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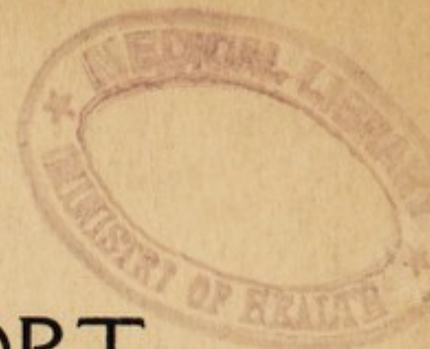
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MEDICAL REPORT

FOR THE YEAR

1934.



The
General Lying-In Hospital
YORK ROAD, LAMBETH,
LONDON, S.E.1.

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OUT-PATIENT DEPARTMENT.

Eight hundred and twenty-five Out-Patients were attended at their own homes by the District Midwives attached to the Hospital. Of these, 75 were also visited by the Resident Medical Officers, and an analysis of their visits is given below :—

The Mother.

Ante-partum hæmorrhage...	1	Premature rupture of mem-	
Post-partum hæmorrhage...	4	branes	1
Puerperal pyrexia	3	Delayed third stage ...	1
Perineal suture	14	Mammary engorgement ...	1
Application of forceps ...	2	Phlebitis	1
Breech delivery	3	Diagnosis of presentation ...	3

The Child.

Conjunctivitis	34	Talipes	1
Prematurity	6	Impetigo	1

IN-PATIENTS.

One thousand one hundred and four Patients were admitted to the Hospital during the year. Of these, 1,073 were "booked" by the Hospital and attended for ante-natal examination. The remaining 31 cases were admitted as non-booked or emergency cases. The former group of cases is classified as Category "A" and the latter as Category "B."

Category A.

Delivered in Hospital	1,060
Admitted after delivery	4
Cæsarean Section	4
Cæsarean Hysterectomy	2
Abortion	2
Therapeutic abortion	1
	<hr/>
	1,073

There was one maternal death.

Category B.

Delivered in Hospital	29
Admitted after delivery	1
Retained placenta	1
	<hr/>
	31
	<hr/>

ANALYSIS OF CASES ADMITTED TO THE HOSPITAL.

In this section there is considerable overlap in the statistics, as cases with any complication are entered under both "presentation" and the complication.

Category A.

	Primiparæ.	Multiparæ.
Presentations and the Complications due to Pregnancy :—		
First Vertex	290	280
Second Vertex	212	215
Third Vertex	19	17
Fourth Vertex	16	8
Breech Presentation	8	12
Face Presentation	2	—
Transverse lie	—	—
Twins	5	10
Triplets	1	1
Prolapse of Cord	2	2
Contracted Pelvis	3	4
Disproportion other than due to contraction of pelvis	—	1
Accidental Hæmorrhage	4	6
Placenta Prævia	1	2
Post-partum Hæmorrhage	39	20
Puerperal Pyrexia	19	8
Toxic Albuminuria	17	16
Eclampsia	1	—
Hydramnios	1	4

Intercurrent Disease :—

Mitral Stenosis	4	—
Mitral Regurgitation	2	2
Myocardial Degeneration	—	1
Phthisis... ..	2	—
Pyelitis	4	—
Renal Calculus	1	—
Glycosuria (non-diabetic)	—	2
Epilepsy	2	2

Category B.

					Primiparæ.	Multiparæ.
Presentations and Complications due to Pregnancy :—						
First Vertex	...	...	...	...	6	6
Second Vertex	...	...	...	...	8	5
Third Vertex	...	...	...	...	—	—
Fourth Vertex	...	...	...	...	—	—
Breech Presentation	...	...	...	...	2	1
Face Presentation	...	...	...	...	—	—
Transverse lie	...	...	...	...	—	2
Twins	...	...	...	...	—	—
Prolapse of Cord	...	...	...	...	—	—
Contracted Pelvis	...	...	...	...	—	1
Disproportion other than due to con- traction of pelvis	...	...	...	...	1	—
Accidental Hæmorrhage	...	...	...	...	—	1
Placenta Prævia	...	...	...	...	—	4
Post-partum Hæmorrhage	...	...	...	...	2	—
Puerperal Pyrexia	...	...	...	...	1	1
Toxic Albuminuria	...	...	...	...	3	3
Eclampsia	...	...	...	...	—	1
Retained Placenta	...	...	...	...	—	1
Hydramnios	...	...	...	...	—	1

VERTEX PRESENTATIONS.

These numbered 1,082 cases, comprising 97·65 per cent. of the total deliveries. Their analysis is as follows :—

Category A.

Vertex.		Primiparæ.	Multiparæ.	Total.	Percentage.
First ...	...	290	280	570	53·9
Second ...	...	212	215	427	40·0
Third ...	...	19	17	36	3·4
Fourth ...	...	16	8	24	2·7
Total	...	537	520	1,057	

Category B.

Vertex.		Primiparæ.	Multiparæ.	Total.	Percentage.
First ...	...	6	6	12	48
Second ...	...	8	5	13	52
Total	...	14	11	25	

NOTE.

The symbols used throughout this Report are those used in similar reports from other Maternity Hospitals.

Mother :—

N = Normal Puerperium.

M = Multipara.

S = Pyrexia of Puerperium.

P = Primipara.

D = Death.

Child :—

N = Thrived normally.

SB = Stillborn.

D = Neonatal death.

OCCIPITO-POSTERIOR POSITION.

Category A.

Mode of Delivery.				No. of Cases.	Result.					
					Mother.			Child.		
					N	S	D	N	SB	D
Spontaneous Rotation—										
Primiparæ	...	...	8	7	1	—	8	—	—
Multiparæ	...	...	11	11	—	—	11	—	—
Manual Rotation, Spontaneous Delivery—										
Primiparæ	...	...	1	1	—	—	1	—	—
Multiparæ	...	...	1	1	—	—	1	—	—
Manual Rotation ; Forceps—										
Primiparæ	...	...	7	7	—	—	7	—	—
Multiparæ	...	...	—	—	—	—	—	—	—
Persistent Posterior, Spontaneous Delivery—										
Primiparæ	...	...	17	17	—	—	16	—	1
Multiparæ	...	...	12	12	—	—	11	—	1
Persistent Posterior ; Forceps—										
Primiparæ	...	...	2	1	1	—	2	—	—
Multiparæ	...	...	1	1	—	—	—	—	1
Total	...	...	60	58	2	—	57	—	3

Foetal Mortality = 5%.

Category B.

No cases.

