	Completed surgically ...	L.	—	
4	3903	20	—	1	18	—	Cord wound tightly around foetus ...	L.	—	Macerated foetus.
5	4833	17	—	—	10	—	Completed surgically ...	L.	—	Missed abortion.
6	5062	39	1	2	12	—	Sedatives ...	L.	—	
7	5004	23	—	—	20	—	Completed surgically ...	L.	—	Admitted with history of missed abortion.
8	5457	27	—	—	12	—	Completed surgically ...	L.	—	Active pulmonary tuberculosis.
9	6040	30	3	1	13	Laminaria tents	—	—	—	
10	6176	31	—	2	14	—	Completed surgically ...	L. L.	—	
NON-BOOKED										
11	2503	21	—	—	12	—	Completed surgically ...	L.	—	Admitted with history of missed abortion.
12	2531	31	—	—	24	—	Completed surgically ...	L.	—	Hydatidiform mole.
13	3529	28	—	—	12	—	Completed surgically ...	L.	—	Twin pregnancy.
14	4333	27	—	3	11	—	Completed surgically ...	L.	—	
15	4770	34	—	—	11	—	Completed surgically ...	L.	—	
16	4829	24	1	—	13	—	Sedatives ...	L.	—	
17	5173	23	—	—	16	Induced with irritant paste	—	—	—	Active pulmonary tuberculosis.
18	5269	29	—	—	20	—	Completed surgically ...	L.	—	Blood transfusion.
19	6518	—	—	—	18	—	Sedatives ...	L.	—	Anaemia
PRIVATE										
20	3860	21	—	—	12	—	Completed surgically ...	L.	—	

TABLE 2a.

ECTOPIC PREGNANCY

4 Cases. No maternal deaths.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity weeks	Site of pregnancy	Condition on admission	Operative treatment	Transfusion Result	Remarks
			Before	After						
1	3664	35	—	—	6	Left tube	Ruptured	Left salpingectomy	No	L.
2	4701	24	—	1	6	Right ampulla	Leaking	Right salpingectomy	No	L.
3	4773	26	—	1	7	Right tube	Ruptured	Right salpingectomy	No	L.
4	5659	41	—	1	7	Right cornu	Ruptured	Right salpingectomy	Yes	L.

TABLE 3

HYPEREMESIS ADMITTED FOR TREATMENT

10 Cases.

The treatment consisted of kindly but firm discipline with the patient at first confined to bed, with all receivers removed. The patients were given a large fluid intake, a daily aperient and a full diet containing all the necessary ingredients, and encouraged to masticate thoroughly. As long as the vomiting persisted the patients were given rectal infusions, and if there was any vomiting after 24 hours treatment, glucose and insulin were given by intravenous drip.

Case No.	Reg. No.	Age	Previous Pregnancies before after 28 weeks	Maturity	Treatment	No. of days in hosp. before labour or discharge	Result M. C.	Remarks
BOOKED								
1	W240	29	—	12	As above without intravenous treatment	3	L. L.	Twin pregnancy
2	W479	20	—	13	As above including intravenous treatment	10	L. L.	
3	M 54	19	—	37	As above without intravenous treatment	3	L. L.	
4	M183	31	1	33	" " " "	6	L. L.	
5	M179	39	—	31	" " " "	6	L. L.	
6	M227	21	—	36	" " " "	6	L. L.	
7	M283	22	—	24	" " " "	5	L. L.	
8	M768	25	—	13	" " " "	4	L. L.	
NON-BOOKED								
9	M540	25	—	11, 15	As above including intravenous treatment	4, 6	L. L.	
PRIVATE								
10	W229	26	—	1	As above without intravenous treatment	7	L. L.	

TABLE 4

CARDIAC DISEASE

Admitted to Hospital before labour.

3 Cases.

Case No.	Reg. No.	Age	Previous Pregnancies before after 28 weeks	Maturity	Lesion	Degree of failure of compensation (N.Y. Heart Assoc. 1939) On admission	Method of delivery	Result M. C.	Remarks
BOOKED									
1	W484	23	—	38	Mitral stenosis	Class II	Forceps under local anaesthesia	L. L.	Chronic bronchitis, A.R.M. Hypertension.
2	M335	22	—	42	Mitral stenosis	Class I	Normal	L. L.	
3	M441	21	1	41	Mitral stenosis	Class I	Normal	L. L.	

ALBUMINURIA AND HYPERTENSION

Every patient attending the Ante-Natal clinic has the urine tested and the blood pressure recorded at each visit. Normal patients attend every 4 weeks until the 28th week of pregnancy, then fortnightly until 36 weeks, after which they make weekly visits until delivery. All cases of albuminuria are admitted to hospital. The routine treatment adopted in hospital was rest, and a mixed diet containing as much fresh natural foods as possible, excluding red meat. Copious fluids and alkalis were given, and aperients if necessary. If the signs did not lessen in about seven days, or if they became worse, labour was induced.

ALBUMINURIA AND HYPERTENSION.

	Booked	Non-booked	Private	Total
Number of cases	58	4	7	69
Number of stillbirths and infant deaths	5	1	2	8
Foetal and infant mortality	8.6%	25%	29%	11.6%
Number of maternal deaths	0	0	0	0
Number of cases—				
Responded to treatment and delivered spontaneously near term (after 38 weeks)	23	1	1	25
Spontaneous premature labour or abortion	3	1	0	4
Not responding to treatment, labour induced	28	2	5	35
Not responding to treatment, hysterectomy or hysterotomy performed	0	0	0	0
Not responding to treatment, abortion per vaginam induced	1	0	0	1
Not responding to treatment, Caesarean Section performed	3	0	1	4

HYPERTENSION WITHOUT ALBUMINURIA

	Booked	Non-booked	Private	Total
Number of cases	12	0	1	13
Number of stillbirths and infant deaths	1	0	0	1
Foetal and infant mortality	8.3%	0	0	7.7%
Number of maternal deaths	0	0	0	0
Number of cases—				
Responding to treatment and delivered spontaneously at term	5	0	1	6
Spontaneous premature labour or abortion	0	0	0	0
Not responding to treatment, labour induced	5	0	0	5
Not responding to treatment, hysterectomy or hysterotomy performed	0	0	0	0
Not responding to treatment, abortion per vaginam induced	0	0	0	0
Not responding to treatment, Caesarean Section performed	2	0	0	2

TABLE 5

ALBUMINURIA

Case No.	Reg. No.	Age	Previous pregnancies		Maturity		Weight of Child		History of Renal Disease	Albuminuria Maximum	On discharge	Oedema	Headache	Eye Signs
			before 28 weeks	after 28 weeks	On ad-mission	At de-livery	lbs.	ozs.						
BOOKED														
1	W 18	37	—	1	41	41	8	0	No	Moderate	None	No	No	No
2	W 32	29	—	—	44	44	7	14	No	Slight	None	No	No	No
3	W 44	32	—	—	40	40	7	11	No	2	None	Moderate	No	No
4	W 77	34	1	1	40	42	5	12	No	Slight	None	No	No	No
							6	15						
5	W 82	32	—	—	40	42	7	3	No	Slight	None	No	No	No
6	W 95	21	—	—	40	40	7	8	No	2.5	Trace	Slight	Yes	No
7	W121	34	—	—	40	40	8	13	No	3	None	Moderate	No	No
8	W133	22	—	—	37	39	5	10	No	2	None	No	Yes	No
9	W153	22	—	—	38	38	6	14½	No	Slight	None	No	Yes	No
10	W206	23	—	—	40	40	6	10	No	0.25	None	No	No	No
11	W234	24	—	—	32	35	4	11	No	2.0	None	Severe	Yes	No
							5	11						
12	W238	26	—	—	39½	40	6	9	No	0.25	None	Moderate	No	No
13	W252	31	—	—	40	40	7	0	No	Slight	None	No	No	No
14	W277	28	—	—	40	40	5	12	No	Slight	None	Yes	No	No
15	W287	25	2	—	37	40+	8	2	No	0.25	None	No	No	No
16	W300	37	—	—	27	27	1	13	No	Severe	None	Severe	Yes	Yes
17	W345	23	—	—	35	38	5	14	No	2	None	No	No	No
18	W380	33	—	1	40	40	6	14	No	0.25	None	No	No	No
19	W405	27	—	—	38	40	6	4	No	0.5	None	No	No	No
20	M 13	19	—	—	41	44	7	6	No	Trace	None	No	No	No
21	M 80	35	—	—	39	39	4	2	No	Moderate	None	No	No	No
22	M 94	23	—	2	38	38	7	7	No	Slight	None	No	No	No
23	M 97	35	—	2	39	39	7	3	S.F., Neph. Alb. of preg.	Slight	None	No	No	No
24	M119	21	—	—	38	40	6	0	No	0.5	None	No	No	No
25	M144	17	—	—	41	41	6	11	No	0.4	None	Moderate	Yes	No
26	M145	23	—	—	37	37	5	1	No	4 parts	None	Slight	No	No
27	M164	31	—	—	39	40	7	14	No	0.5	None	No	No	No
28	M188	30	—	—	38	38	7	12	No	0.175	None	Slight	Yes	No
29	M190	26	—	—	37	37	5	7	No	0.7	None	Moderate	No	Yes
30	M195	22	—	—	37	38	7	4	No	0.5	Moderate	No	No	No
31	M196	22	—	—	38	40	7	8	Neph., 1944	Slight	None	No	No	No
32	M205	40	—	1	36	38	6	11	No	0.25	None	No	No	No
33	M210	43	—	—	39	39	7	11	No	1.5	None	Moderate	No	No
34	M222	35	—	1	37	41	10	9	No	Slight	None	No	No	No
35	M256	25	—	—	35	41	7	11½	No	Slight	None	Slight	No	No
36	M260	30	—	—	39	40	6	11½	No	0.5	None	No	No	No
37	M289	32	—	—	39	39	8	0	No	1	None	No	No	No
38	M358	26	—	—	40	40+	7	5	No	0.5	None	No	No	No
39	M371	34	—	—	37	39	7	6	S.F.	0.5	None	Moderate	Yes	Yes
40	M381	22	—	—	40+	40+	6	1	No	0.5	None	No	No	No
41	M395	21	—	—	41	42	7	11	No	0.25	None	No	No	No
42	M416	36	—	—	40	40	8	5	No	Slight	None	No	No	No
43	M439	33	—	—	38	39	6	15	No	2 pts	Slight	Slight	No	No
							6	6						
44	M482	26	—	—	38	40	5	10	No	2 pts	None	No	No	No
45	M490	25	—	—	35	39	7	10	No	0.25	None	No	No	No
46	M494	21	—	—	40	41	7	1	No	1	None	Slight	No	No
47	M503	30	—	—	38	39	6	7	No	2	None	Slight	No	No
48	M514	30	—	1	39	39	8	3	No	Slight	None	No	No	No
49	M567	40	—	—	35	38	4	12	S.F. at 6 yrs.	1½	None	Slight	No	No
50	M570	32	—	—	40	40	9	8	No	½	None	Slight	No	No

69 Cases.

Highest Blood Pressure	No. of days before labour or discharge	Method of terminating pregnancy	Method of delivery	Result		Post Natal Exam. 6 weeks after delivery		Remarks
				M.	C.	Blood Pressure	Albumen	
158/116	2	A.R.M.	Normal	L.	D.	136/80	None	Post-partum haemorrhage. Blood transfusion. Long labour.
140/90	1½	A.R.M.	Normal	L.	L.	122/70	None	Post maturity.
164/110	1½	A.R.M.	Normal	L.	L.	134/88	None	
128/98	9	Spontaneous	Normal Breech	L.	2 SB	128/80	None	2nd twin shoulder presentation: Int version to breech presentation. Second twin S.B. Hydramnios post-partum haemorrhage.
150/90	4	Spontaneous	Normal	L.	L.	88/54	None	Albumen present on day of admission only.
158/94	2	Spontaneous	Normal	L.	L.	132/80	Slight	Persistent albuminuria.
180/118	1	Spontaneous	Normal	L.	L.	132/78	None	
144/108	15	A.R.M.	Normal	L.	L.	128/72	None	
160/110	5	Spontaneous	Normal	L.	L.	136/74	None	Infant bullous impetigo.
153/98	2	Spontaneous	Normal	L.	L.	138/82	None	
160/90	26	Spontaneous	1 Breech 2 Vertex	L.	L.	132/82	None	Twin pregnancy.
154/108	3	Spontaneous	Normal	L.	L.	Did not attend		
130/80	1	Spontaneous	Normal	L.	L.	128/74	None	Albumen present on admission. No hypertension.
134/110	6	Spontaneous	Normal	L.	L.	134/70	None	
136/104	10	Spontaneous	Normal	L.	L.	Did not attend		
208/110	3	A.R.M.	Normal	L.	—	164/100	None	Therapeutic Abortion.
170/130	21	A.R.M.	Normal	L.	L.	150/90	Slight	
170/110	1	Spontaneous	Normal	L.	L.	110/68	None	Post-partum haemorrhage.
154/108	15	Spontaneous	Normal	L.	L.	120/70	None	Post-partum haemorrhage.
138/98	18	Spontaneous	Normal	L.	L.	128/70	None	Post mature.
170/116	3	Spontaneous	Normal	L.	L.	Did not attend		Ante-natal anaemia (Hb. 34%) and transfusion.
160/110	4	A.R.M.	Normal	L.	L.	118/76	None	
140/100	24+3	A.R.M.	Normal	L.	L.	130/76	Slight	Renal function impaired.
158/110	15	A.R.M.	Normal	L.	L.	126/72	None	
200/110	2	A.R.M.	Forceps	L.	L.	128/72	None	Forceps delivery—rigid soft parts.
146/110	1	A.R.M.	Normal	L.	L.	132/80	None	
180/120	8	A.R.M.	Normal	L.	L.	134/60	None	
200/110	4	A.R.M.	Normal	L.	L.	128/76	None	
180/120	3	A.R.M.	Normal	L.	L.	130/80	None	
180/132	10	A.R.M.	Normal	L.	L.	134/82	Slight	Self discharge 10th day.
130/94	5	Spontaneous	Normal	L.	L.	132/76	None	Re-admitted in labour.
140/90	17	A.R.M.	Normal	L.	L.	128/82	None	
200/140	1	Caesarean Section	Caesarean Section	L.	L.	142/90	None	
140/90	4	Spontaneous	Normal	L.	L.	128/79	None	
145/95	10, 5, 8	Ol Ric	Normal	L.	L.	138/88	Slight	Discharged albumen free twice during pregnancy.
140/92	9	A.R.M.	Normal	L.	L.	114/64	None	
150/98	3	A.R.M.	Normal	L.	L.	136/98	None	Hymenectomy at 13th week.
158/96	5	Spontaneous	Normal	L.	L.	120/74	None	
160/104	16	A.R.M.	Normal	L.	L.	140/88	None	P.P.H.
168/108	1	Spontaneous	Normal	L.	L.	140/90	None	Trial labour.
140/100	6	Spontaneous	Normal	L.	L.	120/60	None	Manual removal of placenta. Blood transfusion 2 pints.
160/114	—	Spontaneous	Normal	L.	L.	Did not attend		Hydramnios primary inertia. Forceps delivery.
160/128	7	Caesarean Section	Caesarean Section	L.	L.	120/70	None	Twin Pregnancy.
170/116	11	A.R.M.	Normal	L.	L.	108/70	None	
180/116	31	A.R.M.	Normal	L.	L.	120/80	None	
158/110	9	Spontaneous	Normal	L.	L.	120/70	None	
176/116	7	A.R.M.	Normal	L.	L.	120/60	None	Forceps delivery. Post-partum anaemia. Blood transfusion. Notifiable pyrexia.
160/92	6 hrs	A.R.M.	Normal	L.	L.	Did not attend		Previous large baby.
190/130	19	Spontaneous	Normal	L.	L.	118/70	None	
160/118	Admitted in labour	Spontaneous	Normal	L.	L.	120/80	None	Hydramnios. Primary inertia.

