ART. IX.—*Clinical Report of the Dublin (Rotunda) Hospital for Poor Lying-in Women, for the Year ending November 1st, 1902.*^a By R. D. PUREFOY, M.D. T.C.D., F.R.C.S.I.; and G. W. FITZGERALD, M.D. Edin.; and GIBBON FITZ-GIBBON, M.D. Dub.

DURING this year 1,962 women were admitted to the Maternity, of whom 1,676 remained under treatment and afforded us opportunity for observing not only the commoner complications of childbed, but also such rare conditions as acute yellow atrophy of the liver, parotiditis, and puerperal aphonia. The deaths were six in number—viz., two cases of eclampsia, hopelessly ill at time of admission; one of puerperal sepsis, a patient in wretched general health during pregnancy; one of acute yellow atrophy of liver, developing a few hours after the removal of a hydatid mole; one of pneumonia, in a woman suffering for years from chronic lung disease; one of accidental hæmorrhage.

TABLE NO. I.—*Admissions to Maternity Department.*

—	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total
Total deliveries -	113	138	134	120	129	149	169	165	139	144	143	133	1,676
Total abortions -	...	...	...	...	...	...	...	...	...	...	...	...	67
Total admissions	130	153	158	146	154	179	192	183	167	175	164	161	1,962

TABLE NO. II.—*Dispensary for Out-Patients.*

Number of first attendances,	-	-	-	4,330
„ repeated „	-	-	-	6,660
Total,	-	-	-	10,990

^a Read before the Section of Obstetrics of the Royal Academy of Medicine in Ireland, on Friday, February 13th, 1903.

TABLE NO. III.—*Showing Nature and Number of Cases Treated in the Extern Maternity, 1901–1902.*

Total number of cases	- 2,190	Mania, acute	- - 2
Abortions	- - 262	Mortality, maternal	- 4
Hæmorrhage—		Twins—	
Accidental	- - 16	Females	- - 7
Placenta prævia	- 14	Males	- - 11
Post-partum	- 20	Male and Female	- 6
	—50	Female and monster	- 1
Hæmatoma cervicis	- 1		—25
Hydramnios	- - 11	Triplets, 2 F., 1 M.; 3 M.	2
Infantile conditions—		Operations—	
Anencephalus	- - 2	Curetting for abortion	167
Hydrocephalus	- 4	Forceps	- 56
Spina bifida	- 1	Placenta removed	
Hydrocephalus and spina		manually	- 32
bifida	- 1	Version	- 29
Imperforate anus	- 1		—284
	— 9	Presentations—	
Moles—		Breech	- - 45
Hydatidiform	- - 1	Brow	- - 2
Carneous	- 3	Elbow	- - 2
	— 4	Face	- - 5
Mortality, infantile (born dead)—		Footling	- - 5
Macerated	- - 10	Knee	- - 3
Non-viable	- - 23	Occipito-posterior	- 16
Premature	- - 30	Shoulder	- 3
Recent	- - 24	Transverse	- 8
	—87		— 89
		Prolapse of funis	- - 15

MATERNAL MORTALITY IN EXTERN DEPARTMENT; HISTORY OF CASES.

CASE I.—Mrs. L., aged twenty-eight, 2-para; delivered Dec. 3, 1901, of a four months' foetus. When patient was first seen she had already been delivered for three hours, but the placenta was still retained, and bleeding had been occurring since. On examination the placenta was found partly expelled and gripped in cervix. It was removed with finger and curette, and the hæmorrhage ceased. Temperature was 99·2°, pulse 160, respiration 40. The patient was at the time being attended by dispensary doctor for chest complaint. Râles and rhonchi were heard over both lungs. Patient was delirious at times, and died on the following day, Dec. 4th.

CASE II.—Mrs. B., aged thirty-six ; delivered on Dec. 9th of a four months' foetus. When first seen the miscarriage was complete and no bleeding occurring. No examination was made as patient was delirious—pulse 110, temperature 99·6°, and as patient was under the care of dispensary doctor for chest trouble. Patient died two days later, on Dec. 16th.