FACE PRESENTATION.**Category A.**

Position.	Labour.	Result.						Remarks.
		Mother.			Child.			
		N	S	D	N	SB	D	
R.M.P.	Spontaneous rotation and delivery.	1	—	—	1	—	—	Primipara.
L.M.A.	Manual rotation. Forceps. Labour induced.	—	1	—	—	1	—	Albuminuria of pregnancy. Child still-born at term. Primipara.

Category B.

No cases.

BREECH PRESENTATION.**Category A.****Uncomplicated Cases.**

Mode of Delivery.		No. of Cases.	Result.					
			Mother.			Child.		
			N	S	D	N	SB	D
Flexed breech. Spontaneous delivery—								
Primiparæ	... ..	2	1	1	—	1	—	1
Multiparæ	... ..	7	7	—	—	1	—	6
Footling presentation—								
Primiparæ	... ..	2	1	1	—	1	1	—
Multiparæ	... ..	1	1	—	—	1	—	—
Extended limbs. Spontaneous delivery—								
Primiparæ	... ..	1	1	—	—	1	—	—
Multiparæ	... ..	2	2	—	—	2	—	—
Manipulations for delivery—								
Primiparæ	... ..	3	3	—	—	2	1	—
Multiparæ	... ..	1	1	—	—	1	—	—
Total	... ..	19	17	2	—	10	2	7

Fœtal Mortality Rate = 48%. Stillbirth Mortality = 10·5%.

Neonatal Mortality = 36·8%.

Of the neonatal deaths, 6 were of premature children, of whom 5 were associated with multiple pregnancy.

Category B.

Mode of Delivery.	No. of Cases.	Result.					
		Mother.			Child.		
		N	S	D	N	SB	D
Flexed breech. Spontaneous delivery—							
Primipara	1	1	—	—	—	1	—
Extended limbs. Manipulation for delivery—							
Primipara	1	1	—	—	1	—	—

Complicated Cases.

Index No.	Category.	Parity.	Pregnancy and Labour.	Result.	
				Mother.	Child.
497	A	8	38 weeks. L.S.A. Prolapse of cord occurred when membranes ruptured. De Ribes bag used. Child macerated.	N	SB
849	B	6	Transverse lie and marginal placenta prævia. Internal podalic version. Assisted breech delivery.	N	SB

Transverse Lie.

Index No.	Category.	Parity.	Pregnancy and Labour.	Result.	
				Mother.	Child.
421	B	5	Admitted with prolapsed arm and in labour. Birth by spontaneous evolution. Child macerated. 38 weeks.	N	SB
849	B	6	Marginal placenta prævia. Internal podalic version.	N	SB

PROLAPSE OF THE CORD.

Four cases. All in Category A.

No. 422. A primipara on whom external version had been performed in the ante-natal clinic. Labour started spontaneously at term and on rupture of the membranes the cord prolapsed. Replacement failed and forceps were applied early in the second stage when the cord was still pulsating. The child was stillborn.

No. 497. Eighth parity. The presentation was an anterior breech. Labour was two weeks premature and the cord came down on rupture of the membranes. A De Ribes bag was used. The child was stillborn.

No. 712. A primipara admitted in labour at term. On examination the cord was not then prolapsed. Delivery proceeded normally till there was delay on the perineum, and it was then found that the cord was in the pelvis. Stillbirth. There was no disproportion.

No. 930. Fourth parity. Patient admitted following A.P.H. of accidental external type. She was in premature labour at the thirty-sixth week and the cord came down when the membranes ruptured. The second stage lasted five minutes only and the child was born alive and lived.

TWIN PREGNANCIES.

Category A.

Index No.	Parity.	Presentation.		Sex.		Maturity in weeks.	Weight in lbs.		Type.	Result.			Remarks.
		1st Child.	2nd Child.	1st Child.	2nd Child.		1st Child.	2nd Child.		Mother.	1st Child.	2nd Child.	
2	1	R.S.A.	L.O.P.	F	M	39	5½	6½	Binovular	S	N	N	Albuminuria for 5 weeks. Induced by rupture of membranes. Forceps. P.P.H.
10	1	R.O.A.	R.O.A.	M	M	40	7½	5½	Binovular	N	N	N	Death from prematurity. Both children macerated.
70	2	L.S.P.	L.O.A.	M	M	33	3½	3	Binovular	N	D	D	
158	1	L.O.A.	R.O.A.	F	F	35	Not given	6½	Uniovular	N	SB	SB	
312	2	L.O.A.	R.O.A.	M	M	40	6½	6½	Binovular	N	N	N	
360	3	L.O.A.	R.O.A.	M	M	40	5½	6½	Binovular	N	N	N	
412	2	L.O.A.	R.S.A.	F	M	36	4½	4½	Binovular	N	N	N	
512	2	L.O.A.	R.O.A.	F	M	40	6½	5½	Binovular	N	N	N	
526	2	L.S.P.	R.O.A.	F	F	36	4	5	Uniovular	N	N	N	Post-partum hæmorrhage. Uterine inertia in second stage P.P.H.
527	4	R.O.A.	R.S.P.	F	F	39	8½	6½	Binovular	N	N	N	Deaths from prematurity.
575	3	R.S.A.	R.S.P.	F	F	32	3½	3½	Binovular	N	D	D	
578	2	R.O.P.	L.O.A.	M	F	40	5½	5	Binovular	N	N	N	
738	1	L.O.A.	R.S.A.	M	M	40	7	5½	Uniovular	S	N	N	Pyelitis before labour. Pyrexia on admission.
906	2	L.O.A.	R.O.A.	M	F	37	4½	4½	Binovular	N	N	N	Forceps delivery.
965	1	L.O.P.	R.O.P.	F	F	40	5½	5½	Binovular	N	N	N	Manual rotation and forceps for P.O.P. of first child.

Category B.

No cases.

TRIPLE PREGNANCIES.

Category A.

Index No.	Presentation.			Sex.	Maturity in weeks.	Weight in lbs.			Type.	Result.			Remarks.			
	Parity.	1st Child.				1st Child.	2nd Child.			2nd Child.	3rd Child.	Mother.		1st Child.	2nd Child.	3rd Child.
		2nd Child.	3rd Child.				2nd Child.	3rd Child.								
216	1	R.S.A.	L.O.A.	R.O.A.	M	F	40	4½	3½	2½	Three placentæ	N	N	N	N	All children thrived. Spontaneous delivery.
341	3	R.O.P.	L.S.A.	L.S.A.	F	F	33	2½	2½	2½	Three placentæ	N	D	D	D	All children very premature. Spontaneous delivery.

DISPROPORTION—CONTRACTED PELVIS.**Summary.****Category A.**

There were seven cases of Contracted Pelvis. In four, labour was induced prematurely at the thirty-eighth week; of these, three were delivered spontaneously and one assisted by low forceps. The babies were all born alive and thrived; moulding was marked in each.