ALBUMINURIA.—continued

Case No.	Reg. No.	Age	Previous pregnancies		Maturity		Weight of Child		History of Renal Disease	Albuminuria Maximum	Albuminuria On discharge	Oedema	Headache	Eye Signs
			before 28 weeks	after 28 weeks	On ad-mission	At de-livery	lbs.	ozs.						
51	M583	25	—	2	35	35	4	3	No	2	None	None	None	None
52	M613	31	2	1	41	42	8	3	No	Slight	None	Slight	No	No
53	M645	28	—	—	36	37	4	11	No	6.0	None	Slight	No	No
							3	12						
54	M662	30	—	—	40	40	8	3	No	Slight	None	Slight	No	No
55	M668	25	—	—	35	37	5	14	Pyelitis	14	None	Moderate	Yes	No
56	M671	25	—	1	33	33	2	8	No	3.5	None	Slight	No	No
57	M684	39	—	—	32	35	3	3	No	1.5	Slight	No	Yes	No
58	M751	34	—	—	39	41	7	11	No	Slight	None	No	No	No
NON-BOOKED														
59	W311	43	—	5	34	34	5	0	No	Moderate	None	No	No	No
60	W486	35	—	2	42	43	7	15	No	3.0	None	No	No	No
61	M712	26	—	—	42	42	9	4	No	Moderate	None	No	No	No
62	M717	26	—	—	42	42	7	2	No	1.5	None	Slight	No	No
PRIVATE														
63	W308	40	1	—	36	36	5	4	No	3.5	None	No	Yes	Yes
64	M193	34	—	—	34	34	4	10	No	Severe	Moderate	Slight	Yes	No
65	M364	37	—	3	40	40	8	7	No	Slight	None	No	No	No
66	M450	39	—	1	32	36	4	1	Toxaemia 1st pregnancy	0.5	None	No	No	No
67	M634	31	—	—	39	40	6	15	No	Slight	None	No	No	No
68	M729	35	2	1	35	35	3	10	No	3.75	Slight	Moderate	No	No
69	M732	28	—	—	40	40	7	8	No	Slight	None	No	No	No

Highest in hosp. Pressure labour or discharge	No. of days before labour or discharge	Method of term- inating pregnancy	Method of delivery	Result		Post Natal Exam. 6 weeks after delivery		Remarks
				M.	C.	Blood Pressure	Albumen	
150/100	0	A.R.M.	Normal	L.	SB	Did not attend	Accidental A.P.H.	
118/70	4	Pitocin induction (47 hrs.)	Normal	L.	L.	120/78	None	
160/100	10	Spontaneous	Normal Vertex Breech	L. L.	L. L.	118/70	None	Internal version second twin.
150/110	2	A.R.M.	Forceps	L.	L.	118/68	None	Forceps delivery for rigid soft parts.
180/110	13	A.R.M.	Normal	L.	L.	120/76	None	
174/122	4	Spontaneous	Normal	L.	SB	118/80	None	Previous stillborn child.
190/120	20	A.R.M.	Spontaneous Breech	L.	SB	120/70	None	
170/120	16	Caesarean Section	Caesarean Section	L.	L.	120/80	None	Contracted pelvis.
132/92	Admitted in labour	Spontaneous	Breech	L.	SB	110/70	None	Accidental A.P.H.
150/108	5	A.R.M.	Normal	L.	L.	Did not attend		
148/100	Admitted in labour	A.R.M. before admission	Forceps delivery	L.	L.	Did not attend		Uterine inertia. Forceps delivery. Manual removal of placenta, P.P.H.
160/114	Admitted in labour	Spontaneous	Normal	L.	L.	Did not attend		
170/100	2	A.R.M.	Normal	L.	L.	Did not attend		Twin labour.
168/116	1	Caesarean Section	Caesarean Section	L.	D.	Did not attend		Myomectomy.
164/124	2	A.R.M.	Normal	L.	L.	Did not attend		
154/112	28	A.R.M.	Normal	L.	L.	Did not attend		Previous Toxaemia.
176/110	6	A.R.M.	Normal	L.	L.	Did not attend		Induction with pitocin failed.
158/120	3	A.R.M.	Normal	L.	D.	Did not attend		
140/100	Admitted in labour	Spontaneous	Normal	L.	L.	Did not attend		P.P.H.

HYPERTENSION WITHOUT ALBUMINURIA

13 Cases.

TABLE 5a

Case No.	Reg. No.	Age	Previous pregnancies before 28 weeks weeks	Maturity at admission	History of previous Renal Disease	Oedema	Headache	Eye Signs	Highest Blood Pressure	Duration of Hypertension	No. of days in hosp. before labour or discharge	Method of induction	Method of delivery	Result M. C.	Weight of Child lb. ozs.	Remarks
1	W242	36	1	40	Nil	None	None	None	152/100	10 days	3	A.R.M.	Normal	L.	8 8	
2	W251	33	2	40	Nil	None	None	None	164/110	18 days	3	O.B.E.	Normal	L.	8 14	
3	W299	29	—	36	Nil	Slight	None	None	140/102	17 days	29	A.R.M.	Normal	L.	7 0	
4	W484	23	—	32	Nil	Slight	None	None	170/120	10 days	47	A.R.M.	Normal	L.	6 10	Mitral stenosis.
5	M696	40	—	34	Nil	None	Yes	Yes	210/130	4 weeks	31	—	C.S.	L.	6 0	Unstable presentation.
6	M158	25	1	38	Nil	None	None	None	160/100	5 weeks	11	—	Normal	L.	8 3	
7	M178	30	—	40	Nil	None	None	None	150/100	4 days	3	—	Normal	L.	7 15	Primary inertia.
8	M198	26	—	40	Nil	None	Yes	None	140/100	3 days	—	A.R.M.	Normal	L.	7 4	One eclamptic fit.
9	M202	20	—	37	Nil	Slight	None	None	148/112	2 mths	5	—	Normal	L.	4 8	
10	M638	32	—	40	Nil	Slight	None	None	170/110	5 mths	—	—	Forceps	L.	9 3	
11	M706	18	—	40	Nil	Slight	None	None	146/100	4 weeks	—	—	Forceps	L.	8 9	
12	M730	38	—	20	Nil	Moderate	None	None	150/100	6 mths	58	—	C.S.	L.	7 0	Contracted pelvis.
PRIVATE																
13	W5	30	—	40	Nil	None	None	None	148/96	3 mths	—	—	Normal	L.	5 14	

TABLE 6

ECLAMPSIA

3 Cases.

There were three cases of eclampsia all amongst Booked patients. The routine treatment employed was the administration of sedatives in large doses (morphia and chloral, and chloroform if necessary to control the fits), the exclusion of external stimuli and free elimination with aperients and fluids. After an initial period of observation, labour was usually induced by rupturing the membranes.

Case No.	Reg. No.	Age	Previous Pregnancies before after 28 weeks	Mat. Condition on admission	If in labour our	Fits		Albumen on ad-mission or max.	Urine on discharge 24 hours	Oedema	Highest Blood Pressure	No. of days in hosp. before delivery	Method of delivery	Result M. C.	Remarks
						ante-admission	post-par-tum								
1	M117	33	—	38	Good	No	—	2	Nil	Moderate	140/110	15	Normal	L.	P.P.H. manual removal. Doubtful case, possibly epileptic.
2	M136	26	—	40	Good	No	—	1	Nil	None	140/100	0	Normal	L.	
3	M210	43	—	39	Fair	No	—	1	Moderate	Moderate	200/140	1	C.S.	L.	

No mother and no infant died.

TABLE 7

ACCIDENTAL ANTE-PARTUM HAEMORRHAGE

5 Cases.

No mother died. There were three stillbirths and one neo-natal death, an infant mortality of 80%.

Case No.	Reg. No.	Age	Previous Pregnancies before after 28 weeks	Maturity on admission	at 1st ad-mission	Condition on admission	If in labour	Cause of A.P.H. if known	Treatment	Blood transfusion	Amount of con-coaled vealed	Result M. C.	Remarks
1	W312	28	—	2	30	30	Good	Yes	Sedatives	Yes	15	L.	Blow on abdomen three days previously.
2	W392	37	—	3	32	37	Good	No	Rest	No	2	L. D.	
3	M383	25	—	2	30	30	Fair	Yes	Sedatives A.R.M	Yes	30	L. SB	
NON-BOOKED	W311	43	—	6	32	32	Poor	Yes	Sedatives	No	25	L. SB	
PRIVATE	M783	31	—	—	31	31	Fair	No	Sedatives	No	20	L. SB	

TABLE 7a

ANTE-PARTUM HAEMORRHAGE

Without other signs of placenta praevia or toxæmia.

10 Cases

No mother died, no infant died.

Case No.	Reg. No.	Age	Previous Pregnancies before 28 weeks	Maturity at 1st haemorrhage	Condition on admission	If in labour	Cause of A.P.H. if known	Treatment	Blood transfusion	Amount of bleeding concealed	Result M. C.	Remarks
BOOKED												
1	W181	36	—	37	Good	No	Cervical polyp	Rest, E.U.A. 36 weeks	No	3	L.	
2	W372	25	—	34	Good	No	—	Rest, E.U.A. 36 weeks	No	Slight	L.	
3	W387	40	—	37	Good	No	—	Rest, medical induction	No	Slight	L.	
4	W478	41	2	37	Good	No	—	Rest	No	3	L.	
5	M 46	28	—	36	Good	No	—	Rest, E.U.A. 36 weeks	No	Slight	L.	Contracted pelvis.
6	M 76	21	—	30	Good	No	Cervical erosion	Rest, E.U.A. 36 weeks	No	2	L.	
7	M146	29	2	34	Good	No	Cervical erosion	Rest, E.U.A. 36 weeks	No	Slight	L.	
8	M157	30	—	34	Good	No	Cervical polyp	Rest, inspection of cervix	No	2	L.	P.P.H.
9	M194	23	—	35	Good	No	Cervical erosion	Rest, E.U.A. 36 weeks	Yes	—	L.	Trial labour.
10	M293	35	—	34	Good	No	—	Rest, E.U.A. 36 weeks	No	Slight	L.	

TABLE 8

PLACENTA PRAEVIA

6 Cases

No mother died. One foetus was stillborn, an infant mortality of 17%

Case No.	Reg. No.	Age	Previous Pregnancies before 28 weeks	Maturity at 1st haemorrhage	Condition on admission	If in labour	Type 1, 2, 3, 4	Treatment	Blood transfusion	Amount of bleeding	Result M. C.	Remarks
BOOKED												
1	W152	26	—	41	Good	Yes	1	Sedatives	No	Slight	L.	SB
2	M282	32	—	33	Good	No	2	A.R.M. Willets forceps	Yes	Moderate	L.	
3	M368	35	—	32	Good	No	4	Caesarean section	Yes	Severe	L.	Pulmonary embolism, recovered.
4	M763	40	—	37	Good	No	1	A.R.M., sedatives	No	Slight	L.	
PRIVATE												
5	M181	37	—	—	Good	No	3	Caesarean section	No	None	L.	Unstable presentation.
6	M809	26	—	31	Good	No	4	Caesarean section	No	Slight	L.	

TABLE 9.

HYDRAMNIOS

12 Cases

The diagnosis of hydramnios was made on clinical examination and not by measuring the amount of liquor. The cases therefore only include those with a notable excess of liquor.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity		Treatment	Result		Remarks
			before 28 weeks	after 28 weeks	on diag- nosis	at de- livery		M.	C.	
BOOKED										
1	W 53	21	—	—	32	43	None	L.	SB	Intra-uterine death.
2	W 77	34	1	1	32	42	Podalic version 2nd twin	L.	L. SB	Twins, pre-eclampsia P.P.H.
3	W109	22	—	—	32	40	None	L.	L.	Twin labour.
4	M 23	40	2	3	24	34	None	L.	L.	
5	M 25	31	—	2	32	39	Surgical induction ...	L.	SB	Anencephaly.
6	M 66	40	—	—	32	36	Caesarean section ...	L.	L.	Unstable presentation, pre-eclampsia.
7	M416	36	—	—	32	40	None	L.	L.	Pre-eclampsia, primary inertia, forceps delivery.
8	M531	22	—	1	32	33	Surgical induction ...	L.	SB	Anencephaly.
9	M570	32	—	—	32	40	None	L.	L.	Albuminuria, primary inertia.
10	M804	32	—	1	36	38	None	L.	L.	P.P.H.
NON-BOOKED										
11	M327	39	—	—		44	Caesarean section ...	L.	L.	Disproportion.
PRIVATE										
12	W338	31	1	—		40	None	L.	L.	Primary inertia, forceps delivery.

No mother died. Of 14 foetuses, 4 were stillborn, a foetal mortality of 29%.

TABLE 10.

TUMOURS ASSOCIATED WITH PREGNANCY, LABOUR OR PUERPERIUM

9 Cases

No mother died. One infant died, a foetal mortality of 11%.

Case No.	Reg. No.	Age	Previous Pregnancies		Nature of tumour	Treatment	Result		Remarks
			before 28 weeks	after 28 weeks			M.	C.	
BOOKED									
1	W 12	33	—	—	Fibroids ...	Conservative	L.	L.	P.P.H.
2	W216	30	—	—	Ovarian cyst	C.S. and left oophorectomy ...	L.	L.	
3	M235	28	—	1	Ovarian cyst	Right oocystectomy 18 weeks ...	L.	L.	
4	M687	32	—	—	Ovarian cyst	Left oocystectomy 10 weeks ...	L.	L.	
6	M748	36	—	—	Fibroids ...	Conservative	L.	L.	
6	M752	40	—	—	Fibroids ...	Conservative	L.	L.	
PRIVATE									
7	W391	38	—	—	Fibroids ...	—	L.	L.	Caesarean section for disproportion.
8	M 4	35	—	1	Ovarian cyst	Caesarean section	L.	L.	Rt. oocystectomy.
6	M193	34	—	—	Fibroids ...	Myomectomy & Caesarean Section	L.	D.	Severe pre- eclampsia at 34 weeks.

TABLE II.

PROLONGED

(Arbitrary definition being
33 Cases. No mother died.)

Case No.	Reg. No.	Age	Mat- urity	Previous Pregnancies		Position of Foetus at onset of labour		Foetus at delivery	Other obstetric abnormality	Cause of delay as diagnosed	Time of rupture of Membranes		Duration 1st stage
				before 28 weeks	after 28 weeks	of labour	at delivery				(hours before delivery)	stage	
BOOKED													
1	W 35	26	40	2	1	R.O.A.	L.O.L.	Contracted pelvis	...	Disproportion	12 50	52 20	
2	W125	25	43	—	—	L.O.L.	L.O.L.	Contracted pelvis	...	Inertia	72 30	69 30	
3	W322	33	42	—	—	R.O.A.	R.O.A.	None	...	None	1 30	51 50	
4	W352	34	40	—	—	L.O.A.	L.O.A.	None	...	Inertia	52 10	49 55	
5	W383	26	40	—	1	L.O.A.	L.O.A.	None	...	Inertia	63 30	63 30	
6	W390	22	40	—	1	L.O.A.	L.O.A.	Contracted pelvis	...	Disproportion	10 0	58 25	
7	W490	32	40	2	2	R.O.P.	L.O.A.	None	...	Inertia	0 25	52 15	
8	M 54	19	40	—	—	L.O.A.	L.O.A.	Mild disproportion	...	Inertia	1 20	68 30	
9	M110	32	41	—	—	R.O.L.	L.O.A.	Foetal distress	...	Inertia	82 0	83 0	
10	M112	23	41	—	—	R.O.P.	L.O.A.	None	...	Inertia	52 30	53 15	
11	M134	33	40	—	—	L.O.A.	L.O.A.	Foetal distress	...	Inertia	46 45	48 15	
12	M178	30	41	—	—	L.O.P.	L.O.A.	None	...	Inertia	81 0	81 0	
13	M179	25	42	—	—	L.O.A.	L.O.A.	None	...	Disproportion	111 10	111 0	
14	M214	25	36	—	—	L.O.A.	L.O.A.	A.P.H.	...	Inertia	42 5	49 0	
15	M240	27	42	—	—	R.O.P.	R.O.A.	None	...	Inertia	76 25	78 45	
16	M304	22	42	—	—	L.O.L.	L.O.A.	None	...	Inertia	45 45	60 50	
17	M305	25	40	—	—	L.O.A.	L.O.A.	None	...	Inertia	74 30	74 30	
18	M373	30	40	—	—	L.O.A.	L.O.A.	None	...	Inertia	5 0	74 45	
19	M405	31	40	1	—	R.O.P.	L.O.A.	None	...	Inertia	20 15	59 0	
20	M408	19	41	—	—	R.O.A.	R.O.A.	Contracted pelvis	...	Disproportion	20 45	62 10	
21	M545	35	39	—	—	R.O.P.	R.O.A.	None	...	Inertia	3 0	62 50	
22	M570	32	40	—	—	L.O.A.	L.O.A.	Hydramnios	...	Inertia	11 45	111 15	
23	M644	37	38	—	—	R.O.A.	R.O.A.	Albuminaria	...	Inertia	12 30	68 15	
24	M681	24	41	—	—	R.O.A.	R.O.A.	Rigid soft parts	...	Inertia	79 10	79 10	
25	M770	33	36	—	—	R.O.A.	R.O.A.	None	...	Inertia	18 25		
26	M777	24	40	—	—	L.O.A.	L.O.A.	Twin labour	...	Inertia	46 55	21 45	
27	M811	22	43	—	—	L.O.A.	L.O.A.	None	...	Inertia	39 50	64 0	
28	M811	22	43	—	—	R.O.A.	R.O.A.	Albuminaria	...	Inertia	45 30	65 5	
NON-BOOKED													
28	W446	32	42	—	1	L.O.A.	L.O.A.	None	...	Inertia	8 55	62 25	
29	M 93	36	42	—	—	L.O.A.	L.O.A.	Contracted outlet	...	Inertia	—	54 5	
30	M617	34	41	—	4	L.O.L.	L.O.A.	None	...	Inertia	59 0	104 20	
31	M712	26	42	—	—	R.O.P.	R.O.A.	Pre-eclampsia	...	Inertia	169 20	123 20	
PRIVATE													
32	W165	25	44	—	—	L.O.P.	L.O.A.	None	...	Inertia	10 40	52 0	
33	W338	31	40	1	—	L.O.P.	R.O.A.	Hydramnios	...	Inertia	60 0	57 0	

LABOUR

labour lasting 48 hours or more).