CASE III.—Mrs. S. H., aged thirty, 7-para; delivered on Feb. 12th of a six and a half months' child. The placenta had come away half an hour before being first seen ; there had been some *post-partum* hæmorrhage—pulse 120, temperature 99·4°. On evening of 12th, temperature 102·4°, pulse 114 ; next day, 13th, temperature 103·4°, pulse 128, the uterus was douched and curetted, and a gauze drain inserted as the lochia was foul. On 14th, temperature 101°, pulse 116, the uterus again douched and gauze drain inserted. This was done daily until the 18th, on which day the lochia had become normal, the temperature 102°, pulse 130, and there were signs of pneumonia, which was distinctly developed on 19th. The temperature on that day was 104°, pulse 130. Patient died on 20th.

CASE IV.—Mrs. S., aged twenty-seven, 1-para ; delivered on June 25th. Patient first seen on June 24th ; there was marked oedema of legs and rest of body. Patient said she had been like this for three weeks previously, and had scanty urine. There was a systolic mitral murmur. On examination the os was found only partially dilated. At 4 a.m. on the 25th the os was fully dilated, but patient was unable to deliver herself. Uterine inertia was setting in, so forceps were applied and delivery completed—pulse 88, temperature 99·4°. On third day the temperature was 103·6°, pulse 120. The oedema was undiminished, the uterus was douched and curetted, but no cause for rise in pulse and temperature was found. The urine was examined and found laden with albumen. Patient complained of very severe headache, and was given diuretic mixture. On fourth day the temperature was 105°, and pulse 100, and two hours later temperature was 107·4°. The patient died about one hour later.

INTERESTING CASES IN THE EXTERN MATERNITY.

CASE I.—Mrs. K. M'C., aged twenty-six, fourth pregnancy ; delivered Dec. 26th, 1902. *Hydatidiform mole*. Patient considered herself six months pregnant. She suddenly started bleeding one hour before being seen. She was found to be very

œdematous, and had considerable suppression of urine. The uterus was hard and slightly tender. Patient was evidently threatened with eclampsia. The hæmorrhage was continuing, and as the os was closed the vagina was plugged and patient given diuretic mixture. The following day the plugging was removed, and the uterus expelled a hydatidiform mole; slight hæmorrhage continued, which ceased when the remainder of the mole was removed with the finger and blunt curette. Patient discharged well on 11th day.

CASE II.—Mrs. M. M., aged twenty-nine, fourth pregnancy; delivered Jan. 29th, 1902. *Severe post-partum hæmorrhage.* When first seen patient had been delivered of a full term child. The placenta had come away, but considerable *post-partum* hæmorrhage had occurred and was continuing. Patient was rather collapsed, pulse 130. The bleeding was controlled completely for a time. Thirteen hours later patient sent to hospital again on account of bleeding. When seen a very considerable quantity of hæmorrhage had occurred, the bleeding having been continuing for a considerable time. The patient was very collapsed and blanched, pulse 150. On proceeding to douche the uterus a large hæmatoma of the cervix (anterior lip) was found; the uterus was douched and curetted and some placental fragments and membranes removed, and the bleeding ceased. Whisky and strychnin were given, pulse dropped to 135. Three hours later patient was very low, pulse 160. Saline solution, 1 pint, was injected into breast. The pulse came down to 120. From this on the patient gradually improved, and was discharged well.

CASE III.—Mrs. K., 5-para, was delivered on Dec. 10th of *triplets*. The first child was born at 5 a.m. as a breech, alive. The second was not born until 11 15 a.m., the membranes having been ruptured artificially at 8 a.m. A common placenta followed this child, which presented by vertex. These two children were both females, and both alive. The third child was born immediately after the first placenta, being expelled in the membranes, and followed at once by its placenta. This child was asphyxiated, and died one hour after birth, having been Schultzed; this child was a male. The second child died of convulsions when nine days old. The first child was alive at the time the case was discharged, twelve days old.