Three cases were terminated by Cæsarian Section at term; of these, two were cases of contraction of the pelvic outlet. There were no complications.

Category B.

One case was treated by induction of labour at the thirty-eighth week. The moulding was definite, though the baby was small. The previous pregnancy had also been terminated by induction.

CONTRACTED PELVIS.—DETAILED TABLES.

Category A.

Induction of Labour and Spontaneous Delivery.

Index No.	Age.	Parity.	Maturity in Weeks.	Inter-spinous.	Inter-cristal.	Ext. Conj.	Diag. Conj.	Weight of Child.	Moulding.	Result.		Remarks.
										Mother.	Child.	
371	19	3	37	9"	10½"	7¼"	3½"	6 lbs. 3 ozs.	Marked	N	N	Previous deliveries by forceps following induction.
480	32	2	37	10"	10½"	7"	3½"	6 lbs. 5 ozs.	Definite	N	N	Fifty minutes second stage. Previous child stillborn.
701	37	4	38	9"	9½"	7¼"	4"	5 lbs. 5 ozs.	Normal	N	N	Blue asphyxia of child. Other children stillborn and had gross moulding.

Induction of Labour and Forceps Delivery.

935	23	1	38	9"	10"	7¼"	3½"	6 lbs. 14 ozs.	Definite	N	N	Long first stage. Low forceps for delay in advance.
-----	----	---	----	----	-----	-----	-----	----------------	----------	---	---	---

Cæsarian Section.

131	27	1	40	10½"	11½"	7½"	3½"	6 lbs. 9 ozs.	—	N	N	Outlet contraction +
452	25	1	40	8½"	9½"	7½"	4"	7 lbs. 10 ozs.	—	N	N	Outlet contraction +
652	36	2	40	10"	11"	7¼"	3½"	7 lbs. 10 ozs.	—	S	N	Previous stillbirth, with long labour, terminated by Cæsarian Section. Sterilisation performed.

Category B.
Induction of Labour and Spontaneous Delivery.

Index No.	Age.	Parity.	Maturity in Weeks.	Inter-spinous.	Inter-cristal.	Ext. Conj.	Diag. Conj.	Weight of Child.	Moulding.	Result.		Remarks.
										Mother.	Child.	
1082	31	2	38	9½"	10½"	7½"	4"	5 lbs. 14 ozs.	Definite	N	N	Head remained persistently high. Previous induction for other pregnancy.

DISPROPORTION—NO PELVIC CONTRACTION.

Under this heading only cases in which there has appeared to be definite evidence of true disproportion have been included. Cases in which on ante-natal examination the head has been found to be persistently high and in which on labour the head entered the pelvis easily and the child was delivered within the normal time and without any signs of abnormal moulding have been excluded.

Category A.

One case was induced at the thirty-eighth week. Delivery was accomplished by low forceps. Moulding was marked.

Category B.

One case was admitted in labour at term. There was delay at the pelvic brim and in view of the previous conditions a high forceps delivery was attempted. The child was delivered with some difficulty. There was very marked moulding accompanied by a depressed fracture of the frontal bone. The child lived and there were no complications.

DISPROPORTION—NO PELVIC CONTRACTION. DETAILED TABLES.

Induction of Labour—Forceps Delivery.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Inter-spinous.	Inter-cristal.	Ext. Conj.	Diag. Conj.	Weight of Child.	Moulding.	Result.		Remarks.
										Mother.	Child.	
1041	26	2	38	9 $\frac{1}{4}$ "	10 $\frac{3}{4}$ "	8"	?	9 lbs. 1 oz.	Moulding +	N	N	Low forceps for foetal distress. Previous child stillborn.

Category B.

Index No.	Age.	Parity.	Maturity in Weeks.	Inter-spinous.	Inter-cristal.	Ext. Conj.	Diag. Conj.	Weight of Child.	Moulding.	Result.		Remarks.
										Mother.	Child.	
643	29	1	40	9 $\frac{1}{4}$ "	10 $\frac{1}{4}$ "	7 $\frac{1}{4}$ "	P.N.F.	8 lbs. 1 oz.	Moulding + +	N	N	High forceps for delay at brim. Depressed frontal fracture of infant's skull.

TOXÆMIAS OF PREGNANCY.

There were no departures from the routine methods of examination and treatment of these cases during the year.

In total there were 39 cases of toxic albuminuria ; 33 were in Category A and six in Category B.

Two cases of Eclampsia occurred ; one in Category A and one in Category B.

ALBUMINURIA (INCLUDING PREGNANCY KIDNEY AND PRE-ECLAMPSIA).

Summary of Results.

Category A.

Termination of Pregnancy.	No. of Cases.	Result.						Mortality.	
		Mother.			Child.			Maternal.	Foetal.
		N	S	D	N	SB	D		
Spontaneous ...	20	20	—	—	20	—	1	—	4·8%
Induction of Labour	13	11	2	—	11	2	1	—	21·4%
Total ...	33	31	2	—	31	2	2	—	11·4%

Category B.

Termination of Pregnancy.	No. of Cases.	Result.						Mortality.	
		Mother.			Child.			Maternal.	Foetal.
		N	S	D	N	SB	D		
Spontaneous ...	4	3	1	—	3	1	—	—	25%
Induction of Labour	2	2	—	—	1	—	1	—	50%
Total ...	6	5	1	—	4	1	1	—	33·3%

ALBUMINURIA (INCLUDING PREGNANCY KIDNEY AND PRE-ECLAMPSIA). DETAILED TABLES.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.		Blood Pressure.		Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Discharge.		Mother.	Child.
2	22	1	39	Trace	No record	135/80	—	Twin pregnancy. Six weeks albuminuria; marked oedema of legs. Rupture of membranes. P.P.H.	S	NN
9	33	7	38	Trace	Nil	155/92	—	Fourteen days' albuminuria. Spontaneous labour. No oedema.	N	N
39	39	4	Term	Trace	Trace	145/94	—	Treated twice during the pregnancy for albuminuria, which responded to treatment. Definite renal lesion present. U.C. test 0.75%, 1.75% and 1.85% induced.	N	N
135	26	1	33	0.4%	Trace	180/110	124/86	Two weeks' history of albuminuria. Induction by rupture of membranes.	N	N
188	29	4	34	0.075%	Nil	169/100	130/94	Fourteen days' history. Induction of labour.	N	N
192	28	2	37	0.06%	Nil	146/84	135/70	Seven days' history preceded by raised blood pressure for several weeks. Albuminuria in preceding pregnancy.	N	N
247	25	3	40	0.025%	Nil	120/80	105/75	Albuminuria from thirty-first week. No other symptoms.	N	N
273	26	1	34	0.4%	Nil	160/100	—	Premature labour. No oedema.	N	N
329	28	2	40	0.5%	Nil	155/95	—	Albuminuria from thirty-seventh week. Induction.	N	N
330	21	1	40	Trace	Nil	—	—	Albuminuria at term only. Spontaneous labour.	N	N
360	28	3	40	+	Trace	150/80	130/80	Twin pregnancy. Four weeks' history.	N	NN
374	22	1	40	0.025%	Nil	115/75	115/70	Albuminuria for two weeks. No other symptoms.	N	N
382	21	1	39	0.075%	Nil	145/80	120/70	Oedema very marked.	N	N
420	30	1	40	0.05%	Nil	150/90	115/60	Definite symptoms and oedema.	N	N
507	29	1	40	0.15%	Nil	160/110	128/76	One week's history. Oedema of legs and vulva. Induction. Face presentation. Rotation and forceps.	S	SB