One infant died, a foetal mortality of 3%.

of labour		Treatment	P.P.H.	Morbidity	Method of delivery	Weight of child	Result	
2nd stage	3rd stage						M.	C.
—	—	Sedatives and feeding	No	Nil	Lower segment C.S.	8 3	L.	L.
4 0	6 40	Sedatives and feeding	Yes	Genital infection	High forceps	8 0	L.	D.
1 35	0 25	Sedatives and feeding	No	Nil	Normal	8 5	L.	L.
2 25	0 12	Sedatives and feeding	Yes	Nil	Normal	8 9	L.	L.
0 15	0 15	Sedatives and feeding	No	Nil	Normal	8 0	L.	L.
2 55	0 15	Sedatives and feeding	No	Mild genital infection	Forceps	8 4	L.	L.
0 30	4 0	Sedatives and feeding	Yes	Nil	Normal	7 2	L.	L.
1 5	0 35	Sedatives and feeding	No	Nil	Normal	8 5	L.	L.
0 50	0 50	Sedatives and feeding	No	Nil	Normal	7 15	L.	L.
1 55	0 15	Sedatives and feeding	No	Puerperal mastitis	Normal	6 10	L.	L.
1 5	0 30	Sedatives and feeding	No	Nil	Normal	7 1	L.	L.
0 50	0 10	Sedatives and feeding	No	Nil	Normal	7 15	L.	L.
0 40	0 10	Sedatives and feeding	No	Nil	Normal	7 13	L.	L.
1 5	0 30	Sedatives and feeding	No	Nil	Normal	5 13	L.	L.
2 20	1 15	Sedatives and feeding	No	Nil	Forceps	7 15	L.	L.
0 50	0 15	Sedatives and feeding	No	Nil	Normal	8 5	L.	L.
1 35	0 5	Sedatives and feeding	No	Nil	Normal	8 12	L.	L.
4 20	1 25	Sedatives I.V. Glucose	No	Nil	Forceps	8 6	L.	L.
0 15	1 15	Sedatives and feeding	No	Nil	Forceps	7 5	L.	L.
3 5	0 15	Sedatives and feeding	No	Nil	Normal	6 12	L.	L.
3 0	0 25	Sedatives and feeding	No	Nil	Forceps	7 1	L.	L.
3 45	0 20	Sedatives and feeding	No	Nil	Normal	9 8	L.	L.
14 25	0 40	Sedatives and feeding	No	Puerperal anaemia	Forceps	5 9	L.	L.
0 35	0 10	Sedatives and feeding	No	Mastitis	Normal	8 8	L.	L.
30 25	1 15	Sedatives, A.R.M.	No	Puerperal anaemia	Normal	5 3	L.	L.
0 40	0 40	Sedatives and feeding	No	Nil	Normal	6 8	L.	L.
2 35	0 20	Sedatives and feeding	No	Nil	Forceps	9 10	L.	L.
1 10	0 30	Sedatives and feeding	Yes	Mastitis	Forceps	8 9	L.	L.
—	—	Sedatives and feeding	No	Nil	Lower segment C.S.	8 5½	L.	L.
0 15	0 20	Sedatives and feeding	No	Nil	Normal	5 3	L.	L.
0 5	1 45	Sedatives	Yes	Nil	Forceps	9 4	L.	L.
1 0	0 15	Sedatives	No	Nil	Forceps	8 9	L.	L.
0 45	0 30	Sedatives	No	Nil	Forceps	9 14	L.	L.

PERSISTENT POSTERIOR POSITION OF THE OCCIPUT AND TRANSVERSE ARREST

TABLE 12

49 Cases.
The hospital obstetric medical officers are taught to use Kielland's forceps and they have been used when rotation of the head has been required. No mother died. One foetus was stillborn and one infant died, a foetal mortality of 4%.

Case No.	Reg. No.	Age	Previous Pregnancies before 28 weeks	Mat-urity	Position of occiput	Type of pelvis	Treatment	Result M. C.	Weight of child	Remarks
1	W 7	29	—	36	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 0	
2	W 15	29	—	39	R.O.L.	Gynaecoid	Forceps rotation and extraction	L.	6 7	
3	W 19	27	—	40	R.O.L.	Gynaecoid	Forceps rotation and extraction	L.	8 13	
4	W 20	30	1	40	R.O.P.	Android	Forceps rotation and extraction	L.	7 4	
5	W 22	31	1	40	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	10 15	
6	W 37	27	—	40	R.O.L.	Gynaecoid	Forceps rotation and extraction	L.	8 0	
7	W 51	27	—	40	L.O.A.	Gynaecoid	Forceps rotation and extraction	L.	8 9	
8	W125	25	—	43	L.O.L.	Small gynaecoid	Forceps rotation and extraction	L. D.	8 0	Primary inertia. P.P.H. Manual removal. Puerperal infection.
9	W132	37	1	41	L.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 13	
10	W178	19	—	40	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	6 8	
11	W234	24	—	35	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	5 11	Second twin.
12	W237	34	1	40	R.O.P.	Gynaecoid	Forceps extraction. Face to pubes	L.	7 8	
13	W251	33	—	40	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	8 4	
14	W286	35	—	40	L.O.L.	Gynaecoid	Forceps rotation and extraction	L. SB.	9 4	
15	W323	31	—	40	L.O.L.	Gynaecoid	Forceps rotation and extraction	L.	9 0	Trial labour.
16	W370	23	—	40	L.O.P.	Gynaecoid	Forceps rotation and extraction	L.	8 8	
17	W409	38	1	40	R.O.L.	Gynaecoid	Forceps extraction	L.	9 0	Delivered in transverse position.
18	W503	25	—	40	L.O.L.	Gynaecoid	Forceps rotation and extraction	L.	8 8	
19	M113	26	—	40	L.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 3	
20	M118	27	1	39	L.O.P.	Small gynaecoid	Forceps rotation and extraction	L.	8 6	Previous 3rd degree tear not united at sphincter.
21	M132	35	—	40	L.O.P.	Android	Spontaneous. Face to pubes	L.	8 11	P.P.H.
22	M211	34	—	41	R.O.P.	Gynaecoid	Forceps rotation and extraction	L.	8 4	Pulmonary tuberculosis healed.
23	M229	21	—	42	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 14	
24	M240	27	—	42	R.O.P.	Gynaecoid	Forceps rotation and extraction	L.	7 15	Primary inertia.
25	M243	30	—	40	R.O.P.	Android	Forceps rotation and extraction	L.	7 4	
26	M257	30	—	40	R.O.P.	Gynaecoid	Forceps rotation and extraction	L.	8 6	
27	M278	30	—	40	L.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	8 12	
28	M342	25	—	40	R.O.P.	Small gynaecoid	Spontaneous. Face to pubes	L.	6 12	
29	M361	30	—	40	R.O.P.	Gynaecoid	Forceps rotation and extraction	L.	7 11	
30	M405	31	—	40	R.O.P.	Gynaecoid	Forceps rotation and extraction	L.	7 5	

**PERSISTENT POSTERIOR POSITION OF THE OCCIPUT AND
TRANSVERSE ARREST.—continued**

Case No.	Reg. No.	Age	Previous pregnancies before after 28 weeks	Mat-urity	Position of occiput	Type of pelvis	Treatment	Result M. C.	Weight of child	Remarks
BOOKED										
31	M459	32	—	39	R.O.P.	Android	Forceps rotation and extraction	L.	6 7	Trial labour. Vaginal septum.
32	M484	30	—	41	L.O.P.	Android	Forceps rotation and extraction	L.	6 7	Trial labour.
33	M516	29	—	41	R.O.P.	Narrow outlet	Forceps rotation and extraction	L.	9 7	
34	M522	26	—	31	L.O.P.	Android	Spontaneous. Face to pubes	L.	3 4	
35	M590	42	1	42	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	6 12	
36	M600	26	—	39	L.O.P.	Small gynaecoid	Forceps rotation and extraction	L.	5 7	
37	M695	30	2	40	L.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 6	Previous P.O.P.
38	M672	24	1	40	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 15	
39	M796	18	—	42	R.O.L.	Gynaecoid	Forceps rotation and extraction	L.	8 9	
40	M728	34	—	40	L.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	7 4	
41	M760	22	—	40	R.O.P.	Gynaecoid	Spontaneous. Face to pubes	L.	6 8	
NON-BOOKED										
42	W457	28	—	41	L.O.L.	?	Forceps rotation and extraction	L.	7 4	
43	M712	26	—	41	R.O.L.	Android	Forceps rotation and extraction	L.	9 4	P.P.H. Manual removal.
PRIVATE										
44	W502	33	1	36	R.O.P.	?	Forceps extraction. Face to pubes	L.	5 15	
45	M 12	33	—	39	L.O.P.	?	Forceps extraction	L.	7 8	Spontaneous rotation
46	M 21	21	—	36	R.O.P.	?	Manual rotation, forceps extraction	L.	7 9	P.P.H.
47	M 96	39	—	39	L.O.P.	?	Delivered face to pubes	L.	9 11	
48	M564	27	—	40	R.O.P.	?	Delivered face to pubes	L.	6 7	
49	M578	26	—	40	L.O.P.	?	Delivered face to pubes	L.	8 7	

TABLE 13.

UNCOMPLICATED BREECH DELIVERY

6 Cases

An uncomplicated breech delivery is one where an additional risk to the life of the foetus is not present—such as ante-partum haemorrhage, prematurity, monstrosity, pre-eclampsia, twins, etc. Extended limbs and prolapse of the cord are due to the breech presentation itself and so are included in this table.

One object of ante-natal care is to reduce the number of breech deliveries to a minimum. Infant losses in the uncomplicated breech delivery table may be regarded as preventable by ante-natal treatment.

In the 997 Booked cases delivered during the year only 2 uncomplicated breech deliveries occurred, and the maternal and foetal mortality due to breech labour was nil.

Case No.	Reg. No.	Age	Previous Pregnancies		Mat- urity	Legs flexed or extended	Method of delivery	Result		Weight of child	Episiot- omy or tear	Remarks
			before 28 weeks	after 28 weeks				M.	C.			
BOOKED												
1	W319	21	—	—	42	Extended	Legs brought down	L.	L.	6 12	Epis	
2	M 48	26	—	1	38	Flexed	Spontaneous	L.	L.	7 4	—	Two A.N. versions.
PRIVATE												
3	M 42	29	—	1	40	Flexed	Spontaneous	L.	L.	8 2	Tear	
4	M323	31	—	—	41	Flexed	Spontaneous	L.	L.	7 8	Epis	
5	M483	25	—	—	38	Flexed	Spontaneous	L.	L.	6 1	Epis	Extended arms.
6	M727	32	—	1	39	Extended	Spontaneous	L.	L.	7 7	—	

TABLE 13A.

BREECH PRESENTATION TREATED BY CAESAREAN SECTION

5 Cases

No mother and no infant died.

Case No.	Reg. No.	Age	Previous Pregnancies		Mat- urity	Indication	Result		Weight of child lb. ozs.	Remarks		
			before 28 weeks	after 28 weeks			M.	C.				
BOOKED												
1	M273	38	1	—	39	Elderly primigravida	...	...	L.	L.	7 11	
2	M280	39	—	1	40	Elderly. Previous child 12 yrs ago	...	...	L.	L.	7 8	
3	M439	33	—	—	39	Pre-eclampsia	...	...	L.	L.	6 15 6 6	Twins.
NON-BOOKED												
4	M756	30	—	—	40	Contracted pelvis	...	...	L.	L.	7 15	Recurrent malpresentation.
PRIVATE												
5	M809	26	—	1	37	Placenta praevia	...	...	L.	L.	7 4	Free A.P.H.

TABLE 14.

COMPLICATED BREECH DELIVERY

17 Cases

No mother died. There were 4 stillbirths and one infant death.

Case No.	Reg. No.	Age	Previous pregnancies before	Mat- urity	Obstetric Complications	Treatment	Result M. & S.C.	Weight of child	Episiotomy or tear	Remarks
1	BOOKED W 77	34	1	1	42	Twins, pre-eclampsia	...	...	...	...
2	W103	33	—	—	30	Twins	...	...	...	...
3	W234	24	—	—	35	Twins, pre eclampsia	...	...	...	...
4	W240	29	—	—	36	Twins	...	...	...	...
5	M 33	40	2	3	38	Twins	...	...	...	...
6	M288	21	—	—	27	Prematurity	...	...	...	...
7	M366	24	—	—	38	Twins	...	...	...	...
8	M399	31	—	—	39	Immature infant	...	...	...	...
9	M589	22	—	—	40	Meningocele	...	...	...	...
10	M633	36	—	—	35	Twins	...	...	...	...
11	M645	28	—	—	37	Twins, shoulder presentation	...	...	...	...
12	M684	39	—	—	35	Prematurity, pre-eclampsia	...	...	...	...
13	NON-BOOKED W311	43	—	6	32	A.P.H.	...	...	...	...
14	PRIVATE W211	28	—	2	40	Twins	...	...	...	...
15	M312	36	—	1	38	Triplets	...	...	...	...
16	M312	36	—	1	38	Triplets	...	...	...	...
17	M312	36	—	1	38	Triplets	...	...	...	...

TABLE 15.

FACE AND BROW PRESENTATION

6 Cases.

No mother died. One foetus was stillborn, a foetal mortality of 17%.

Case No.	Reg. No.	Age	Previous Pregnancies		Mat- urity	Position	Treatment	Method of delivery	Result		Weight of child	Remarks
			before 28 weeks	after 28 weeks					M.	C.		
BOOKED												
1	W191	32	—	—	40	R.M.A.	None	Normal	L.	L.	6 6	
2	W372	18	—	1	39	L.M.A.	None	Normal	L.	L.	8 3	
3	M531	22	—	1	33	?	None	Normal	L.	SB	5 0	Anencephalic: A.R.M.
4	M616	27	—	—	40	L.M.A.	None	Normal	L.	L.	8 1	
PRIVATE												
5	M369	23	—	—	40	R.M.A.	Caesarean section	Caesarean section	L.	L.	8 4	
6	M543	39	1	1	40	R.M.A.	None	Normal	L.	L.	7 8	

TABLE 16

TRANSVERSE AND OBLIQUE LIE

2 Cases.

No mother died. One foetus was stillborn, a mortality of 50%.

Case No.	Reg. No.	Age	Previous Pregnancies		Mat- urity	Obstetric complication	Size of os when diagnosed	Treatment	Result		Weight of child	Remarks
			before 28 weeks	after 28 weeks					M.	C.		
BOOKED												
1	W 77	34	—	—	42	2nd twin, shoulder presentation	F.D.	Internal version	L.	SB	6 15	Pre-eclampsia
2	M645	28	—	—	37	2nd twin, shoulder presentation	F.D.	Internal version	L.	L.	3 12	Pre-eclampsia

MULTIPLE PREGNANCY

18 cases of twins. One case of triplets.
 No mother died. Two foetuses were stillborn, one child died, an infant mortality of 8%.

Case No.	Reg. No.	Age	Previous Pregnancies before 28 weeks	Presentation		Method of delivery		Sex		Weight		Type	Result		Remarks
				1st	2nd	1st	2nd	1st	2nd	1st	2nd		M.	1st		2nd
BOOKED															
1	W 6	29	—	R.O.A.	L.O.A.	Normal	Normal	M.	F.	4	8	Binovular	L.	L.	Retained placenta.
2	W 77	34	1	L.O.A.	R.S.A.	Normal	Breech	F.	F.	5	12	Uniovular	L.	SB	Internal version 2nd twin.
3	W 103	33	—	L.S.P.	R.O.A.	Breech	Normal	F.	M.	2	12	Binovular	L.	L.	P.P.H.
4	W 188	34	—	L.O.A.	R.O.A.	Normal	Normal	F.	F.	6	3	Binovular	L.	L.	Bipolar version 2nd twin.
5	W 234	24	—	R.S.A.	R.O.P.	Breech	Normal	M.	F.	4	11	Binovular	L.	L.	Pre-eclampsia.
6	W 240	29	—	L.O.A.	R.S.A.	Normal	Breech	M.	M.	4	6	Uniovular	L.	L.	P.P.H.
7	W 498	25	1	L.O.L.	L.O.L.	Normal	Normal	F.	F.	7	7	Uniovular	L.	L.	2nd twin, fractured humerus.
8	M 23	40	2	L.O.A.	R.S.A.	Normal	Breech	F.	F.	7	6	Binovular	L.	L.	P.P.H. Manual removal.
9	M 117	33	—	R.O.A.	L.O.A.	Normal	Normal	F.	M.	7	0	Binovular	L.	L.	partum eclampsia.
10	M 306	24	—	L.S.A.	R.O.A.	Breech	Normal	M.	M.	5	7	Binovular	L.	L.	Pre-eclampsia.
11	M 439	33	—	L.S.A.	R.S.A.	C.S.	C.S.	M.	M.	6	15	Binovular	L.	L.	
12	M 633	36	—	L.S.A.	L.O.A.	Breech	Normal	M.	F.	6	6	Binovular	L.	SB	Internal version.
13	M 645	28	—	L.O.A.	R.S.A.	Forceps	Breech	M.	M.	4	11	Binovular	L.	L.	2nd stage inertia.
14	M 770	33	—	R.O.A.	L.O.A.	Normal	Normal	F.	M.	5	3	Binovular	L.	L.	
NON-BOOKED															
15	M 762	25	—	L.O.P.	R.O.A.	Normal	Normal	M.	F.	2	10	Binovular	L.	D.	
PRIVATE															
16	W 211	28	—	R.O.A.	L.S.A.	Normal	Breech	M.	M.	7	4	Binovular	L.	L.	Pre-eclampsia.
17	W 308	40	1	L.O.A.	L.S.A.	Normal	Normal	M.	M.	5	4	Binovular	L.	L.	Triplets.
18	M 312	36	—	R.S.A.	L.S.A.	Breech	Breech	F.	F.	4	6	2 Uniovular	L.	L.	
19	M 753	35	1	R.O.A.	R.O.A.	Normal	Normal	F.	M.	6	2	Binovular	L.	L.	