CASE IV.—Mrs. K. M., sixth pregnancy, was delivered on 28th of March, 1902, of *triplets*. All three children were born on

TABLE No. IV.—*Accidental Hemorrhage Cases in Extern Maternity.*

Name	Age	Date	Para	Variety	Treatment	Result to Child	REMARKS
M. V.	27	Nov. 20th	6	Ext.	Vagina plugged	Alive	Labour had commenced; child born in 7½ hours.
M. G.	29	Jan. 23rd	7	"	"	Dead	7 months' fetus; labour set in quickly, and plugging removed in 5 hours. Membranes ruptured.
W. K.	20	Feb. 6th	4	"	"	"	6 months' fetus; plug removed in 17 hours. Labour followed, and patient delivered herself in 10 hours.
L. D.	27	Feb. 7th	4	"	"	"	6 months' fetus; labour followed in 14 hours.
R. O'N.	35	Feb. 12th	7	"	"	"	Labour followed in 8 hours.
A. S.	23	Feb. 13th	1	Mixed	Prophylactic	Alive	Bleeding for a few days before labour came on. Large clot expelled with placenta.
M. R.	27	Feb. 23rd	4	*Ext.	"	"	Bleeding ceased when labour set in.
A. M.	—	March 5th	2	"	Vagina plugged	Dead	Labour came on 28 hours after plugging.
W. R.	38	April 20th	14	"	"	Alive	Child born in 3½ hours.
M. G.	31	May 10th	2	Mixed	"	Dead	Child born in 4 hours.
M. C.	38	Aug. 4th	12	Ext.	"	Alive	Presentation transverse; version performed when plug was removed. Labour did not ensue for 36 hours.

arrival—1st by vertex, 2nd breech, 3rd vertex. They were all males, and had one common placenta. The first two children were alive, the third was dead.

CASE V.—(*Acute Hydramnios*).—Mrs. E. D., aged thirty-two, 8-para ; delivered on June 21st, 1902, of twins ; second sac of membranes was hydramniotic. Patient was six and a half months pregnant, and considered herself so. When first seen she was the size of full term ; she said she had been what she considered a normal size for the period of pregnancy three days previously, but had then rapidly increased in size. The first child was born normally, and the sac contained only an ordinary quantity of liquor amnii. The second sac was found extremely tense ; the membranes were ruptured, and the second child extracted by a foot, as it was found to be lying transverse.

CASE VI.—Mrs. B. M., aged thirty-two, 8-para ; delivered on July 21st (spontaneous expulsion). Patient was five and a half months pregnant. When first seen the os was well dilated, and the child, which was slightly macerated, was lying transverse, and had partly descended into the cavity of pelvis. The patient delivered herself ; the child being expelled by spontaneous expulsion.

CASE VII.—Mrs. C., aged thirty-nine, multipara. *Tubal abortion*. Patient sent to hospital on account of slight bleeding which had occurred six hours previously, but which had ceased on arrival. Patient gave history of being two months pregnant. She had some bleeding three days previous to being seen, at which time she had also had slight pain and had become faint ; she thought she had aborted at this time. On examination the uterus was found pressed up tightly against the symphysis by a firm, elastic tumour, which was filling Douglas's space ; the pulse and temperature were normal. Patient would not come to hospital. She was seen three weeks later and was in good health.

CASE VIII.—Mrs. E. W., aged thirty-two, third pregnancy ; delivered on June 2nd, 1902. Patient was found to be paralysed all down the left side of body, arm and leg, and had been so for three years. On June 3rd the pulse was 120, temperature 98·8°. On 5th, pulse 112, temperature 99·6° ; the lochia quite normal. On 8th, pulse 120, temperature 102°. The uterus was douched and curetted, but nothing came away ; the lochia was normal. It was then found that patient was constipated since confinement, although she had been ordered to take oil, and has said that the

bowels had acted well on third day. After douching, the temperature came down to 100·8°, pulse 120. On June 8th, seventh day, the temperature was again 102·2°, and pulse 120; oil and enema had been given, but had no result. Purgative again given, which acted well, and on ninth day, temperature 100°, pulse 102; the lochia was quite normal, containing very little blood. On eleventh day the pulse was 145 and temperature 104·2°, and both continued high until fourteenth day, when temperature was 104·6°, pulse 140, and patient was found to have developed paralysis of the right side, arm, and leg. The case was then transferred to Dispensary Doctor.