Albuminuria (including Pregnancy Kidney and Pre-Eclampsia)—(continued).

Detailed Tables. Category A—(continued).

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.		Blood Pressure.		Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Discharge.		Mother.	Child.
520	22	1	39	Trace	Faint trace	180/110	150/110	Albuminuria for 14 days. Edema of legs. Spontaneous labour.	N	N
528	31	3	40	++	Nil	—	—	No oedema. Three weeks' history	N	N
545	26	3	39	+	Trace	154/112	120/86	Premature spontaneous labour. Edema of hands and feet. History of seven days.	N	N
568	26	1	40	+	Nil	—	—	No symptoms or oedema. Induction. Child died from haematemesis and duodenal ulcer (see report elsewhere).	N	D
581	28	3	40	0.15%	Trace	122/70	120/70	Prolonged mild albuminuria. No signs or symptoms. Medical induction at term.	N	N
588	28	1	21	2%	0.25%	260/160	220/124	Had hyperpiesia from early pregnancy. Later albuminuria. No history of nephritis. Slight oedema only and no response to treatment. Induced. Transferred to St. Thomas' Hospital for investigation.	N	SB
591	27	1	34	+	—	—	—	Premature labour. A.P.H.	N	N
592	22	2	40	+	Nil	120/100	—	Spontaneous labour. Albuminuria at term only.	N	N
600	24	1	40	Trace	Nil	—	—	A.P.H. at term. Child died of broncho-pneumonia. Spontaneous labour.	N	D
669	24	1	40	Trace	Nil	160/90	140/80	Three weeks' history. Edema +. Spontaneous labour.	N	N
819	33	4	36	0.05%	Nil	—	—	Two weeks' history. No oedema. Induction.	N	N
857	31	3	39	0.05%	Nil	160/96	125/70	Four weeks' history. Edema of ankles. Induced.	N	N
928	23	1	40	0.2%	Trace	185/100	—	Three weeks' history. Induction.	N	N
936	41	2	40	0.025%	Nil	—	—	Two weeks' history. No oedema. Induced.	N	N
959	27	2	40	0.07%	Nil	140/80	115/65	Albuminuria at term only. Edema of vulva.	N	N
1004	22	1	40	0.2%	Trace	165/110	—	Three weeks' history. Edema of face and feet. Induced.	N	N

Albuminuria (including Pregnancy Kidney and Pre-Eclampsia).—(continued).

Detailed Tables. Category A—(continued).

Index No.	Age.	Parity.	Maturity in Weeks.	Urine.		Blood Pressure.		Remarks.	Result.	
				On Admission.	On Discharge.	On Admission.	On Discharge.		Mother.	Child.
1018	28	2	38	0.3%	0.05%	165/100	130/76	Two weeks' history. Oedema of face and feet. Breech delivery with extended limbs.	N	N
1012	22	1	40	0.075%	Nil	150/90	150/80	Albuminuria for three weeks. No oedema. Induced at term.	N	N

Category B.

137	25	2	38	0.5%	Nil	140/90	—	One week's history. Oedema +.	N	N
416	36	7	40	0.025%	Nil	218/140	150/90	Three previous pregnancies complicated by albuminuria. Oedema ++. Induced.	N	D
438	19	1	40	+	Trace	138/80	122/82	Oedema +.	N	N
612	30	1	32	0.5%	Nil	150/100	140/70	Slight oedema. Premature labour. P.P.H. and manual removal of placenta.	S	N
862	28	1	40	0.075%	Trace	158/100	145/85	Three weeks' history. Oedema of legs and feet. Induced.	N	N
1046	25	3	29	++	Trace	150/90	—	Premature labour. Wasserman reaction negative.	N	SB

ECLAMPSIA.

Category A.

No. 450. The patient, a primipara of 24, had had an uneventful ante-natal history. No albuminuria or rise in blood pressure had been noted. She was admitted at term in labour; no albuminuria was found. Following a normal first stage she had been in the second stage for three-quarters of an hour when she had a fit. She was given chloroform and the child was delivered by low forceps when on the perineum. The blood pressure was now found to be 145 mm. Hg. systolic and 100 mm. diastolic. There were four further (post-partum) fits. Treatment was given by chloral four-hourly, gastric and colonic lavage, morphia gr. $\frac{1}{4}$ and salines.

Rapid improvement followed with no more fits. On discharge the blood pressure was 112/80 and there was no albumen in the urine.

The child thrived.

Category B.

No. 901. Aged 42, the woman was a multipara (parity 5), who was admitted from her private doctor following a slight ante-partum hæmorrhage at the thirty-sixth week. This occurred at 5.30 a.m. and she was admitted 1.30 p.m. the next day. There was no loss on admission and no placenta prævia could be felt. Very little œdema was present, but there was a "trace" of albumin in the urine, and the blood pressure was 160/98 mm. of Hg. She was in labour, the os being one finger dilated. Labour was normal, a premature child 3 lbs. 6 ozs. being born four hours after admission;

it only lived an hour. At 10 p.m. the patient passed 16 ozs. of urine. At 5.15 the next morning she had a fit lasting a minute and at 6.40 a.m. a second. Modified Stroganoff treatment was instituted and there were no further fits.

On discharge the blood pressure was still 160/95 and there was no albumen in the urine.

ANTE-PARTUM HÆMORRHAGE.

PLACENTA PRÆVIA.

Seven cases were treated; of these, six were multiparæ and one primipara. There were no cases of central implantation of the placenta, four of marginal and three of lateral.

The details of treatment are given.

ACCIDENTAL HÆMORRHAGE.