TABLE 17.

LABOUR FOLLOWING PREVIOUS CAESAREAN SECTION

No Case.

TABLE 18.

TABLE 19.

CONTRACTED PELVIS AND DISPROPORTION

Caesarean section was performed in 10 cases. Forceps delivery was carried out in 12 cases. One case resulted in breech labour: 8 cases were delivered spontaneously. No mother died. 31 Cases. Three infants were stillborn, a mortality of 10%.

Case No.	Reg. No.	Previous pregnancies before after Mat-28 weeks weeks	Age	Type of pelvis	Pelvic Measurements			Radio-logical	Management		Length of labour 1st stage 2nd stage	Weight of Child	Result M. C.	Morbidity	Remarks				
					Clinical				Surgical Trial of Method of induction labour	delivery									
					Int. Spin.	Ext. Crist.	Trans. Outlet (knuckles)												
1	W 20	1	30	Android	9½	10½	8	5	3½	—	No	No	Forceps	30 0	9 5	7 4	L.	Nil	Previous C.S. for disproportion.
2	W 35	2	26	Gynaecoid	9	9½	7½	4½	4	—	No	Yes	C.S.	52 20	—	8 3	L.	Nil	Prolapsed cord.
3	W 43	—	26	Flat Rickety Gynaecoid	11	11½	8½	4½	3½	—	No	No	Normal	6 35	0 10	7 6	L.	SB	Uterine infection P.P.H., manual removal.
4	W125	—	25	Gynaecoid	9½	10½	8½	4½	3	—	No	Yes	Forceps	60 30	4 0	8 0	L.	SB	A.N. version.
5	W219	—	27	Generally contracted Gynaecoid	10	11	7½	4½	3	—	No	Yes	Forceps	28 0	4 45	7 4	L.	Nil	Hypertension.
6	W390	—	22	Gynaecoid	9½	10½	7½	4½	4	—	No	No	Forceps	58 25	2 55	8 4	L.	Nil	Mitral stenosis.
7	W484	—	23	Gynaecoid	9½	10½	7½	4½	4	—	Yes	Yes	Forceps	6 50	1 20	6 10	L.	Nil	A.P.H.: Previous small child.
8	M 46	—	28	Gynaecoid	9½	11½	7½	4½	3	—	No	Yes	Normal	29 45	0 15	7 2	L.	Nil	
9	M 91	—	30	Gynaecoid	9	10	7½	4½	3	—	No	No	Normal	12 55	0 15	6 11	L.	Nil	
10	M132	—	35	Android	11	12½	9	5	3	—	No	No	P.O.P.	46 45	1 45	8 12	L.	Nil	
11	M243	—	30	Contracted outlet	10½	10½	7	PNF	3	—	No	No	Forceps	17 0	6 30	7 4	L.	Nil	
12	M342	—	25	Gynaecoid	8½	10	8	PNF	4	—	No	Yes	P.O.P.	11 30	1 20	6 12	L.	Nil	
13	M416	—	36	Android	9½	10½	7½	PNF	3½	—	No	No	Forceps	40 30	5 0	8 5	L.	Nil	
14	M459	—	32	Gynaecoid	9½	10½	7½	4½	3	—	No	Yes	Forceps	21 30	4 15	6 7	L.	Nil	
15	M484	—	30	Contracted outlet	11½	11½	7½	4½	3	—	No	No	Forceps	17 10	3 5	6 7	L.	Nil	
16	M588	—	30	Gynaecoid	8½	9½	7½	4½	4	—	No	Yes	C.S.	6 20	—	7 12	L.	Nil	
17	M600	—	26	Gynaecoid	9½	10½	8	5	3	—	No	No	Forceps	16 0	3 10	5 7	L.	Nil	
18	M661	—	28	Platypelloid	8½	10½	7	4½	4	—	Yes	No	Normal	1 50	0 15	6 8	L.	Nil	
19	M679	—	26	Gynaecoid	8	10½	7½	4	3½	—	No	No	Forceps	20 30	3 15	7 4	L.	Nil	
20	M684	—	39	Contracted outlet	10½	11½	7½	PNF	3	—	Yes	No	Breech	36 45	1 15	3 3	L.	SB	
21	M730	—	38	Gynaecoid	11	12	8½	PNF	3	—	No	No	Caesarean Hysterectomy	—	—	7 0	L.	Nil	Previous C.S. for disproportion. Previous ruptured uterus. Persistent breech.
22	M751	—	34	Android	11½	12½	7½	PNF	3	—	No	No	C.S.	—	—	7 11	L.	Nil	

CONTRACTED PELVIS AND DISPROPORTION.—continued

Case No.	Reg. No.	Age	Previous pregnancies before after Mat-28 weeks weeks	Type of pelvis	Pelvic Measurements			Radio-logical	Management		Length of labour 1st stage 2nd stage	Weight of Child	Result M. C.	Morbidity	Remarks
					Int. Spin.	Ext. Crist.	D.C. Conj.		Surgical Trial of induction labour	Method of delivery					
NON-BOOKED															
23	M 93	36	—	Gynaecoid	10½	11½	7½	—	No	No	54	5	L.	Nil	Face presentation.
24	M 360	23	—	Gynaecoid	8½	9½	7	—	No	No	—	4	L.	Nil	
25	M 712	26	—	Contracted outlet	—	—	—	—	No	No	123	4	L.	Nil	
26	M 756	30	—	Contracted outlet ?	—	—	—	—	No	No	?	15	L.	Nil	Breech and elbow presenting.
PRIVATE															
27	W 391	38	—	Contracted outlet	10½	11½	8½	—	No	No	—	12	L.	Nil	Fibroids.
28	W 414	33	—	Contracted outlet	—	—	—	—	Yes	No	?	7	L.	Nil	A.R.M. for breech presentation. Previous C.S. for breech and disproportion.
29	M 279	38	—	Gynaecoid	9½	10½	7½	—	No	No	—	14	L.	Nil	Previous C.S. for disproportion.
30	M 793	29	—	Contracted outlet	10	11	7	—	Yes	No	10	0	L.	L.	P.P.H. Previous dystocia at 37 weeks.
31	M 799	34	1	Contracted outlet	10	11	7	—	Yes	No	4	30	L.	Nil	Previous dystocia at term.

TABLE 20.

FAILED FORCEPS

No Cases.

TABLE 21.

PROLAPSE AND PRESENTATION OF CORD

2 Cases.

No mother died. One foetus was stillborn, a mortality of 50%.

Case No.	Reg. No.	Age	Previous pregnancies		Mat- urity	Size of foes when diagnosed	Cause of prolapse or presentation	Treatment	Result		Remarks
			before 28 weeks	after 28 weeks					M.	C.	
BOOKED 1	W 43	26	—	1	41	Fully dilated ...	Justo-minor pelvis ...	None	L.	SB	
PRIVATE 2	W209	37	—	2	40	$\frac{1}{2}$ dilated ...	None ...	None	L.	L.	

POST-PARTUM HAEMORRHAGE

82 Cases.

No maternal deaths. 41 patients had blood transfusions.

Case No.	Reg. No.	Age	Previous pregnancies	Method of delivery	Duration of labour	Amount of haemorrhage Before delivery	Amount of haemorrhage After delivery	Secondary PPH of placenta	Cause or predisposing factor	Treatment	Blood Transfusion	Result	Remarks
			at 28 weeks								M		
1	W 12	33	—	38 Forceps	53 30	42	22	—	Long labour	I.V. Ergometrine 0.5 mg. I.M. Morphia gr. ¼	Yes	L.	Manual removal. Fibroids.
2	W 18	37	—	41 Spontaneous	45 15	15	15	—	Long labour, short cord	I.V. Ergometrine 0.5 mg. I.M. Heroin gr. 1/6	Yes	L.	Manual removal. A.R.M. Pre-eclampsia.
3	W 32	29	—	44 Spontaneous	11 30	—	30	—	None	I.M. Ergometrine 0.5 mg. I.M. Pitocin 5 units	No	L.	A.R.M. Post-maturity.
4	W 96	31	—	41 Spontaneous	5 35	—	30	—	None	I.M. Ergometrine 0.5 mg. I.M. Morphia gr. ¼	No	L.	
5	W 125	25	—	43 Forceps	80 10	10	20	—	Primary inertia	I.V. Ergometrine 0.5 mg. I.M. Morphia gr. ¼	Yes	L.	Manual removal.
6	W 149	25	—	28 Spontaneous	6 50	—	26	—	None	I.M. Pitocin 5 units	Yes	L.	Pre-eclampsia.
7	W 153	22	—	38 Spontaneous	8 40	—	24	—	None	I.M. Ergometrine 0.5 mg. I.V. Ergometrine 0.5 mg.	No	L.	
8	W 159	37	—	40 Spontaneous	20 45	28	20	—	Partly adherent placenta	I.M. Morphia gr. ¼	Yes	L.	Manual removal.
9	W 205	31	—	41 Forceps	16 55	20	10	—	Partly adherent placenta	I.M. Morphia gr. ¼	Yes	L.	Manual removal.
10	W 214	26	—	40 Spontaneous	3 45	10	30	—	None	I.M. Ergometrine 0.5 mg. I.M. Ergometrine 0.5 mg.	Yes	L.	
11	W 245	20	—	41 Spontaneous	14 40	20	20	10	None	I.M. Pitocin 5 units	Yes	L.	Retained products evacuated.
12	W 250	33	—	41 Spontaneous	33 30	—	30	—	Long labour	I.M. Ergometrine 0.5 mg. I.V. Morphia gr. ¼	Yes	L.	Manual removal.
13	W 293	35	—	40 Spontaneous	17 0	20	20	—	None	I.V. Ergometrine 0.5 mg. I.M. Morphia gr. ¼	Yes	L.	Manual removal.
14	W 296	26	—	40 Spontaneous	8 25	10	25	—	None	I.V. Ergometrine 0.5 mg.	Yes	L.	
15	W 298	32	—	40 Spontaneous	3 10	—	25	—	None	I.M. Morphia gr. ¼ I.M. Ergometrine 0.5 mg.	No	L.	A.R.M. previous dystocia.
16	W 303	27	1	38 Spontaneous	4 50	—	26	—	None	I.M. Ergometrine 0.5 mg.	No	L.	
17	W 332	34	—	34 Spontaneous	32 32	—	30	—	Primary inertia	I.M. Pitocin 5 units I.M. Ergometrine 0.5 mg.	Yes	L.	
18	W 300	26	—	41 Spontaneous	6 45	—	30	—	None	I.M. Ergometrine 0.5 mg. I.M. Morphia gr. ¼	No	L.	Pre-eclampsia.
19	W 380	38	—	40 Spontaneous	25 15	—	22	—	None	I.M. Ergometrine 0.5 mg. I.M. Pitocin 5 units	No	L.	
20	W 405	27	—	40 Spontaneous	27 10	—	30	—	None	I.M. Morphia gr. ¼ I.V. Ergometrine 0.5 mg.	No	L.	Pre-eclampsia.
21	W 417	27	—	40 Spontaneous	12 15	40	—	—	None	I.M. Morphia gr. ¼	Yes	L.	Manual removal. Retained products evacuated.
22	W 421	40	—	40 Spontaneous	8 15	—	25	—	None	I.M. Pitocin 5 units	Yes	L.	
23	W 422	38	2	40 Spontaneous	18 55	20	30	—	None	I.M. Morphia gr. ¼ I.M. Ergometrine 0.5 mg.	Yes	L.	Manual removal.
24	W 444	22	—	40 Spontaneous	11 35	14	12	—	None	I.M. Morphia gr. ¼ I.M. Ergometrine 0.5 mg.	Yes	L.	Notifiable pyrexia.

TABLE 22.

BOOKED

POST-PARTUM HAEMORRHAGE.—continued

Case No. BOOKED	Reg. No.	Age before pregnancies 28 weeks	Previous pregnancies 28 weeks	Method of delivery	Duration of labour	Amount of haemorrhage			Cause or predis- posing factor	Treatment	Blood Trans- fusion	Result M	Remarks						
						Before delivery	After delivery	Sec'dary delivery PPH of placenta											
25	W 461	23	—	1	43	Spontaneous	...	20	15	40	6	—	None	...	(I.V. Ergometrine 0.5 mg.) (I.M. Morphia gr. 4	...	Yes	L.	Retained products evacuated.
26	W 462	23	—	1	40	Spontaneous	...	8	50	42	—	—	Large child	...	(I.V. Ergometrine 0.5 mg.) (I.M. Morphia gr. 4	...	Yes	L.	
27	W 490	32	2	2	40	Spontaneous	...	56	45	32	20	—	Primary inertia	...	(I.V. Ergometrine 0.25 mg.) (I.V. Ergometrine 0.5 mg.) (Morphia gr. 4	...	Yes	L.	
28	W 498	25	1	—	40	Spontaneous	...	24	25	—	38	—	Twin labour	...	(Morphia gr. 4	...	Yes	L.	
29	W 505	26	—	2	40	Spontaneous	...	11	30	22	10	—	None	...	I.M. Ergometrine 0.5 mg.	...	No	L.	
30	M 7	32	1	2	40	Spontaneous	...	3	0	—	21	—	None	...	I.M. Ergometrine 0.5 mg.	...	No	L.	
31	M 10	34	—	1	40	Spontaneous	...	15	10	—	22	—	None	...	None	...	No	L.	
32	M 17	26	—	—	40	Spontaneous	...	10	20	—	40	—	None	...	I.V. Ergometrine 0.5 mg.	...	No	L.	
33	M 23	40	2	3	38	Spontaneous	...	10	30	—	40	—	Twin labour	...	(Heroin gr. 1/6 (I.V. Ergometrine 0.5 mg.) (I.V. Ergometrine 0.5 mg.)	...	Yes	L.	
34	M 49	26	1	1	40	Spontaneous	...	15	10	22	—	—	None	...	(I.V. Ergometrine 0.5 mg.) (I.V. Ergometrine 0.5 mg.)	...	No	L.	
35	M 78	30	—	1	42	Spontaneous	...	7	45	—	24	—	None	...	I.V. Ergometrine 0.5 mg.	...	No	L.	A.R.M. for post- maturity.
36	M 89	27	—	1	39	Spontaneous	...	2	7	—	44	—	None	...	I.M. Ergometrine 0.5 mg.	...	Yes	L.	
37	M 102	23	—	—	40	Spontaneous	...	17	55	22	—	—	None	...	None	...	No	L.	Manual removal. Post partum eclampsia.
38	M 117	33	—	—	38	Spontaneous	...	37	40	—	75	—	Twin labour	...	I.V. Ergometrine 0.5 mg.	...	Yes	L.	
39	M 118	27	1	—	39	Forceps	...	28	38	22	—	—	None	...	None	...	No	L.	
40	M 132	35	—	1	40	Spontaneous	...	48	30	30	—	—	Long labour	...	(I.M. Ergometrine 0.5 mg.) (I.V. Ergometrine 0.5 mg.) (H.J. Morphia gr. 4	...	No	L.	
41	M 194	23	—	—	36	Spontaneous	...	6	45	—	22	—	None	...	(Morphia gr. 4	...	Yes	L.	A.P.H. cervical erosion.
42	M 275	27	—	—	43	Spontaneous	...	17	10	—	40	—	None	...	I.M. Ergometrine 0.5 mg.	...	No	L.	
43	M 281	25	—	2	42	Spontaneous	...	9	0	30	—	—	None	...	I.M. Ergometrine 0.5 mg. (I.V. Ergometrine 0.5 mg.)	...	No	L.	
44	M 283	22	—	—	41	Forceps	...	34	30	30	—	—	Primary inertia	...	(Morphia gr. 4	...	Yes	L.	
45	M 303	28	—	—	41	Spontaneous	...	14	10	—	26	—	None	...	(I.M. Ergometrine 0.5 mg.) (I.V. Ergometrine 0.5 mg.)	...	No	L.	
46	M 324	30	—	1	41	Spontaneous	...	8	40	40	—	—	Contraction ring	...	(Morphia gr. 4	...	Yes	L.	Manual removal. A.R.M. for Rhesus antibodies.
47	M 343	36	—	3	37	Spontaneous	...	4	20	40	—	—	None	...	None	...	No	L.	
48	M 368	35	—	2	37	Caesarean section	...	—	—	20	—	—	Placenta praevia	...	(Morphia gr. 4	...	Yes	L.	Post op. pulmonary embolus.
49	M 402	26	—	—	39	Spontaneous	...	9	30	—	36	—	None	...	(Morphia gr. 4	...	Yes	L.	
50	M 479	22	—	—	40	Spontaneous	...	4	25	15	35	—	None	...	(I.M. Ergometrine 0.5 mg.) (I.M. Ergometrine 0.5 mg.) (I.M. Ergometrine 0.5 mg.)	...	Yes	L.	
51	M 498	28	—	1	40	Spontaneous	...	14	40	—	26	—	Large child	...	(I.M. Ergometrine 0.5 mg.) (Morphia gr. 4	...	No	L.	
52	M 508	26	—	—	41	Spontaneous	...	16	45	—	30	—	Large child	...	(I.V. Ergometrine 0.5 mg.) (I.V. Ergometrine 0.5 mg.)	...	No	L.	
53	M 516	29	—	—	41	Forceps	...	—	—	25	—	—	Large child	...	(I.V. Ergometrine 0.5 mg.) (I.M. Ergometrine 0.5 mg.)	...	Yes	L.	
54	M 551	27	3	2	40	Spontaneous	...	4	35	—	25	—	None	...	(Morphia gr. 4	...	No	L.	

POST-PARTUM HAEMORRHAGE.—continued

Case No. Reg. No. BOOKED	Age before delivery weeks	Previous pregnancies before delivery weeks	Method of delivery	Duration of labour	Amount of haemorrhage		Cause or predisposing factor	Treatment	Blood Transfusion	Remarks					
					Before delivery of placenta	After delivery of placenta									
55	M630	23	—	40	Spontaneous	4 55	—	25	—	None	...	...	No	L.	
56	M637	21	—	40	Spontaneous	10 20	—	60	—	None	...	...	Yes	L.	
57	M660	22	1	42	Spontaneous	22 30	—	24	—	Large child	...	...	No	L.	
58	M677	36	—	40	Spontaneous	28 10	—	24	—	None	...	...	No	L.	
59	M706	18	—	39	Forceps	6 30	—	24	—	None	...	...	Yes	L.	
60	M720	28	1	42	Spontaneous	5 40	—	34	—	None	...	...	Yes	L.	Manual removal.
61	M804	32	1	38	Spontaneous	9 40	—	35	—	Hydramnios	...	...	Yes	L.	
62	M819	27	1	45	Spontaneous	19 50	—	24	—	Large child	...	...	No	L.	
63	M823	26	1	40	Spontaneous	12 15	—	30	—	None	...	...	No	L.	
NON-BOOKED															
64	M574	21	—	40	Spontaneous	20 35	—	40	—	None	...	...	Yes	L.	Ante-natal anaemia.
65	M604	34	—	2	Spontaneous	8 10	—	27	—	Succenturiate placenta	...	...	No	L.	
66	M629	27	—	40	Spontaneous	9 50	—	30	—	Placenta incomplete	...	...	Yes	L.	
67	M684	22	—	41	Forceps	?	—	65	—	None	...	...	Yes	L.	Admitted after delivery. Manual removal.
PRIVATE															
68	W430	28	—	40	Spontaneous	6 20	—	25	—	None	...	...	No	L.	Manual removal.
69	W489	38	2	40	Spontaneous	—	—	40	—	None	...	...	Yes	L.	
70	M 26	22	—	39	Forceps	48 20	—	60	—	Long first stage	...	...	Yes	L.	Manual removal.
71	M 35	32	—	40	Spontaneous	12 15	—	40	—	None	...	...	Yes	L.	
72	M213	24	—	40	Spontaneous	17 45	—	24	—	None	...	...	No	L.	
73	M254	26	—	40	Spontaneous	5 10	—	40	—	None	...	...	No	L.	
74	M279	38	—	40	Caesarean section	—	During and after operation	60	—	None	...	...	Yes	L.	
75	M355	23	—	40	Spontaneous	16 15	—	30	—	None	...	...	No	L.	
76	M424	34	—	40	Spontaneous	2 40	—	20	—	Placenta incomplete	...	...	No	L.	
77	M464	36	—	39	Forceps	24 5	—	30	—	Long second stage	...	...	No	L.	
78	M507	20	—	40	Spontaneous	11 50	—	28	—	None	...	...	No	L.	
79	M595	28	1	40	Spontaneous	15 55	—	50	—	Placenta incomplete	...	...	No	L.	
80	M752	28	—	40	Spontaneous	19 5	—	22	—	None	...	...	No	L.	
81	M737	21	—	36	Forceps	11 30	—	40	—	Weak pains	...	...	No	L.	
82	M793	29	—	36	Spontaneous	11 15	—	30	—	Circumvallate placenta	...	...	Yes	L.	Contracted pelvis. A.R.M.

TABLE 24.
MANUAL REMOVAL OF PLACENTA

17 Cases.
 No maternal deaths.

Case No.	Reg. No.	Age	Previous pregnancies before after 28 weeks weeks	Mat-urity	Method of delivery	Length of labour	Indication	Amount of bleeding ozs.	Morbidity	Result to mother	Remarks				
						1st stage	2nd stage	3rd stage							
BOOKED															
1	W 12	33	—	38	Forceps ...	43 45	2 25	6 55	Retained placenta	...	...	64	Nil	L.	
2	W 18	37	—	41	Spontaneous	42 5	0 38	2 32	Partially adherent placenta	...	...	30	Nil	L.	A.R.M. Pre-eclampsia.
3	W125	25	—	43	Forceps ...	69 30	4 0	6 40	Retained placenta	...	...	40	Uterine infection	L.	Forceps delivery. Contracted pelvis. Neo-natal death.
4	W159	37	—	40	Spontaneous	16 0	1 0	3 45	Retained placenta	...	...	48	Nil	L.	
5	W205	31	—	41	Forceps ...	8 30	4 25	4 10	Retained placenta	...	...	30	Nil	L.	
6	W250	33	—	41	Spontaneous	26 0	0 10	6 30	Retained placenta	...	...	30	Nil	L.	
7	W263	35	—	40	Spontaneous	10 45	1 30	4 45	Partially adherent placenta	...	...	40	Nil	L.	
8	W417	27	—	40	Spontaneous	9 15	0 5	3 5	Retained placenta	...	...	40	Nil	L.	
9	W422	38	2	40	Spontaneous	15 5	0 25	3 5	Retained placenta	...	...	30	Nil	L.	
10	M117	33	—	38	Spontaneous	34 15	1 5	2 20	Retained placenta	...	...	75	Nil	L.	
11	M324	30	—	41	Spontaneous	3 55	0 10	4 35	Retained placenta	...	...	40	Nil	L.	Post-partum eclampsia.
12	M395	21	—	42	Spontaneous	9 45	0 45	9 30	Retained placenta	...	...	12	Nil	L.	
13	M720	28	—	42	Spontaneous	2 0	0 15	3 25	Retained placenta	...	...	34	Nil	L.	
NON-BOOKED															
14	M468a	22	—	41	Forceps ...	—	123 20	—	Partially adherent placenta	...	...	65	Nil	L.	Delivered before admission.
15	M712	26	—	42	Forceps ...	—	—	1 45	Retained placenta	...	...	?	Nil	L.	Forceps delivery.
PRIVATE															
16	W430	28	—	40	Spontaneous	4 15	1 25	0 40	Partial separation of placenta	...	...	25	Nil	L.	
17	M 26	22	—	39	Forceps ...	43 30	3 50	1 0	Retained placenta	...	...	60	Nil	L.	

EXTERNAL VERSION BEFORE LABOUR

See out-patient treatment on page 10.

TABLE 24.

SURGICAL INDUCTION OF LABOUR

TABLE 25.

Labour was induced 92 times, of which 80 were in Booked cases. The indications were Pre-eclampsia 36 cases; Previous large children 9 cases; Previous precipitate labour 4 cases; Previous dystocia 8 cases; Unstable presentation 2 cases; Rhesus antibodies 6 cases; Post-maturity 18 cases; Ante-partum haemorrhage 3 cases; others 6 cases. No mother died. 5 foetuses were stillborn and two infants died, a foetal and infant mortality of 7%. The method of induction employed is the rupture of the fore-waters with a non-tooth artery forceps. Great care is taken not to introduce any antiseptic into the vagina, nor cause any bleeding from the cervix, to avoid altering the normal bacterial flora of the vagina.

Case No.	Reg. No.	Age before after 28 weeks	Previous pregnancies	Indication	Method of induction	Induction interval (hours)	Method of delivery	Duration of labour		Weight of Child	Result M. C.	Remarks
								1st stage	2nd stage			
1	W 9	31	—	Rh antibodies	A.R.M.	4 20	Spontaneous	2 10	0 10	6 9	L.	P.P.H. manual removal of placenta.
2	W 18	37	—	Pre-eclampsia	A.R.M.	92 30	Spontaneous	42 5	0 38	8 0	L.	
3	W 30	35	1	Previous large child	A.R.M.	6 20	Spontaneous	5 0	0 23	7 10	L.	
4	W 32	29	—	Post-maturity: Pre-eclampsia	A.R.M.	92 22	Spontaneous	10 45	1 15	7 4	L.	
5	W 44	35	—	Pre-eclampsia	A.R.M.	13 45	Spontaneous	8 15	0 55	7 11	L.	
6	W 50	35	—	Previous large children	A.R.M.	10 45	Spontaneous	3 40	0 5	7 5	L.	
7	W 99	29	—	Post-maturity. Previous S.B.	A.R.M.	13 15	Spontaneous	6 5	0 25	9 0	L.	
8	W 133	22	—	Pre-eclampsia	A.R.M.	78 30	Spontaneous	37 0	2 5	8 13	L.	
9	W 150	27	—	Post-maturity	A.R.M.	16 45	Spontaneous	6 0	0 15	8 13	L.	
10	W 190	25	—	intra-uterine death	A.R.M.	10 45	Spontaneous	6 30	0 55	7 0	L.	Macerated hydrocephalic infant.
11	W 202	32	—	Post-maturity. Previous S.B.	A.R.M.	16 30	Spontaneous	14 20	0 10	8 10	L.	
12	W 217	30	1	Previous precipitate labours	A.R.M.	3 30	Spontaneous	0 25	0 5	7 4	L.	
13	W 246	27	—	Previous precipitate labour	A.R.M.	9 0	Spontaneous	5 0	0 45	6 13	L.	
14	W 247	33	—	Previous precipitate labour	A.R.M.	11 20	Spontaneous	7 0	0 20	6 14	L.	
15	W 267	40	—	Previous large S.B. infant	A.R.M.	37 45	Spontaneous	16 55	0 10	8 5	L.	
16	W 272	29	—	Rh antibodies 1:64	A.R.M.	12 15	Spontaneous	3 30	0 50	8 5	L.	
17	W 282	33	—	Rh antibodies 1:256	A.R.M.	148 45	Spontaneous	4 45	0 5	7 2	L.	
18	W 303	27	1	Previous large child	A.R.M.	7 30	Spontaneous	4 5	0 25	6 11	L.	
19	W 330	34	—	Previous large child	Quinine	21 30	Spontaneous	16 20	0 15	7 12	L.	
20	W 345	23	—	Pre-eclampsia	A.R.M.	11 0	Spontaneous	6 30	0 35	5 14	L.	
21	W 397	24	—	Unstable presentation	A.R.M.	38 45	Spontaneous	4 0	0 25	8 13	L.	
22	W 400	34	—	Rh antibodies 1:128	Pitocin	337 0	Spontaneous	1 10	0 5	6 1	L.	Retroperitoneal haematoma.
23	W 419	34	—	Previous large child	A.R.M.	10 45	Spontaneous	3 20	0 20	7 15	L.	
24	W 476	26	—	Previous precipitate labour	A.R.M.	7 0	Spontaneous	3 15	0 10	8 12	L.	
25	W 477	25	—	Pre-eclampsia	A.R.M.	5 20	Spontaneous	4 30	0 20	8 6	L.	
26	W 484	23	—	Hypertension	A.R.M.	37 20	Forceps	6 50	1 20	6 10	L.	
27	M 25	31	—	Anencephaly	A.R.M.	14 0	Spontaneous	11 40	0 5	3 14	L.	SB
28	M 58	30	—	Previous dystocia	A.R.M.	9 45	Spontaneous	9 20	0 15	7 12	L.	
29	M 62	36	—	Post maturity	A.R.M.	12 0	Spontaneous	8 15	0 50	9 7	L.	
30	M 64	26	—	Previous dystocia	A.R.M.	8 30	Spontaneous	8 25	0 5	5 3	L.	

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SURGICAL INDUCTION OF LABOUR.—continued

Case No.	Reg. No.	Age before after Mat- 28 28 weeks weeks	Previous pregnancies 28 28 weeks weeks	Indication	Method of induction	Induction delivery interval (hours)	Method of delivery	Duration of labour 1st stage 2nd stage	Weight of Child	Result M. C.	Remarks
31	M 78	30	—	1 42 Post maturity	A.R.M.	62 30	Spontaneous	34 45 0 15	7 5	L.	Post-partum haemorrhage.
32	M 91	30	—	2 39 Previous dystocia	A.R.M.	17 0	Spontaneous	12 55 0 15	6 11	L.	
33	M 92	26	—	2 38 Previous large children	A.R.M.	27 0	Spontaneous	16 30 0 15	7 8	L.	
34	M 94	23	—	2 38 Pre-eclampsia	A.R.M.	73 0	Spontaneous	38 25 0 10	7 7	L.	
35	M 97	35	—	2 39 Pre-eclampsia	A.R.M.	4 30	Spontaneous	3 0 0 8	7 3	L.	
36	M 106	37	—	2 43 Post maturity	A.R.M.	34 30	Spontaneous	26 45 0 10	6 9	L.	
37	M 119	21	—	2 40 Pre-eclampsia	A.R.M.	14 45	Spontaneous	11 15 0 30	6 0	L.	
38	M 123	25	—	2 37 Previous large children	A.R.M.	27 0	Spontaneous	25 20 0 20	8 14	L.	
39	M 144	17	—	41 Pre-eclampsia	A.R.M.	15 0	Forceps	12 50 2 4	6 11	L.	
40	M 145	23	—	37 Pre-eclampsia	A.R.M.	26 30	Spontaneous	16 45 0 15	5 1	L.	
41	M 155	27	1	43 Post maturity	A.R.M.	11 15	Spontaneous	3 0 0 10	9 0	L.	
42	M 164	31	—	40 Pre-eclampsia	A.R.M.	18 0	Spontaneous	12 0 0 35	7 14	L.	
43	M 168	31	—	40 Unstable presentation	A.R.M.	19 0	Spontaneous	3 40 0 20	7 8	L.	
44	M 188	30	—	38 Pre-eclampsia	A.R.M.	9 30	Spontaneous	6 10 0 55	7 12	L.	
45	M 190	26	—	37 Pre-eclampsia	A.R.M.	17 0	Spontaneous	6 0 0 30	5 7	L.	
46	M 195	22	—	38 Pre-eclampsia	A.R.M.	12 15	Spontaneous	8 30 1 0	7 4	L.	
47	M 198	26	—	40 Pre-eclampsia	A.R.M.	2 15	Spontaneous	1 50 0 10	7 4	L.	
48	M 205	40	—	38 Pre-eclampsia	A.R.M.	11 0	Spontaneous	4 15 0 20	6 11	L.	
49	M 200	30	—	38 Pre-eclampsia	A.R.M.	11 15	Spontaneous	4 0 0 1 15	6 11	L.	
50	M 282	32	—	35 Lateral placenta praevia	A.R.M.	6 30	Spontaneous	5 45 0 35	5 1	L.	Willetts forceps to foetal scalp.
51	M 289	32	—	39 Pre-eclampsia	A.R.M.	7 20	Forceps	3 0 2 20	8 0	L.	Weak pains.
52	M 306	39	—	4 38 Ruptured membranes for 5 days	Pitocin	8 15	Spontaneous	1 45 0 35	7 7	L.	2 previous S B infants.
53	M 316	31	3	37 Rh antibodies 1:4	A.R.M.	41 0	Spontaneous	6 20 1 0	6 3	L.	
54	M 329	22	—	42 Post maturity	A.R.M.	42 30	Spontaneous	6 30 0 25	7 2	L.	
55	M 331	22	—	42 Post maturity	A.R.M.	39 30	Spontaneous	5 30 0 25	6 6	L.	Previous S B infant.
56	M 337	35	—	2 43 Post maturity	Pitocin	58 0	Spontaneous	23 30 0 30	8 6	L.	
57	M 343	36	—	3 37 Rh antibodies 1:2	A.R.M.	7 30	Spontaneous	3 50 0 20	7 1	L.	
58	M 346	23	—	42 Post maturity	A.R.M.	32 0	Spontaneous	23 30 0 30	8 5	L.	P.P.H.
59	M 371	34	—	39 Pre-eclampsia	A.R.M.	26 45	Spontaneous	20 0 0 15	7 6	L.	
60	M 421	41	—	37 Previous dystocia	A.R.M.	26 0	Spontaneous	12 20 0 10	7 0	L.	
61	M 426	38	—	43 Post maturity	A.R.M.	192 0	Spontaneous	3 0 0 10	6 8	L.	
62	M 482	26	—	39 Pre-eclampsia	A.R.M.	75 30	Spontaneous	7 30 0 45	5 10	L.	
63	M 486	27	—	43 Post maturity	A.R.M.	23 45	Spontaneous	9 45 0 35	8 6	L.	
64	M 490	25	—	39 Pre-eclampsia	A.R.M.	17 30	Spontaneous	3 15 0 10	7 10	L.	
65	M 503	30	—	39 Pre-eclampsia	A.R.M.	33 45	Forceps	9 45 1 35	6 7	L.	Foetal distress.
66	M 514	30	1	39 Pre-eclampsia	A.R.M.	22 0	Spontaneous	15 0 0 25	8 3	L.	Puerperal pyrexia.
67	M 531	22	—	33 Anencephaly	A.R.M.	19 45	Spontaneous	7 40 0 5	5 0	L.	SB
68	M 583	25	—	30 Accidental A.P.H.	A.R.M.	11 5	Spontaneous	10 40 0 25	4 3	L.	SB
69	M 613	31	2	41 Pre-eclampsia	A.R.M.	47 0	Spontaneous	8 0 0 1	8 3	L.	