Eleven cases; seven in multiparæ and four in primiparæ. In three cases there was albumen in the urine.

ANTE-PARTUM HÆMORRHAGE. ACCIDENTAL HÆMORRHAGE.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Condition on Admission.	Type.	Treatment.	Result.		Remarks.	
							Mother.	Child.		
277	23	3	40	Good.	In labour.	Mild, external.	Expectant.	N	N	Intermittent loss from thirty-sixth week. No evidence of placenta prævia.
389	34	2	39	Good.	In labour.	Mild, external.	Rupture of membranes. Binder.	N	N	Slight loss for several days.
494	34	1	28	Good.	Mild, external.	Expectant.	Expectant.	N	N	Went to term and delivered later.
497	43	8	38	Good.	In labour.	External.	Expectant.	N	SB	Breech presentation with prolapse of cord. Child macerated.
523	34	2	36	Good.	External.	Expectant.	Expectant.	N	N	Went to term.
591	27	1	34	Good.	External.	Expectant.	Expectant.	N	N	Premature labour. Albuminuria present.
600	24	1	40	Good.	In labour.	External.	Expectant.	N	D	Albuminuria +. Child died from broncho-pneumonia.
680	28	2	34	Good.	External, mild.	Expectant.	Expectant.	N	N	Went to term.
930	47	4	36	Good.	In labour.	External.	Expectant.	N	N	Premature labour. Short second stage complicated by prolapse of cord.
944	23	1	30	Good.	In labour.	External, slight.	Expectant.	N	D	Death of child from prematurity.

Fœtal Mortality Rate = 30%.

Category B.

901	42	5	36	Good.	External, mild.	Expectant.	N	D	Toxæmia and post-partum eclampsia. Child lived for one hour.
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ANTE-PARTUM HÆMORRHAGE. PLACENTA PRÆVIA.

Category A.

Index No.	Age.	Parity.	Maturity in Weeks.	Condition on Admission.	Type.	Treatment.	Result.		Remarks.
							Mother.	Child.	
359	41	4	38	Good.	Marginal.	Rupture of membranes and binder.	N	SB	Loss of 10 ozs.
821	22	1	36	Good. Slight loss when admitted.	Lateral.	Spontaneous labour.	N	D	Child died from atelectasis.
949	26	2	35	Fair. Severe loss.	Lateral.	Spontaneous labour.	N	N	Watched in ward. Labour started prematurely.

Category B.

Index No.	Age.	Parity.	Maturity in Weeks.	Condition on Admission.	Type.	Treatment.	Result.		Remarks.
							Mother.	Child.	
74	34	3	40	Good. In labour.	Marginal.	Binder.	N	N	Normal labour.
231	23	2	40	Fair. Lost 3 pints.	Marginal.	Binder and Willett's forceps.	N	SB	
408	30	5	38	Good. In labour.	Lateral.	Rupture of membranes.	N	N	Small intermittent losses for several days.
849	33	6	36	Fair.	Marginal.	Internal podalic version.	N	SB	In pregnancy was a case of persistent transverse lie. Delivery as breech with extended limbs.

POST-PARTUM HÆMORRHAGE.

There were 38 cases in which over 20 ozs. of blood were lost during delivery (36 in 1933). Of these, seven occurred before the delivery of the placenta and 31 after. Twenty-seven were primiparæ and 11 multiparæ. Labour was normal and uncomplicated in the majority of cases ; in two cases there was forceps delivery ; in four there was marked prolongation of labour ; and in one there was a twin pregnancy complicated by albuminuria.

It is interesting at this point to note the relationship between the incidence of post-partum hæmorrhage and the increasing number of anæsthetics now being given at the Hospital.

In 1933, 599 anæsthetics were given ; 1,057 patients were delivered and there were 36 cases of P.P.H.

In 1934, 925 anæsthetics were given ; 1,095 patients were delivered, and there were 38 cases of P.P.H.

POST-PARTUM HÆMORRHAGE. RETAINED PLACENTA.

Category A.

Index No.	Age.	Parity.	Labour.	Anæsthesia.	Severity of Hamorrhage, estimated in ounces.	Treatment.	Puerperium.
5	25	1	Normal.	No.	28	Expression of placenta and pituitrin.	Normal.
22	28	2	Normal.	No.	30	Expression of placenta and drugs.	Normal.
399	26	1	Normal.	Yes.	40	Manual removal of placenta.	Pyrexial.
422	29	1	Low forceps.	Yes.	38	Expression of placenta and drugs.	Normal.
442	26	3	Normal.	Yes.	60	Manual removal of placenta. Bi-manual compression. Blood transfusion.	Normal.
471	21	1	Normal.	Yes.	40	Expression of placenta and drugs.	Normal.
472	31	3	Normal.	Yes.	30	Expression of placenta and drugs.	Normal.

Category B.

No cases.

POST-PARTUM HÆMORRHAGE. CASES SUBSEQUENT TO DELIVERY OF THE PLACENTA.

Category A.

Index No.	Age.	Parity.	Labour.	Anæsthesia.	Severity of Hamorrhage estimated in ounces.	Treatment.	Puerperium.
2	22	1	Twin pregnancy with albuminuria. Induction of labour. Forceps delivery.	Yes.	30	Ergot and pituitrin. Repair of laceration.	Pyrexial.
20	24	3	Normal.	Yes.	40	Ergot and pituitrin. Saline infusion.	Normal.
62	26	1	Normal. Long second stage.	Yes.	53	Compression of uterus. Drugs. Saline infusion.	Normal.
85	25	1	Normal.	Yes.	30	Massage. Drugs.	Normal.
128	31	1	Normal.	Yes.	50	Massage. Drugs. Infusion.	Normal.
189	27	1	Normal.	Yes.	20	Massage. Drugs.	Normal.
195	31	1	Normal.	Yes.	25	Massage. Drugs.	Normal.
208	24	3	Normal.	Yes.	25	Massage and drugs.	Normal.
219	24	2	Normal.	Yes.	58	Massage and drugs.	Normal.
226	24	2	Normal.	Yes.	25	Massage and drugs.	Normal.
237	29	1	Normal.	Yes.	26	Massage and drugs.	Normal.
238	24	2	Normal.	Yes.	32	Massage and drugs.	Normal.
271	20	1	Normal.	Yes.	32	Massage and drugs.	Normal.
281	19	1	Normal.	Yes.	26	Massage and drugs.	Normal.
290	42	2	Normal.	Yes.	30	Massage and drugs.	Normal.
292	21	1	Normal.	Yes.	28	Massage and drugs.	Normal.
293	38	2	Normal.	Yes.	26	Massage and drugs.	Normal.
323	18	1	Normal.	Yes.	24	Massage and drugs.	Normal.
324	35	1	Normal.	Yes.	30	Massage and drugs.	Normal.
419	20	1	Normal.	Yes.	30	Massage and drugs.	Normal.
437	27	1	Normal.	Yes.	25	Massage and drugs.	Normal.
855	21	1	Normal.	Yes.	35	Massage and drugs.	Normal.
865	20	1	Normal.	Yes.	24	Massage and drugs.	Normal.