SURGICAL INDUCTION OF LABOUR.—continued

Case No.	Reg. No.	Age before 28 weeks	Previous pregnancies after 28 weeks	Mat-urity weeks	Indication	Method of induction	Induction delivery interval (hours)	Method of delivery	Duration of labour 1st stage	Duration of labour 2nd stage	Weight of Child	Result M. C.	Remarks
70	M645	28	—	37	Pre-eclampsia	A.R.M.	11 5	(1) Forceps	7 15	3 50	4 11	L.	
71	M661	28	—	37	Previous dystocia	A.R.M.	7 0	(2) Breech extraction	1 50	0 15	6 8	L.	Contracted pelvis.
72	M662	30	—	40	Pre-eclampsia	A.R.M.	21 40	Spontaneous	9 15	3 10	8 3	L.	
73	M668	25	—	37	Pre-eclampsia	A.R.M.	41 30	Forceps	23 10	0 25	5 14	L.	Puerperal pyrexia.
74	M684	39	—	35	Pre-eclampsia	A.R.M.	74 30	Spontaneous	36 45	1 0	3 3	L.	Narrow sub-pubic angle.
75	M699	24	—	41	Post maturity	A.R.M.	2 20	Breech	0 45	0 20	8 6	SB	
76	M741	27	—	40	Previous post mature S.B. infant	A.R.M.	43 0	Spontaneous	4 40	0 5	6 4	L.	
77	M773	26	—	36	Pre-eclampsia	A.R.M.	12 15	Spontaneous	4 30	0 50	5 14	L.	
78	M775	19	—	34	Pre-eclampsia	A.R.M.	16 0	Spontaneous	1 0	0 20	4 7	L.	
79	M779	34	—	37	Previous dystocia	A.R.M.	23 0	Spontaneous	4 30	0 20	7 8	L.	
80	M804	32	—	38	Previous dystocia	A.R.M.	21 30	Spontaneous	8 45	0 40	9 7	L.	P.P.H.
NON-BOOKED													
81	W486	35	—	40	Pre-eclampsia	A.R.M.	5 15	Spontaneous	1 40	0 15	7 15	L.	
82	M736	40	—	40	A.P.H.	A.R.M.	82 30	Spontaneous	10 10	0 25	5 10	L.	
PRIVATE													
83	W308	40	1	36	Pre-eclampsia	A.R.M.	54 30	Spontaneous	23 40	0 40	5 4	L.	
84	W338	31	1	41	Post maturity	A.R.M.	105 45	Forceps	57 0	0 45	9 14	L.	
85	M248	34	—	43	Post maturity	A.R.M.	15 0	Spontaneous	5 30	0 40	8 3	L.	
86	M364	37	—	40	Pre-eclampsia	A.R.M.	18 15	Spontaneous	3 25	0 10	8 7	L.	
87	M384	30	—	38	Social	A.R.M.	14 30	Spontaneous	3 0	0 25	6 8	L.	
88	M448	34	—	43	Post maturity	A.R.M.	9 45	Spontaneous	8 45	0 30	8 5	L.	
89	M634	31	—	39	Pre-eclampsia	A.R.M.	7 45	Spontaneous	4 10	0 40	6 15	L.	
90	M729	35	2	35	Pre-eclampsia	A.R.M.	81 30	Spontaneous	40 20	0 10	3 10	L.	D.
91	M793	29	—	36	Previous dystocia	A.R.M.	30 0	Spontaneous	10 0	0 30	6 0	L.	P.P.H.
92	M825	21	—	41	Post maturity	A.R.M.	25 30	Spontaneous	10 20	2 15	7 7	L.	Face to pubes.

TABLE 26.

CAESAREAN SECTION

No mother died. One infant died, a foetal mortality of 3%.
28 Cases.

Case Reg. No.	Age	Previous pregnancies before after Mat-Caesarean 28 28 unity section weeks weeks	Previous Mat-Caesarean unity section	Indication	Anaesthetic	Type of operation	If sterilised	Trial labour	Length of labour 1st stage 2nd stage	Weight of Child	Result M. C.	Morbidity	Remarks							
BOOKED																				
1 W 35	26	2	1	41	Yes	Disproportion	...	Spinal	...	Lower segment	No	Yes	52	20	—	8	3	L.	L.	Inertia. Membranes intact. Previous SB.
2 W 86	31	1	2	38	No	Disproportion	...	Spinal	...	Lower segment	No	Yes	3	0	—	6	11	L.	L.	Stitch abscess
3 W 216	30	—	—	39	No	Ovarian cyst in pelvis	...	Spinal	...	Lower segment	No	No	—	—	—	6	15	L.	L.	Nil
4 M 66	40	—	—	38	No	Unstable presentation	...	Spinal	...	Lower segment	No	No	—	—	—	6	0	L.	L.	Ovarian cystectomy. Pre-eclampsia.
5 M 210	43	—	—	39	No	Pre-eclampsia	...	Gen. N ₂ O, Ether	...	Lower segment	No	No	—	—	—	7	11	L.	L.	Nil
6 M 273	38	1	—	39	No	Breech presentation	...	Spinal	...	Lower segment	No	No	—	—	—	7	11	L.	L.	Nil
7 M 280	39	—	1	40	No	Breech presentation	...	Spinal	...	Lower segment	No	No	—	—	—	7	8	L.	L.	Previous child 12.
8 M 368	35	—	2	37	No	Placenta praevia	...	Gen. Pent. N ₂ O, Ether	...	Lower segment	No	No	—	—	—	7	3	L.	L.	Small lung embolus
9 M 439	33	—	—	30	No	Pre-eclampsia	...	Spinal N ₂ O	...	Lower segment	No	No	—	—	—	6	6	L.	L.	Twins.
10 M 588	39	—	1	41	Yes	Disproportion	...	Spinal	...	Classical	Yes	Yes	6	20	—	6	15	L.	L.	Stitch abscess
11 M 730	38	—	2	38	Yes	Weak scar	...	Gen. Pent. N ₂ O, Trilene	...	Hysterectomy	Yes	No	—	—	—	7	0	L.	L.	Hypertension.
12 M 751	34	—	—	41	No	Contracted outlet	...	Spinal	...	Lower segment	No	No	—	—	—	7	11	L.	L.	Pre-eclampsia.
NON-BOOKED																				
13 M 33	36	—	—	42	No	Inertia, small outlet	...	Spinal	...	Lower segment	No	Yes	54	5	—	8	5½	L.	L.	Nil
14 M 327	39	—	—	44	No	Disproportion	...	Spinal	...	Lower segment	No	No	—	—	—	10	1	L.	L.	Anaemia A.P. Face
15 M 369	23	—	—	38	No	Contracted pelvis	...	Gen. N ₂ O, Ether	...	Lower segment	No	No	—	—	—	8	4	L.	L.	Nil
16 M 756	30	—	—	40	No	Contracted pelvis	...	Spinal N ₂ O	...	Lower segment	No	No	—	—	—	7	15	L.	L.	Recurring malpresentation.
PRIVATE																				
17 W 391	38	—	—	41	No	Contracted outlet	...	Spinal	...	Lower segment	No	No	—	—	—	7	11	L.	L.	Uterine fibroids.
18 W 414	33	—	1	38	Yes	Contracted pelvis	...	Gen. Pent. N ₂ O, Ether	...	Lower segment	No	Yes	—	?	—	7	7	L.	L.	Malpresentation after A.R.M.
19 M 4	35	—	1	39	No	Ovarian cyst	...	Spinal N ₂ O	...	Lower segment	No	No	—	—	—	6	12	L.	L.	Papilliferous cyst removed.

CAESAREAN SECTION.—continued

Case No.	Reg. No.	Age	Previous pregnancies before after Mat-ernity section 28 28 weeks weeks	Previous Mat-ernity section	Indication	Anaesthetic	Type of operation	If sterilised	Trial labour	Length of labour 1st stage 2nd stage	Weight of Child	Result M. C.	Morbidity	Remarks			
20	M 27	37	1	1	40	No	Disproportion ...	Gen. N ₂ O, Ether ...	Lower segment	No	—	—	7 4	L.	Nil	Previous S.B. at 36 weeks.	
21	M 148	36	1	—	44	No	Inertia ...	Gen. Pent. Cyclopropane	Lower segment	No	—	—	10 5	L.	Nil	Hypertension.	
22	M 181	37	—	1	36	Yes	Placenta praevia	Spinal ...	Lower segment	No	—	—	6 10	L.	Nil	Previous C.S. for disprop.	
23	M 193	34	—	—	34	No	Pre-eclampsia ...	Gen. N ₂ O, Ether ...	Lower segment	No	—	—	4 10	L.	Nil	Myomectomy.	
24	M 279	38	—	1	40	Yes	Contracted pelvis	Gen. N ₂ O, Ether ...	Lower segment	No	—	—	8 14	L.	Nil	Anaemia.	
25	M 695	40	3	1	39	No	Bad obstetric history ...	Gen. N ₂ O, Ether ...	Lower segment	No	6	50	—	7 13	L.	Nil	Previous babies died.
26	M 763	36	—	1	40	No	Disproportion ...	Gen. N ₂ O, Ether ...	Lower segment	No	—	—	—	8 2	L.	Nil	Previous child small.
27	M 711	34	—	2	39	No	Previous repair operation	Gen. Pent. N ₂ O, Ether ...	Lower segment	Yes	No	—	—	6 13	L.	Nil	Previous complete tear.
28	M 809	26	—	1	37	No	Placenta praevia	Gen. Pent. N ₂ O ...	Lower segment	No	—	—	—	7 4	L.	Nil	Free A.P.H.

FORCEPS DELIVERY

Forceps were applied 74 times (55 Booked, 5 Non-booked, 14 Private cases).

There was not any maternal death. In 55 Booked cases there were two stillbirths and one infant died, an infant mortality of 5.5%. In Non-booked and Private cases there was no infant mortality. The total foetal and infant mortality in forceps cases was 4%.

	Booked	Non-booked	Private	Total
Disproportion	1	0	0	1
Rigid soft parts	16	1	4	21
Posterior position and transverse arrest	21	2	3	26
Foetal distress	3	2	2	7
Weak pains and delay	5	0	2	7
Maternal distress	9	0	3	12
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FORCEPS DELIVERY

TABLE 27.

Case No.	Reg. No.	Previous pregnancies before after 28 weeks	Age after 28 weeks	Indication	Pelvic Measurements			Duration of labour		Child Weight Length	Result M. C.	Episiotomy or tear	Remarks						
					Int. Spin	Int. Cris	Ext. Coni.	D.C. Outlet (knuckles)	Trans. 1st st.					labour 2nd st.					
1	W 12	—	33	Rigid soft parts	11	11½	8	PNF	4	43	45	2	25	7	2	20	L.	L.	P.P.H. Manual removal of placenta.
2	W 15	—	29	Transverse arrest	10	10½	7½	4½	3	34	0	1	35	6	7	19½	L.	L.	Forceps rotation. Short cord.
3	W 19	—	27	Transverse arrest	10	11	7½	4½	4	17	0	2	25	8	13	23	L.	L.	Trial labour.
4	W 20	1	30	Delay P.O.P.	9½	10½	8	5	3½	30	0	9	5	7	4	20	L.	L.	Forceps rotation. Funnel-shaped pelvis.
5	W 25	—	37	Maternal and foetal distress P.O.P.	10½	11	7½	4½	3½	11	15	2	25	8	7	21½	L.	L.	Forceps rotation.
6	W 37	—	27	Transverse arrest	11	12	8½	PNF	4½	27	45	3	55	8	0	22	L.	L.	Forceps rotation.
7	W 51	—	27	Transverse arrest	11	11½	8½	PNF	4	26	15	4	20	8	9	21	L.	L.	Forceps rotation.
8	W 125	—	25	Maternal distress	9½	10½	8½	4½	3	69	30	4	0	8	0	22	L.	D.	Primary inertia. P.P.H. Manual removal of placenta, vesico-vaginal fistula.
9	W 205	—	31	Maternal distress	11	12	8	4½	4	8	30	4	25	9	0	22	L.	L.	P.P.H. Manual removal of placenta.
10	W 219	—	27	Weak pains, delay	10	11	7½	4½	3	28	0	4	45	7	4	20	L.	L.	Trial labour. Contracted pelvis.
11	W 237	1	34	Maternal distress	10½	11½	8½	PNF	3	12	45	1	55	7	8	20	L.	L.	Delivered face to pubes.
12	W 286	—	35	Transverse arrest	10½	11½	8	PNF	3	19	15	2	50	9	4	21	L.	SB	Forceps rotation.
13	W 323	—	31	Transverse arrest	11½	12	8½	5	3	19	15	3	35	9	0	22	L.	L.	Trial labour. Forceps rotation.
14	W 370	—	23	Delay P.O.P.	10½	12	8	5	3	34	30	2	30	8	8	20	L.	L.	Forceps rotation.
15	W 390	—	22	Weak pains, delay	9½	10½	7½	4½	4	58	25	2	55	8	4	21½	L.	L.	Primary inertia. Contracted pelvis.
16	W 406	—	33	Rigid soft parts	9	10	7½	5	3	15	15	2	10	6	12	21	L.	L.	—
17	W 409	1	3	Transverse arrest	10½	11½	8½	PNF	4	3	25	2	45	9	2	23½	L.	L.	Delivered in transverse position.
18	W 431	—	37	Delay	9½	11	8½	5	4	17	20	1	50	8	8	21	L.	L.	Cord tightly round neck.
19	W 440	—	28	Rigid soft parts	10½	11½	7½	5	4	6	50	2	30	8	12	22	L.	L.	—
20	W 484	—	23	Maternal distress	9½	10½	7½	4	4	6	50	1	20	6	10	20	L.	L.	Mitral stenosis, chronic bronchitis. Toxaemia. Pudendal Block.
21	W 503	—	25	Transverse arrest	10½	11½	8	PNE	4	15	30	2	20	8	8	21½	L.	L.	Trial labour.
22	W 504	—	29	Rigid soft parts, maternal distress	9½	10½	8	PNF	4	24	15	3	45	9	5	22	L.	L.	—
23	M 40	—	26	Rigid soft parts	11½	12	9	PNF	4	3	5	4	55	6	10	22	L.	L.	—
24	M 61	—	27	Foetal distress	9½	10½	8	4½	4	6	45	0	25	6	8	21½	L.	L.	—
25	M 118	1	27	Foetal distress	9	10½	7½	5	4	24	30	3	40	8	6	21	L.	L.	—
26	M 144	—	17	Rigid soft parts	9	10	8	PNF	4	12	50	2	20	6	11	20	L.	L.	True knot in cord. Forceps rotation.
27	M 211	—	34	Delay P.O.P.	9	10	8	5	4	48	0	7	5	8	4	20	L.	L.	Pre-eclampsia. A.R.M.
28	M 240	—	27	Delay P.O.P.	10½	11½	7½	PNF	4	78	45	2	20	7	15	20	L.	L.	Threatened premature labour at 29 weeks.
29	M 243	—	30	Delay P.O.P.	10½	10½	7	PNF	3	17	0	6	30	7	4	20½	L.	L.	Contracted outlet. Forceps rotation.
30	M 272	—	27	Rigid soft parts	10½	11	7½	5	3	11	0	5	50	6	7	19½	L.	L.	Contracted outlet.
31	M 278	—	30	Delay P.O.P.	10½	11½	9	PNF	4	25	0	4	45	8	6	21	L.	L.	Forceps rotation.
32	M 283	—	22	Rigid soft parts	9	10½	7½	4½	4	32	30	1	40	7	6	20	L.	L.	Trial labour. P.P.H.
33	M 289	—	32	Weak pains	10½	11	8	4½	3½	3	0	2	20	8	0	21	L.	L.	Pre-eclampsia A.R.M.
34	M 360	—	22	Rigid soft parts	10½	11½	7½	5	4	33	30	3	55	6	7	20	L.	L.	—
35	M 361	—	30	Delay P.O.P.	10½	11	8	5	4	7	35	4	10	7	11	20	L.	L.	Forceps rotation.
36	M 365	1	32	Rigid soft parts	10	11½	8	PNF	3	50	30	4	15	7	2	20	L.	L.	—