POST-PARTUM HÆMORRHAGE.

Cases subsequent to delivery of the Placenta—*continued*.

Category A—(*continued*).

Index No.	Age.	Parity.	Labour.	Anæsthesia.	Severity of Hemorrhage estimated in ounces.	Treatment.	Puerperium.
882	23	1	Normal.	Yes.	60	Drugs. Blood transfusion.	Pyrexial (breast abscess).
892	21	2	Normal.	Yes.	28	Massage and drugs.	Normal.
931	21	1	Long second stage.	Yes.	26	Massage and drugs.	Normal.
950	21	1	Normal.	Yes.	30	Massage and drugs.	Normal.
1038	23	1	Short labour.	Yes.	30	Massage and drugs.	Normal.
1071	29	1	Normal.	Yes.	30	Massage and drugs.	Normal.
1075	19	1	Very short labour.	Yes.	28	Massage and drugs.	Normal.

Category B.

363	30	1	Spontaneous breech delivery.	No.	32	Massage and drugs. Rectal saline.	Normal.
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HEART DISEASE.**Category A.**

Index No.	Age.	Parity.	Condition and Treatment.	Result.	
				Mother.	Child.
7	27	1	Mitral regurgitation. Well compensated. Induced at term, spontaneous delivery.	N	N
45	22	1	Mitral stenosis. Compensation good. Choreic symptoms for last fortnight which became worse. Induction. Pyelitis in puerperium.	S	N
51	22	1	Mitral stenosis. Decompensated. Cæsarean section at term and sterilisation.	N	N
482	28	1	Mitral regurgitation. Fair compensation. Normal labour at term.	N	N
732	26	1	Mitral stenosis. Good compensation. Spontaneous delivery at term.	N	N
787	36	3	Mitral regurgitation with fair compensation. Spontaneous delivery at term.	N	N
801	44	8	Myocardial degeneration with some dyspnœa. Induction at term.	N	N
1007	27	2	Mitral regurgitation with no decompensation. Induced at term.	N	N

Category B.

No cases.

ANÆSTHETICS.

Anæsthetics were given on 925 occasions (total number of patients delivered, 1,095). The indications were as follows :—

Indication.								No. of Cases.
Delivery of child—								
Primiparæ	...	...	...	...	...	...	...	332
Multiparæ	...	...	...	...	...	...	...	331
Delivery of child and repair of perineum—								
Primiparæ	...	...	...	...	...	...	...	152
Multiparæ	...	...	...	...	...	...	...	51
Repair of perineum only	...	...	...	...	...	...	...	1
Application of forceps	...	...	...	...	...	...	...	25
Forceps and manual rotation of occiput	...	...	...	...	...	...	...	7
Cæsarean Section	...	...	...	...	...	...	...	4
Cæsarean Hysterectomy	...	...	...	...	...	...	...	2
Induction of labour	...	...	...	...	...	...	...	11
External version	...	...	...	...	...	...	...	6
Internal podalic version	...	...	...	...	...	...	...	1
Manual removal of placenta	...	...	...	...	...	...	...	2
Total								925

OBSTETRIC OPERATIONS.**Induction of Premature Labour.**

Induction was performed 38 times; the following tables give an analysis:—

Category A.

No. of Cases.	Method.	Indication.	Result.					
			Mother.			Child.		
			N	S	D	N	SB	D
4	Drugs	Toxic Albuminuria	4	—	—	4	—	1
5	Drugs and bougies	" "	4	1	—	4	1	—
4	Rupture of membranes	" "	3	1	—	5	—	—
1	Bougies	Contracted pelvis ...	1	—	—	1	—	—
2	Drugs and bougies	" "	2	—	—	2	—	—
1	Drugs	Disproportion (other than contracted pelvis)	1	—	—	1	—	—
2	Drugs	Breech with extended legs	2	—	—	1	1	—
1	Drugs and bougies	" "	1	—	—	1	—	—
1	Bougies	" "	1	—	—	1	—	—
2	Drugs	Cardiac disease ...	2	—	—	2	—	—
1	Rupture of membranes	" "	1	—	—	1	—	—
2	" "	Hydramnios ...	2	—	—	1	1	—
4	Drugs and bougies	Persistent high head	4	—	—	4	—	—
1	Drugs	Post-maturity ...	1	—	—	1	—	—
3	Bougies	Previous obstetric history	3	—	—	3	—	—
34			32	2	—	32	3	1

Infant Mortality = 12.5%.

Category B.

No. of Cases.	Method.	Indication.	Result.					
			Mother.			Child.		
			N	S	D	N	SB	D
2	Drugs and bougies	Toxic albuminuria	2	—	—	2	—	—
1	Bougies	Contracted pelvis ...	1	—	—	1	—	—
1	Drugs	Post-maturity ...	1	—	—	1	—	—
4			4	—	—	4	—	—

OBSTETRIC OPERATIONS—FORCEPS.

Category A.

Indication.	No. of Cases.	Mother.				Child.			
		N		D		N		SB	
		N	S	D	D	N	D	SB	D
Fœtal Distress	9	1	—	—	9	—	1	—
Occipito-posterior Presentation	...	8	—	—	—	9	—	—	1
Uterine Inertia	...	4	1	—	—	3	—	2	—
Disproportion	...	2	—	—	—	2	—	—	—
Contracted Pelvis	...	1	—	—	—	1	—	—	—
Maternal Distress	...	1	—	—	—	—	—	1	—
Prolapse of Cord	...	1	—	—	—	—	—	1	—
Eclampsia	...	1	—	—	—	1	—	—	—
Total	...	29	2	—	—	25	—	5	1

Of these 29 patients, 26 were primiparæ and 3 multiparæ.

The forceps rate in this category was 2·7%.

The fœtal mortality rate was 19·3%.

Maternal mortality rate was 7·4%.

OBSTETRIC OPERATIONS—FORCEPS.

Category B.

Indication.	No. of Cases.	Mother.				Child.			
		N		S		N		SB	
		D	D	D	D	D	D	D	D
Pretal Distress	1	1	—	—
Total	1	1	—	—

The patient was a primipara.

The forceps rate of all cases delivered was 2.7% (1.9% in 1933; 3.6% in 1932; 2% in 1931)

Version.

External Cephalic Version.

External cephalic version was successfully performed without anæsthesia in 64 cases, 27 in primiparæ and 37 in multiparæ. In all these cases the children were delivered as vertices (three occipito-posterior) and there were no stillbirths or neo-natal deaths. In another case the breech presentation re-occurred and the child was stillborn. In one failure to turn the foetus led to induction of labour; the child was stillborn.

Under anæsthesia six attempts at external cephalic version were made, three being successful and three failed. Of these six cases, five patients were primiparæ and one a multipara. In the three cases where version had failed, two were induced and one left till term; in all the child was born alive. In the three cases which were turned, two were delivered of live children; the third was stillborn prematurely, no movements being felt following the version.

Internal Podalic Version.

Internal podalic version was performed on one occasion, the indication being a marginal placenta prævia. The child was stillborn.

Episiotomy.

Episiotomy was performed 12 times; 10 of the patients were primiparæ, and two were multiparæ. All the presentations were vertices.

Cæsarean Section.

Indication.	No. of Case and Category.	Result.					
		Mother.			Child.		
		N	S	D	N	SB	D
Mitral stenosis (Decompensation)	... A 51	1	—	—	1	—	—
Contracted pelvis	... A 131	1	—	—	1	—	—
"	... A 452	1	—	—	1	—	—
"	... A 652	—	1	—	1	—	—
Total	... ..	3	1	—	4	—	—

In two cases sterilisation was also performed.

Cæsarean Hysterectomy.

The operation was performed twice ; in one case in a patient with myocardial failure ; the mother died (details given elsewhere, No. 485) ; in a second case with fibroids obstructing labour, the puerperium was pyrexial.

MATERNAL MORBIDITY.

Any case in which a temperature of 100° F. has been recorded on any two days of the puerperium (excluding the first 24 hours) has been included in this category.

There were 27 cases of morbidity in Category A (1,066 delivered) ; the morbidity rate was therefore 2.4 per cent. (2.6 per cent. 1933, 2.3 per cent. 1932).

Under Category B, 29 women were delivered and there were two cases of morbidity. The morbidity rate was 6.9 per cent. (14 per cent. in 1933).

The combined morbidity rate was 2.5 per cent. (2.9 per cent. 1933).

DETAILED TABLES.

Category A.

Index No.	Pregnancy and Labour.	Maximum Pyrexia.	Duration of Pyrexia.	Day of onset of Pyrexia.	Remarks.
2	Albuminuria. Induction. Assisted delivery of twins. P.P.H.	101°	16 days	4th day	Local uterine sepsis. Septic perineum.
35	Normal labour. Pyrexia on admission.	102.8°	3 "	2nd "	Pyelitis.
45	Normal labour following induction.	103°	7 "	6th "	Pyelitis.
72	Normal labour	101°	2½ "	5th "	Mammary engorgement.
78	Normal labour	103.5°	Prolonged	6th "	Bilateral breast abscess.
109	Normal labour	103°	2 days	10th "	Mastitis.
203	Normal labour	102°	3 "	3rd "	Local uterine sepsis.
288	Normal labour	102.4°	3 "	9th "	Pyelitis.
345	Normal labour	102°	3 "	8th "	Mastitis.
365	Normal labour	103.4°	4 "	2nd "	Local uterine sepsis.
377	Normal labour	100.4°	7 "	3rd "	Breast abscess.
399	Normal labour. Manual removal of placenta.	101°	6 "	4th "	Local uterine sepsis.
422	Low forceps. P.P.H.	100.4°	4 "	1st "	Local uterine sepsis.
451	Normal labour	102°	9 "	3rd "	Pyelitis.
465	Normal labour	101°	3 "	4th "	Tonsillitis.
507	Forceps	101°	12 "	1st "	Local uterine sepsis.
571	Normal labour	100.8°	4 "	2nd "	Local uterine sepsis.
602	Normal labour	101°	10 "	2nd "	Local uterine sepsis.
652	Cæsarean Section	101°	2 "	2nd "	Sepsis of wound.
703	High forceps	101°	5 "	2nd "	Pyelitis.
738	Twin delivery. Pyelitis on admission	102°	4 "	1st "	Pyelitis.
747	Normal labour	101°	10 "	4th "	Vaginitis.
758	Normal labour	100.4°	4 "	3rd "	Local uterine sepsis.
837	Normal labour	100.4°	4 "	3rd "	Thrombosis of saphenous vein.
882	Normal labour. P.P.H.	102°	2 "	13th "	Mastitis.
960	Normal labour	101°	2 "	10th "	Local uterine sepsis.
1047	Cæsarean Hysterectomy.	103°	5 "	2nd "	Peritonitis.

Category B.

Index No.	Pregnancy and Labour.	Maximum Pyrexia.	Duration of Pyrexia.	Day of onset of Pyrexia.	Remarks.
90	Normal labour. Pro-longed first stage	101°	2 days	5th day	Infected perineum.
305	Normal labour	103°	2 „	10th „	Mastitis.

DURATION OF PYREXIA.

No. of Days.	No. of Cases.
2	7
3	5
4	6
5	1
6 and over	9

RANGE OF TEMPERATURE.

Range.	No. of Cases.
100°—101°	16
101°—102°	5
102°—103°	5
103°—104°	2

DAY OF ONSET OF PYREXIA.

Day.	No. of Cases.
1st	3
2nd	6
3rd	5
4th	4
5th	2
6th	2
After a week	6

CAUSES OF PYREXIA.

	No. of Cases.
Local Uterine Sepsis	10
Pyelitis	7
Mastitis	4
Infected Perineum	2
Breast Abscess	2
Mammary Engorgement	1
Tonsillitis	1
Vaginitis	1
Thrombosis of Saphenous Vein	1

MATERNAL DEATHS.

Category A.

Case No. 485.

The patient, a woman aged 42, had two children, both being forceps deliveries. She attended the Hospital from the fifteenth week of her third pregnancy and there had been some slight dyspnœa noticed. There was no evidence of any valvular disease for the heart. Varicose veins were present and had been treated; there was some mild phlebitis. About the thirty-fourth week of the pregnancy she had a fall and was seen by her private doctor, who thought that she was in labour prematurely. She was admitted to the Hospital at once. On examination the heart was found to be markedly dilated, the pulse being 120 and regular. There was cyanosis and some dyspnœa. As she was not in labour she was treated by rest and her condition improved.

Termination of the pregnancy was decided upon and a Cæsarean Hysterectomy performed. Following the operation she suddenly became markedly dyspnœic, the pulse rate rose rapidly and she complained of abdominal pain. Two and a half hours after the operation she died.