FORCEPS DELIVERY.—continued

Case No.	Reg. No.	Previous pregnancies before after 28 weeks	Age before after 28 weeks	Maternity	Indication	Pelvic Measurements				Duration of labour		Child Weight Length	Result M. C.	Episiotomy or tear	Remarks				
						Int. Spin	Ext. Crist	Ext. Coni.	D.C. Outlet	Trans. (knuckles)	1st st.					2nd st.			
BOOKED																			
37	M373	—	30	—	Rigid soft parts	9½	10½	8½	5	4	74	45	4	20	8	6	21	L.	Epis.
38	M405	1	31	—	Delay P.O.P.	10½	11½	8½	4½	4	59	0	0	15	7	5	21½	L.	Epis.
39	M416	—	36	—	Rigid soft parts	9½	10½	7½	PNF	3½	40	30	5	0	8	5	20	L.	Epis.
40	M459	—	30	—	Delay P.O.P.	9½	10½	7½	4½	3	21	30	4	15	6	7	20	L.	Epis.
41	M484	—	30	—	Transverse arrest	11½	11½	7½	4½	3	17	10	3	5	6	7	—	L.	Epis.
42	M503	—	30	—	Foetal distress	10½	11½	9	5	3½	9	45	1	35	6	7	18½	L.	Epis.
43	M516	—	29	—	Delay P.O.P.	10½	11½	8½	PNF	3½	10	45	2	50	9	7	22	L.	Epis.
44	M545	—	35	—	Rigid soft parts	10½	11½	8½	PNF	3½	62	50	3	0	7	1	20	L.	Epis.
45	M690	—	26	—	Delay P.O.P.	9½	10½	8	5	3	16	0	3	10	5	7	—	L.	Epis.
46	M610	—	39	—	Contracted outlet	10	11	7½	5	3	17	15	1	25	7	2	21	L.	Epis.
47	M624	—	30	—	Rigid soft parts	10	11	7½	4½	3	3	35	3	40	7	3	21	L.	Epis.
48	M638	—	30	—	Maternal and foetal distress	10	11	8½	PNF	4	7	30	2	50	9	3	21	L.	Epis.
49	M644	—	37	—	Rigid soft parts	10½	11½	8½	—	3	68	15	14	25	5	9	18	L.	Epis.
50	M645	—	25	—	Maternal distress	10½	11	7½	PNF	3½	7	15	3	50	4	11	16½	L.	Epis.
51	M662	—	30	—	Maternal distress	10	11	7½	5	3½	9	15	3	9	8	3	—	L.	Epis.
52	M679	—	26	—	Maternal distress	8	10½	7½	4	3½	20	30	3	15	7	4	20	L.	Epis.
53	M706	—	18	—	Transverse arrest	11	11½	8½	PNF	4	2	20	3	5	8	9	21	L.	Epis.
54	M748	—	26	—	Rigid soft parts	10½	11½	8½	PNF	4	12	0	3	0	7	8	20	L.	Epis.
55	M811	—	22	—	Weak pains	9½	10½	7½	4½	3½	68	5	2	35	9	10	22½	L.	Epis.
NON-BOOKED																			
56	W446	—	32	—	Foetal distress	—	—	—	—	—	68	25	1	10	8	9	22	L.	Epis.
57	W457	—	28	—	Transverse arrest	—	—	—	—	—	26	10	3	5	7	4	20½	L.	Epis.
58	W459	—	29	—	Rigid soft parts	—	—	—	—	—	12	15	6	15	8	3	21	L.	Epis.
59	M437	—	29	—	Foetal distress	10	11	7½	—	4	6	10	4	25	9	2	21	L.	Tear
60	M712	—	26	—	Contracted outlet	—	—	—	—	3	—	—	—	—	—	—	—	L.	Epis.
60	M712	—	26	—	Transverse arrest	—	—	—	—	—	123	20	—	—	9	4	92	L.	Epis.
PRIVATE																			
61	W165	—	25	—	Maternal distress	—	—	—	—	—	52	0	1	0	6	13	21	L.	Epis.
62	W338	1	31	—	Maternal distress	—	—	—	—	—	57	0	0	45	9	14	23	L.	Tear
63	W302	33	33	1	Delay P.O.P.	—	—	—	—	—	17	15	8	25	5	15	20	L.	Epis.
64	M 12	—	33	—	R.O.P. transverse arrest	—	—	—	—	—	39	30	0	50	7	8	21	L.	Epis.
65	M 26	—	20	—	Foetal distress, delay	—	—	—	—	—	43	50	3	15	7	4	21	L.	Epis.
66	M 37	—	38	—	Maternal distress	—	—	—	—	—	13	5	2	10	7	7	21	L.	Epis.
67	M 44	—	38	—	Delay	—	—	—	—	—	4	45	45	2	20	8	14	L.	Epis.
68	M 65	—	23	—	Foetal distress	10½	11½	8½	—	—	25	15	1	45	8	0	21	L.	Tear
69	M 68	—	29	—	Delay	—	—	—	—	—	8	55	2	25	7	14	20	L.	Epis.
70	M 84	—	40	—	Rigid soft parts	—	—	—	—	—	46	0	1	5	7	12	21	L.	Epis.
71	M264	—	23	—	Rigid soft parts	—	—	—	—	—	16	15	2	40	8	13	21	L.	Tear
72	M464	—	36	—	Rigid soft parts	—	—	—	—	—	18	0	5	30	8	12	19½	L.	Epis.
73	M505	—	32	—	Rigid soft parts	—	—	—	—	—	29	45	3	15	7	4	21	L.	Epis.
74	M737	—	21	—	Delay P.O.P.	—	—	—	—	—	8	15	2	55	7	9	20½	L.	Epis.

A.R.M. before admission.
Primary uterine inertia
Manual removal of partially
adherent placenta.

Spontaneous rotation from
L.O.P.

Delivered face to pubes.
Kielland's rotation.
Manual removal of placenta.

F.H. 120, Passing meconium.

P.P.H.

Manual rotation, P.P.H.

TABLE 28.

VERSION IN LABOUR

3 Cases.

No maternal death, no foetal death.

Case No.	Reg. No.	Age	Previous pregnancies		Mat- urity	Indication	Bipolar, external or internal	Weight of Child	Result		Remarks
			before 28 weeks	after 28 weeks					M.	C.	
BOOKED											
1	W 77	34	—	—	42	2nd twin, shoulder presentation	Internal	6 15	L.	L.	Pre-eclampsia
2	W188	34	—	1	38	2nd twin, R.S.A.	Bipolar cephalic	6 6	L.	L.	
3	M645	28	—	—	37	2nd twin, shoulder presentation	Internal	3 12	L.	L.	Pre-eclampsia

TABLE 29.

EMBRYOTOMY AND CRANIOTOMY

No Cases.

PUERPURAL PYREXIA

All cases of pyrexia and maternal deaths are included as morbid. In 997 Booked deliveries there were 14 cases of pyrexia. The morbidity rate for Booked cases was therefore 1.4%. In 56 Non-booked cases there was no maternal morbidity. In 236 Private cases there were 3 cases of pyrexia. The morbidity rate for Private cases was 1.3%. The morbidity rate for all cases was 1.3%.

As in previous years the standard of pyrexia has been a temperature of 100.4°F or more on two occasions after 24 hours and within 21 days of delivery. Should one such reading occur, or the pulse rate be raised, the patient's temperature and pulse are recorded four-hourly.

TABLE 30.

**PUERPURAL PYREXIA
GENITAL INFECTION**

Case No.	Reg. No.	Age	Previous pregnancies before after Mat-28 28 weeks weeks	Method of delivery, operations, etc.	Cause of temperature	Duration of pyrexia in days	Organisms	Treatment	Result M. C.	Remarks
BOOKED										
1	W125	25	—	Trial labour, inertia, forceps	Genital infection	3	B Coli	Sulphamezathine, penicillin	L.	Blood transfusion. Labour lasted 80 hours.
2	W245	20	—	Spontaneous	Retained products	6	No pathogens isolated	Evacuation of uterus Sulphamezathine, penicillin	L.	Blood transfusion. Labour 14 hours.
3	M638	32	—	Forceps delivery	Infected perineum	3	Strep. haemolyticus	Sulphamezathine, penicillin	L. SB	Labour 11 hours. Difficult delivery.
PRIVATE										
4	M140	33	—	Long labour, ruptured perineum	Ischio-rectal abscess	1	Anaerobic, Strep.	Sulphamezathine, penicillin	L.	Aspirated. Labour lasted 47 hours.

TABLE 31.

EXTRA-GENITAL INFECTION

Case No.	Reg. No.	Age	Previous pregnancies before after Mat-28 28 weeks weeks	Method of delivery, operations, etc.	Cause of pyrexia	Duration of pyrexia in days	Organisms	Treatment	Result to mother	Remarks
BOOKED										
1	W 86	31	1	2	38	4	Not known	Penicillin, Sulphamezathine	L.	Post-partum haemorrhage.
2	W 96	31	—	1	41	4	B. Coli	Penicillin, Sulphamezathine	L.	Abscess aspirated.
3	W444	22	—	2	40	4	Staph. aureus	Penicillin, Sulphamezathine	L.	Transferred to surgical ward.
4	M 88	24	—	—	39	11	Staph. aureus	Incision and drainage	L.	Labour lasted 18 hours.
5	M246	28	—	—	39	1	Strep. viridans	Sulphamezathine, Penicillin	L.	
6	M334	18	—	—	39	4	B. Coli, Strep. faecalis	Penicillin, Sulphamezathine	L.	
7	M386	28	1	—	41	2	B. Coli	Sulphamezathine	L.	
8	M503	30	—	—	39	1	B. Coli	Sulphamezathine	L.	
9	M650	31	—	—	39	1	B. Coli	Sulphamezathine	L.	
10	M668	25	—	—	37	1	B. Coli	Sulphamezathine	L.	
11	M749	21	—	—	40	2	No pathogens isolated	Sulphamezathine	L.	
PRIVATE										
12	M639	26	—	—	39	2	No pathogens	Salicylates	L.	Cultures penicillin resistant.
13	M641	28	—	—	41	1	Staph. aureus	Sulphathiazole	L.	

MATERNAL DEATHS

No Cases.

ANALGESIA

In the first stage of labour drugs have been freely used. Patients in whom labour is likely to last more than twelve hours are given morphia gr. $\frac{1}{4}$ or heroin gr. $\frac{1}{6}$ especially to give them sleep during the night hours. When the first stage appears to have only a few hours to run, pethidine 150 mgms. is given by intramuscular injection.

Further injections of 100 mgms. are given if necessary in long labours.

In the second stage, gas and air mixture is given to all patients, by means of the Minnitt or Queen Charlotte's machine. In a few cases trichlorethylene has been given with Friedman's inhaler.

ANAESTHESIA

For episiotomy and perineal repair, local anaesthesia has been used in all cases in which general anaesthesia had not already been needed for other procedures. One per cent. procain with a few drops of adrenaline solution was used to infiltrate the tissues.

For forceps delivery, in all except 2 cases, gas and oxygen with sometimes a little cyclopropane, trilene or ether were administered by the hospital anaesthetists. Anaesthesia is always very light so as not to abolish uterine contractions. As soon as the baby has been delivered the mother is given morphia gr. $\frac{1}{4}$.

In the other two cases of forceps delivery, local anaesthesia was employed.

For manual removal of the placenta gas and oxygen with a little cyclopropane, trilene or ether were used. All these patients have been given morphia and ergometrine; and an intravenous infusion of saline or blood has usually been set up before anaesthesia is induced.

Many of the patients have been given amyl nitrite 4-8 minims put into the anaesthetic inhaler to relax the contraction of the lower uterine segment to allow the operator to introduce his hand.

The choice of anaesthetic for Caesarean section depended on the patient's condition both general and obstetric and on the preference of the anaesthetist. The 28 cases of Caesarean section were anaesthetised as follows:

Spinal anaesthesia	...	...	...	...	...	...	...	...	15 cases.
Nitrous oxide, oxygen, ether	...	...	...	...	...	...	...	...	7 cases.
Pentothal 0.5 gm. followed by nitrous oxide, oxygen, ether	...	...	...	...	...	...	...	...	3 cases.
Pentothal 0.5 gm. followed by nitrous oxide, oxygen, trilene	...	...	...	...	...	...	...	...	1 case.
Pentothal 0.5 gm. followed by nitrous oxide, oxygen	...	...	...	...	...	...	...	...	1 case.
Pentothal 0.5 gm. followed by nitrous oxide, oxygen, and cyclopropane	...	...	...	...	...	...	...	...	1 case.

For the spinal anaesthetic all the instruments and materials were antoclaved, and 1.5 ccs. of heavy nupercain were injected with the patient lying in the left lateral position. In some of these patients under spinal anaesthesia amyl nitrite inhalation was needed to relax the uterus for the baby to be extracted.

II. THE PAEDIATRIC SECTION

Introduction.

The babies all occupy cots in nurseries apart from the mothers. The Paediatrician is responsible for the medical care of all the babies and he does complete ward rounds twice a week. Normal infants are breast fed every four hours from birth, omitting the night feed. There is not a permanent premature nursery because of the small number of premature babies; but when it is needed a small ward is adapted for the purpose. Oxygen tents are freely used for premature and ill babies.

The preparation of the expectant mother's breasts for lactation consists in simple hygiene during the last two months of pregnancy by merely washing, drying and anointing the nipples with lanoline or olive oil. If the nipples are flat they are gently moulded. If a nipple is inverted the mother wears a glass shell during the last 4 weeks of pregnancy. The ante-natal expression of secretion employed so successfully by Dr. H. K. Waller is only advised for women who have previously failed to breast feed and who are willing to carry it out.

Test-weighing is done until breast feeding is well established. Glass shells are used for engorged breasts, and in some cases stilboestrol is administered during the painful stage. Lugol's iodine has been prescribed to encourage the flow of milk in those with insufficient, and it has appeared to have been of help.

INFANT FEEDING

No. of infants discharged during the year 1948	Booked		Non-Booked		Private	
	Number	%	Number	%	Number	%
No. breast fed	987	89	52	86.5	240	81
No. mixed feeding	99	10	3	6	31	13
No. artificial feeding	11	1	4	7.5	14	6

No. of children whose mothers attended	Booked and Non-Booked	
	Number	Percentage
Post-Natal Clinic	816	100
Breast feeding	693	85
Mixed feeding	59	7
Artificial feeding	64	8

TABLE 32.

STILLBIRTHS

22 Cases.

A stillborn child is defined as one born at or after the completion of the 28th week of pregnancy and which fails to breathe. The stillbirth rate for Booked cases was 17.8 per 1,000; for Non-booked cases, 52.6 per 1,000; for Private cases 4.1 per 1,000; and for all In-patients 16.8 per 1,000 viable births.

Case No.	Reg. No.	Weight	Mat- urity	Sex	Method of delivery	Maternal factors	Foetal factors	P.M. findings	Fresh or macerated	Remarks (including cause of death)
BOOKED										
1	W 43	7 6	41	M	Normal	Justo minor pelvis	Prolapsed cord	Not done	M	Foetal asphyxia.
2	W 53	7 0	43	F	Normal	None	Post-maturity	Subdural haemorrhage	M	Post maturity.
3	W 77	6 15	41	F	Shoulder presentation, internal version to breech presentation	Pre-eclampsia, hydramnios twin pregnancy	None	Not done	F	Second twin, P.P.H.
4	W190	7 0	43	M	A.R.M. Normal	Hypertension	Hydrocephaly	Not done	M	Hydrocephaly.
5	W286	9 4	40	M	L.O.P. Easy forceps rotation	Second stage delay	Large child	Intra-cranial haemorrhage	F	Delay in 2nd stage.
6	W508	10 0	41	F	Normal	None	Large child	Atelectasis, intra-cranial haemorrhage	F	Died in 1st stage, cause unknown.
7	M 25	3 14	40	F	A.R.M. Normal	None	Hydrocephaly	Not done	F	X-ray diagnosis.
8	M152	6 7	41	F	Normal	Placenta praevia	Distress in 2nd stage	Asphyxia	F	Placental separation.
9	M292	7 3	39	F	Normal	Previous C.S. for inertia	Cord twice around neck	Sub-arachnoid haemorrhage	F	Cord lightly around neck.
10	M458	4 0	38	M	Normal	External version at 32 weeks	None	Not done	M	Foetal death at 37 weeks. Cause not known.
11	M531	5 0	32	M	A.R.M. Normal	None	Anencephaly	Not done	F	X-ray diagnosis.
12	M583	4 3	30	F	Normal	Accidental A.P.H.	None	Asphyxia	F	Placental separation.
13	M589	8 5	40	M	Normal breech	None	Meningocele	Ruptured meningocele	M	Meningocele.
14	M633	5 12	35	F	Normal	None	Twin	Atelectasis	F	Second twin.
15	M638	9 3	44	M	Forceps, impacted shoulders	Chronic hypertension	Post-mature large child	Intra-cranial haemorrhage	M	Difficult delivery.
16	M664	6 10	43	F	Normal	Post-maturity	None	Asphyxia, cardiac failure	M	Not known, died 4 hours before delivery.
17	M671	2 8	34	F	Normal	Pre-eclampsia	Prematurity	Prematurity	M	Pre-eclampsia.
18	M684	3 3	34	M	Normal breech	Pre-eclampsia	Prematurity	Cerebral haemorrhage	M	Pre-eclampsia.
NON-BOOKED										
19	W311	5 8	32	F	Normal breech	Accidental A.P.H.	None	Asphyxia	F	Placental separation.
20	W473	7 0	44	F	Normal	None	Anencephaly	Not done	M	Anencephaly.
21	M631	10 8	42	M	Normal	None	Post-mature large child	Asphyxia, cardiac failure	F	Died during first stage. Cause not known.
PRIVATE										
22	M783	2 8	31	F	Normal	Accidental A.P.H.	Prematurity	Not done	M	Placental separation.

TABLE 33.

NEO-NATAL DEATHS

14 Cases.

The infant death rate for Booked cases was 9.1 per 1,000; for Non-booked cases 37 per 1,000; for Private cases 12.5 per 1,000; and for all In-patients 10.9 per 1,000 live births. 13 babies died within ten days of birth.

Case No.	Reg. No.	Birth Weight	Mat-urity	Sex	Method of delivery	Maternal factors	Complications in infant	P.M. findings	Age at death	Method of feeding	Remarks (including cause of death)
BOOKED											
1	W 18	8 0	41	M	Normal	Long labour, pre-eclampsia	Short cord	Cardiac failure atelectasis	2 hours	—	Difficult labour
2	W125	8 0	43	M	High forceps	Inertia	Cerebral haemorrhage	Subarachnoid haemorrhage	13 hours	—	Difficult labour
3	W392	4 2	33	M	Face to pubes	A.P.H. Premature labour	Prematurity	Prematurity, asphyxia	9 hours	—	Prematurity.
4	M296	4 8	35	M	Normal	None	Prematurity	Subarachnoid haemorrhage	6 days	Breast milk	Prematurity.
5	M271	4 9	40	M	Normal	None	? Haemorrhagic disease	Prematurity	8 days	Breast milk	Prematurity, pneumonia.
6	M288	2 4	27	F	Normal breech	None	Breech delivery, premature labour	Bilateral lobar pneumonia	1 day	Dextrose saline	Prematurity.
7	M520	6 0	38	M	Normal	None	Bilateral hare lip and cleft palate	Broncho-pneumonia	8 days	Breast milk	Broncho-pneumonia
8	M614	8 9	40	M	Normal	Occupational dermatitis	None	Broncho-pneumonia	22 days	Breast milk	Broncho-pneumonia.
9	M635	8 2	40	F	Normal	None	Atresia of small gut	Jejunol-ileal atresia	39 hours	Intra-venous	Atresia of gut.
NON-BOOKED											
10	—	approx. 7 0	39	F	Precipitate labour	None. B.B.A.	None	Atelectasis, cerebral haemorrhage	13 hours	—	Cerebral injury.
11	M762	2 10	32	M	Normal	None	Prematurity	Subdural haemorrhage	19 hours	Dextrose saline	1st twin, prematurity.
PRIVATE											
12	M 30	3 12	32	F	B.B.A.	None	Prematurity	Not done	8½ hours	—	Prematurity.
13	M193	4 10	34	F	Caesarean section	Pre-eclampsia	Prematurity	Prematurity	2 days	Breast milk	Prematurity.
14	M729	3 10	35	M	A.R.M.	Pre-eclampsia. W.R.+	Prematurity	Not done	9 hours	—	Prematurity.

TABLE 34.

PREMATURE INFANTS

55 Cases.

All infants weighing 5lbs. 8 ozs. or less at birth are included in this table. Stillbirths are excluded. Of 41 Booked cases, 3 died; of 3 Non-booked cases, 1 died; of 11 Private cases, 3 died. The 7 deaths represent a foetal mortality of 14.5%. Of 5 babies between 2lbs. and 3lbs., 2 died; of 8 babies between 3lbs. and 4lbs., 2 died; of 21 babies between 4lbs. and 5lbs., 3 died; of 21 over 5lbs., none died.

Case No.	Reg. No.	Mat- ernity	Sex	Birth weight	Cause of premature labour	Birth injury (if any)	Method of feeding	Weight on Day of discharge	Day of discharge	Result	Remarks
BOOKED.											
1	W 6	36	M	4 8	Twins	None	Breast milk	6 0	29	L.	
2	W 42	38	F	4 3	Twins	None	Breast milk	5 3	29	L.	
3	W 42	38	M	3 5	Unknown	None	Breast milk	5 1	51	L.	Previous induction at 42 wks, infant 6lbs.
4	W103	30	F	2 12	Twins	None	Dextrose saline, E.B.M.	4 11	49	L.	
5	W138	40	M	3 5	Twins	None	Dextrose saline, E.B.M.	5 3	49	L.	
6	W199	38	F	5 4	Unknown	None	Breast milk	5 13	11	L.	
7	W234	35	F	4 11	Unknown	None	Breast milk	5 51	12	L.	
8	W240	36	M	4 6	Twin	None	Breast milk	5 3	21	L.	
9	W254	39	M	4 4	Twins	None	Breast milk	5 13	42	L.	
10	W312	30	F	5 8	Twins	None	Breast milk	5 4	42	L.	
11	W332	37	M	4 12	Unknown	None	Breast milk	5 12	12	L.	
12	W404	40	F	4 13	Blow on abdomen	None	Breast milk	5 8	66	L.	
13	M 64	42	M	5 3	A.P.H.	None	Breast milk	5 7	21	L.	Died at 9 hours.
14	M 76	38	F	5 7	Unknown	None	Breast milk	5 2	14	L.	
15	M 80	39	M	4 2	A.R.M. for previous dystocia	None	Breast milk	5 2	14	L.	
16	M 128	35	F	5 1	Unknown	None	Mixed	5 4	24	L.	
17	M 145	37	F	5 7	A.R.M. for pre-eclampsia	None	Breast milk	5 8	13	L.	
18	M 190	37	M	5 3	A.R.M. for pre-eclampsia	None	Breast milk	5 14	21	L.	
19	M 202	42	F	4 3	Unknown	None	Breast milk	5 4	24	L.	
20	M 206	35	M	4 8	Unknown	Subarachnoid haemorrhage	Breast milk	—	6	D	
21	M 208	31	F	4 0	A.P.H.	None	Breast milk	5 4	40	L.	
22	M 271	40	M	4 9	Unknown	None	Breast milk	—	6	D	Pneumonia.
23	M 282	35	F	5 1	A.R.M. for placenta praevia	None	Mixed	5 7	25	L.	
24	M 288	27	F	2 4	Unknown	None	—	—	1	D	Not viable.
25	M 366	38	M	5 7	Twins	None	Breast milk	5 5	17	L.	
26	M 368	40	F	5 5	Twins	None	Breast milk	5 4	17	L.	
27	M 399	39	F	3 12	Unknown	None	Breast milk	5 2	12	L.	
28	M 407	36	M	5 7	Unknown	None	Breast milk	4 9	24	L.	
29	M 522	31	F	3 4	Unknown	None	Breast milk	5 7	12	L.	
30	M 567	38	F	4 12	Pre-eclampsia	None	Breast milk	5 1	67	L.	
31	M 600	39	F	5 7	Unknown	None	Breast milk	5 0	19	L.	
32	M 647	34	F	5 2	Unknown	None	Breast milk	5 5	18	L.	
33	M 645	37	M	4 11	Twins, A.R.M. for pre-eclampsia	None	Breast milk	5 9	19	L.	
34	M 698	38	F	5 5	Twins	None	Breast milk	6 8	48	L.	
35	M 744	40	F	5 5	Unknown	None	Breast milk	5 1	48	L.	
36	M 770	36	F	5 3	Unknown	None	Breast milk	5 5	13	L.	
37	M 775	34	F	4 7	Twin	None	Breast milk	5 7	12	L.	
38	M 775	34	F	4 7	A.R.M. for pre-eclampsia	None	Breast milk	5 10	26	L.	
39	M 775	34	F	4 7	A.R.M. for pre-eclampsia	None	Breast milk	4 7	20	L.	

PREMATURE INFANTS.—continued

Case No.	Reg. No.	Mat- urity	Birth weight	Sex	Cause of premature labour	Birth injury (if any)	Method of feeding	Weight on Day of discharge	Day of discharge	Result	Remarks
NON-BOOKED											
42	M617	41	5 3	F	Unknown	None	Artificial	5 5	15	L.	
43	M762	30	2 10	M	Twins	None	—	—	1	D	
44			2 9	F	Twins	None	Breast milk	5 0	56	L.	
PRIVATE											
45	W308	36	5 4	M	Pre-eclampsia	None	Breast milk	5 13		L.	
46			4 4	M	Pre-eclampsia	None	Breast milk	4 12		L.	
47	W315	38	4 1	M	Unknown	None	Breast milk	4 5½		L.	
48	M 30	32	3 12	F	Unknown	None	—	—	—	D	
49	M195	34	4 10	F	Pre-eclampsia	—	Breast milk	—	2	D	
50	M312	38	4 6	F	Triplets	None	Mixed	5 5	31	L.	
51			3 15	F	Triplets	None	Artificial	5 5	47	L.	
52			4 5	F	Triplets	None	Mixed	4 2	31	L.	
53	M450	39	4 1	M	A.R.M. for pre-eclampsia	None	Breast milk	4 9	25	L.	
54	M591	38	5 3	M	A.R.M. for pre-eclampsia	None	Breast milk	5 4	19	L.	
55	M729	35	3 10	M	A.R.M. for pre-eclampsia	None	—	—	—	D	B.B.A. Caesarean section.

TABLE 35.

CONGENITAL MALFORMATIONS

		21 Cases.								
Case No.	Reg. No.	Nature of Malformation			Birth weight	Sex	Result	Intercurrent maternal disease		Remarks
BOOKED										
1	W 98	Congenital atresia of gut			7 1	M	L.	None	...	Colostomy performed
2	W132	Left talipes equino-varus			7 13	F	L.	None	...	
3	W190	Hydrocephaly			7 0	M	D	None	...	
4	W402	Mongolism			7 8	M	L.	None	...	
5	W436	Bilateral hare lip and cleft palate			6 12	M	L.	None	...	
6	W498	Bilateral talipes calcaneo-varus			7 7	F	L.	None	...	1st twin
7	M 25	Anencephaly			3 14	F	SB	Hydramnios	...	
8	M196	Umbilical hernia			7 8	F	L.	None	...	
9	M200	Hypospadias			7 13	M	L.	None	...	
10	M388	Talipes calcaneo-valgus, right			5 5	F	L.	None	...	
11	M484	Talipes equino-valgus, right			6 7	F	L.	None	...	Forceps delivery
12	M489	Talipes calcaneo-valgus, right			7 10	F	L.	None	...	
13	M520	Bilateral hare lip, cleft palate, Umbilical hernia, supernumary digit			6 0	M	D	None	...	
14	M531	Anencephaly			5 0	M	SB	Hydramnios	...	
15	M572	Wasserman and Kahn tests positive			7 6	F	L.	Congenital syphilis	...	
16	M589	Spina bifida			8 5	M	SB	None	...	
17	M635	Atresia of small gut			8 2	F	D	None	...	Intestinal anastomosis performed
NON-BOOKED										
18	M554	Bilateral hare lip and cleft palate Hypospadias			9 2	M	L.	None	...	
PRIVATE										
19	W152	Paralysis of left leg			7 14	M	L.	None	...	
20	M242	Haemangioma of forehead			7 10	M	L.	None	...	
21	M312	Haemangioma of scalp			3 15	F	L.	None	...	2nd triplet

TABLE 36.

BIRTH TRAUMA

		3 Cases.							
Case No.	Reg. No.	Mat-urity	Birth weight	Sex	Type of injury	Method of delivery	Cause of injury	Result	Remarks
BOOKED									
1	M 23	38	6 14	F	Fracture right humerus	Breech	Delivery of extended arm	L.	2nd twin
2	M754	38	6 12	F	Cephalhaematoma	Normal	—	L.	
NON-BOOKED									
3	M712	42	9 4	M	Left Erb's palsy	Forceps	—	L.	

NEO-NATAL INFECTIONS

20 Cases.

TABLE 37.

Case No.	Reg. No.	Mat-urity	Birth weight	Sex	Type of infection	Source of infection	Predominant causal organism	Treatment	Result	Remarks
BOOKED										
1	W144	43	7 10	F	Pemphigus ...	...	Staph. Aureus	Penicillin, gentian violet	L.	
2	W147	41	9 0	M	Pemphigus ...	...	Staph. Aureus	Penicillin, gentian violet	L.	
3	W153	39	6 14	M	Pemphigus ...	Staph. Aureus in maternal milk	Staph. Aureus	Penicillin, gentian violet	L.	
4	W154	40	7 8	F	Pemphigus ...	Staph. Aureus in maternal milk	Staph. Aureus	Penicillin, gentian violet	L.	
5	W157	40	7 7	F	Pemphigus ...	...	Staph. Aureus	Penicillin, gentian violet	L.	
6	W159	41	7 0	F	Pemphigus ...	...	Staph. Aureus	Penicillin, gentian violet	L.	
7	W160	41	7 9	F	Pemphigus ...	...	Staph. Aureus	Penicillin, gentian violet	L.	
8	W169	40	6 8	M	Pemphigus ...	...	Staph. Aureus	Penicillin	L.	
9	W219	40	7 4	M	Pemphigus ...	...	Staph. Aureus	Penicillin	L.	
10	W350	40	8 13	M	Pemphigus ...	...	Staph. Aureus	Penicillin	L.	
11	W401	41	6 7	M	Conjunctivitis	Staph. Aureus in mother's nose	Diphtheroids and Staph. Albus	Penicillin	L.	
12	W425	40	6 13	F	Pemphigus ...	Mother, Staph. Aureus in vagina	Staph. Aureus	Penicillin	L.	
13	M258	41	10 7	M	Abcess R. forearm	...	Staph. Aureus	Penicillin	L.	
14	M417	38	5 15	F	L. Melibonian cyst	...	Staph. Aureus and coliforms	Penicillin	L.	
15	M495	39	7 12	F	Boil of L. Buttock	...	Staph. Aureus	Penicillin	L.	
16	M516	41	9 7	F	Abcess L. side of neck	Staph. Aureus in mother's nose	Staph. Aureus	Penicillin	L.	
17	M570	40	9 8	M	R. breast abscess	Mother, Staph. Aureus in vagina	Staph. Aureus	Penicillin	L.	
18	M618	39	5 10	F	Boil on neck	Mother, Staph. Aureus in milk	Staph. Aureus	Penicillin	L.	
19	M719	42	7 9	F	Bilateral mastitis	...	Staph. Aureus	Penicillin	L.	
PRIVATE										
20	M 39	43	6 6	M	Blepharitis	...	Staph. Aureus	Penicillin	L.	

OTHER NEO-NATAL DISEASE

6 Cases.

TABLE 38.

Case No.	Reg. No.	Mat-urity	Birth weight	Sex	Type of disease	Maternal Complications	Method of delivery	Treatment	Result	Remarks
BOOKED										
1	W297	37	8 5	F	Partial atelectasis ...	No infant deaths.	Normal	Oxygen, lobeline, synkavit, penicillin	L.	
2	W416	39	7 3	F	Persistent vomiting	A.R.M. to prevent large child	Normal	Gastric lavage, eumidine	L.	
3	W454	38	6 0	F	Burn of both feet	None	Normal	Tulle gras and penicillin cream	L.	White asphyxia at birth.
4	M133	37	5 11	M	Lymphadenitis	None	Normal	None	L.	
5	M168	41	7 8	M	Oedema of hands and feet	None	Normal	None	L.	White asphyxia at birth.
6	M639	40	6 12	F	Aphyxia pallida	None	Normal	Oxygen, lobeline	L.	

POST-NATAL SUPERVISION

It will be seen from the numerical summary of cases on page 11 that numbers of patients were treated during the lying-in period for abnormal conditions which necessitated a prolongation of their stay in hospital. Every Booked patient, on discharge from hospital, was given an appointment for attendance at the Post-natal Clinic. The proportion of mothers who attended for examination six weeks after delivery was 76%.

Number of sessions held	49
Number of patients attending	806
Total attendances	991

All cases treated to their termination during the year were classified into the following groups—

- Result I:** Health unimpaired as a result of recent confinement (i.e., no symptoms and no anatomical or functional disability).
- Result II:** Health slightly impaired as a result of recent confinement (i.e., no symptoms or disability, but anatomical damage, likely to lead to disability in the future, particularly if increased by further pregnancies. This group includes cases impaired by previous confinements, and further damaged by the recent confinements so as to make the total impairment due to all previous confinements equal to that described in Result III).
- Result III:** Health seriously impaired as a result of recent confinement (i.e., symptoms or disability present due to trauma, infection, etc., or damage to vital organs as in chronic nephritis).

Result I	93.0%
Result II	7.0%
Result III	0.1%

BACTERIOLOGY AND PATHOLOGY

In 1948 we continued the same systematic bacteriological investigations carried out in the previous year. The object of the routine examinations was to try to discover when pathogenic organisms were introduced into the maternity department. All patients on admission had throat, nose and vaginal swabs taken. Each fortnight nasal and throat swabs were taken from all nursing, domestic and ambulance staff.

Any patients showing pyrexia, however mild, during the puerperium, had urine, breast milk and vaginal swabs examined bacteriologically and the nose and throat examinations were repeated.

In 1948 no fewer than 6,909 swabs were examined from the Maternity Units.

The Pathology facilities were largely used by the maternity department. Throughout the year all patients booking for delivery as hospital cases have had their blood examined in early pregnancy. The tests undertaken at the time of booking were the group, Rhesus factor, haemoglobin estimation, Wassermann reaction and Kahn test. Further blood tests in those requiring them were quite numerous, and patients with Rhesus negative red cells were all tested for antibodies at the 32nd and 36th weeks of pregnancy and some of them more often.

No. of specimens of blood tested for Rhesus factor	1,353
" " " " " " tested for Rhesus antibodies	308
" " " " " " grouped	1,296
" " " " " " for Wassermann Reaction	1,157
" " " " " " for Kahn Tests	1,157
" " " " " " for Haemoglobin estimation	1,164

The department has undertaken the examination of numerous specimens, including the physical, chemical and microscopic examinations of some 418 samples of urine, several histological sections, and 18 post-mortem examinations of the bodies of foetuses and new-born babies.

JOHN KEALL,
Pathologist.