It was not possible to obtain permission for a full post-mortem examination. Through the abdominal incision it was found that the peritoneal cavity was full of blood though there was no evidence of a slipped ligature.

FOETAL STATISTICS.

During the year 1,108 infants of viable age were delivered in the Hospital. Of these, 1,089 can be classified under Category A and 29 under Category B.

Category A.

				Living.	Stillborn.	Died.	Total.
MALES (575)—							
Mature	...	...	...	524	15	3	542
Premature	...	...	...	26	2	5	33
Total	...	...	...	550	17	8	575
FEMALES (514)—							
Mature	...	...	...	457	8	1	466
Premature	...	...	...	32	6	10	48
Total	...	...	...	489	14	11	514

Infant Mortality = 45.9 per thousand (42.1 in 1933, 24.7 in 1932, 32.5 in 1931).

Category B.

				Living.	Stillborn.	Died.	Total.
MALES (16)—							
Mature	...	...	...	10	2	1	13
Premature	...	...	...	2	1	0	3
Total	...	...	...	12	3	1	16
FEMALES (13)—							
Mature	...	...	...	8	—	—	8
Premature	...	...	...	1	3	1	5
Total	...	...	...	9	3	1	13

Infant Mortality = 241.3 per thousand (172.4 in 1933).

Taking both categories together, the average infant mortality was 52.8 per thousand (46 in 1933). This increase has coincided with a higher forceps rate than in 1933 and a greater number of premature births.

STILLBIRTHS.

Pregnancy and Labour.				Cause of Death.		Category A. No. of Cases.	Category B. No. of Cases.
Normal	...	...	...	Intra-uterine death	...	7	—
"	...	...	...	Unknown	...	3	—
"	...	...	...	Post-maturity	...	2	—
"	...	...	...	Intra-cranial hæmorrhage.	...	2	—
"	...	...	...	Intra-cranial hæmorrhage and post-maturity.	...	1	—
"	...	...	...	Asphyxia	...	1	—
Vertex presentation with prolonged labour (spontaneous delivery).				Intra-uterine death	...	1	—
"				Extra-dural hæmorrhage	...	—	1
"	+	forceps		Post-maturity	...	1	—
"				Intra-cranial hæmorrhage.	...	1	—
"				Unknown	...	1	—
Uterine inertia.		High		Asphyxia	...	1	—
forceps.							
Twins	...	...	...	Intra-uterine death	...	2	—
Breech	...	...	...	"	...	—	1
"	...	...	...	Asphyxia	...	1	—
Transverse lie	...	...	...	Intra-uterine death	...	—	1
Accidental hæmorrhage (breech)				"	...	1	—
Prolapse of cord	...	...	...	Asphyxia	...	2	—
Placenta prævia	...	...	...	"	...	1	—
Toxæmia	...	...	...	Intra-uterine death	...	1	—
" (face presentation).				Intra-cranial hæmorrhage.	...	1	—
Hydramnios	...	...	...	Intra-uterine death	...	—	1
				Anencephaly	...	1	—
						31	6

Stillbirths at full term = 25.

" premature = 12.

NEONATAL DEATHS.

Pregnancy and Labour.	Cause of Death.	Category A.	Category B.
		No. of Cases.	No. of Cases.
Normal	Prematurity	3	—
„	Intra-cranial hæmorrhage.	1	1
„	Congenital heart disease	1	—
Twins	Prematurity	4	—
Triplets	„	3	—
Breech presentation ...	Prolapse of cord ...	1	—
„ „	Prematurity	1	—
Persistent occipito-posterior.	Intra-cranial hæmorrhage.	1	—
Toxæmia	Hæmatemesis	1	—
„	Prematurity	—	1
Accidental hæmorrhage	„	1	—
	Broncho-pneumonia ...	1	—
Placenta prævia ...	Atalectasis	1	—

CASES OF INTEREST.

1.—Neonatal Death from Duodenal Ulcer and Hæmatemesis.

No. 568.

The mother, a primigravida of 26, had symptoms and signs of a mild toxæmia at term. Labour was induced by drugs and was perfectly normal. The child was a female and presented no abnormalities. For three days the baby thrived; on the third day it passed a dark red stool and had repeated attacks of screaming. No mass was felt in the abdomen and the bowels kept open. Later there was vomiting, dark brown material with blood in it coming back. A diagnosis was tentatively made of the hæmorrhagic diathesis of the newly-born though there were no other signs. Repeated intra-muscular injections of blood were given but the vomiting continued and the child died on the fifth day.

At post-mortem there were no signs of intussusception or of petechial hæmorrhages, but the whole of the duodenum and the stomach were full of blood. There was a little blood in the intestine. In the duodenum, near the junction of the first and second parts, was an ulcer about $\frac{1}{3}$ in. in diameter situated on the postero-internal wall. There were no signs of post-mortem autolysis elsewhere in the stomach or duodenum.

2.—Achondroplastic Fœtus.

No. 548.

During the thirty-sixth week of her second pregnancy, the mother developed acute hydramnios and was admitted to Hospital. The previous labour had been normal, resulting in an 8 lb. baby. There was no history of fœtal abnormality in the family. Owing to continuance of acute symptoms, the membranes were ruptured and five days later the patient went into labour and was delivered five and a half hours later of a 6 lb. 2 oz. infant which was typical of Achondroplasia. The baby, a male, died two days later. The skull had been deformed by pressure and post-mortem there was a small intra-cranial hæmorrhage.

The skeleton exhibited changes characteristic of Achondroplasia and is being preserved for museum purposes.

3.—Pregnancy complicated by Myocardial Degeneration.

No. 801.

The woman was aged 44 and had had seven previous pregnancies, the last some 10 years previously. She was about 28 weeks pregnant when first examined and had definite dyspnoea and rather weak heart sounds. She was admitted for observation and rest two weeks later and myocardial degeneration was diagnosed. She slowly improved with rest and medical treatment and labour was induced at the thirty-eighth week by rupture of the membranes. A live child was born without increased distress and her condition improved rapidly during the puerperium.

4.—Pregnancy complicated by Fibroid and Persistent Transverse Lie.

No. 1047.

The patient was a multipara of 40 whose four previous pregnancies had been normal. When first seen she was seven months pregnant and a transverse lie was found; external version failed as the head could not be made to enter the pelvis. The cause of this was found to be a large fibroid, though it was almost impossible to feel it.

The lie remained persistently transverse and at the onset of labour a Cæsarean Hysterectomy was performed. The tumour was in the anterior uterine wall in the lower segment and was the size of a grape fruit.

The puerperium was marred by a local peritonitis which settled.