TABLE NO. V.—*Showing Number and Nature of Cases Treated in the Intern Maternity.*

Total number of cases	- 1,676	Multiple pregnancy—	
Primiparæ	- - - 534	Twins, viz.:—	
Abortions	- - - 67	Female	- - 5
Deformed pelvis	- - 11	Male	- - 6
Eclampsia	- - - 5	Mixed	- - 10
Epilepsy	- - - 2		- 21
Erythema	- - - 10	Myoma uteri	- - 9
Œdema vulvæ	- - - 5	Aphonia	- - - 2
Hæmorrhage, viz.:—		Puerperal ulcer	- - - 2
Accidental	- - 21	Rupture of uterus	- - 1
Unavoidable	- - 6	Operations—	
Post-partum	- - 43	Forceps	- - 65
Secondary	- - 3	Induced abortion	- - 5
Hydramnios	- - - 15	Induced labour	- - 7
Hyperemesis	- - - 2	Manual removal of	
Morbidity	- - - 103	placenta	- - 26
Moles	- - - 1	Perforation	- - 1
Mortality, infantile—		Version	- - 6
Macerated	- - 19	Decapitation	- - 2
Premature	- - 17	Diseased infantile conditions—	
Recent	- - 25	Talipes	- - 4
Mummified fœtus	- - 2	Anencephalus	- - 3
Mortality, maternal	- - 6	Cephalhæmatoma	- - 5
Mania	- - - 2	Hydrocephalus	- - 2
		Ophthalmia	- - 7
		Spina bifida	- - 2
		Hare-lip and cleft palate	- 1
		Presentations—	
		Breech and Footling	- 45
		Brow	- - 5
		Face	- - 2
		Occipito-posterior	- 10

INDUCED ABORTION.

CASE I.—M. G., aged thirty, 9-para. Pregnancy had reached sixth month, and was associated with considerable hydramnios. Patient was in advanced pulmonary phthisis, and for several days was voiding urine containing blood in considerable quantity and tube casts. As rest and suitable treatment were not followed by any improvement, I determined to empty the uterus, and accordingly three bougies were passed into uterus, and vagina was plugged. On the following day, no pains being present, laminaria tents, twelve in number, were inserted in cervix, and the faradic current was used at intervals. About ten hours subsequently good pains came on, and the tents and bougies were removed; during this proceeding nearly 14 pints of liquor amnii escaped, and were soon followed by the birth of a six months' foetus. The placenta required manual removal. A normal puerperium followed, and urine was free from blood at the time of her discharge.

CASE II.—M. H., aged twenty-four, 4-para; admitted on account of excessive vomiting in the 4th month. Examination showed cervical erosion, which was improved by treatment, but without relief to the vomiting; and as the patient continued to lose strength, it seemed advisable to terminate the pregnancy. Five laminaria tents were placed in cervix, and vagina plugged; and on the following day the uterus was emptied with the flushing curette and ovum forceps. Convalescence was rapid and satisfactory, though constipation was very troublesome.

CASE III.—M. M'C., aged thirty-two, 7-para; had considerable intermittent bleeding during two weeks before admission, at which time she was presumably four months pregnant, the outline of the uterus being rendered very prominent by a fibroid situated in anterior uterine wall. Patient complained of foul taste in mouth; nausea and shivering and a bloody vaginal discharge was present. Tents were placed in cervix, tampon placed in vagina; and about twenty hours later it was found possible to empty the uterus, and a satisfactory puerperium followed.

CASE IV.—E. D., aged twenty-five, 3-para; admitted on account of hæmorrhage; in the fourth month of pregnancy. Rest induced was followed by temporary cessation of bleeding; but it soon recurred, alternating with brownish watery discharge. Tents were passed into cervix, a vaginal tampon inserted, and in

twenty-four hours the cervix was sufficiently dilated to permit the emptying of the uterus, which contained, in addition to the ovum, a large quantity of blood clot. Convalescence satisfactory in every respect.

CASE V.—C. K., aged twenty-two, 2-para. Patient was two months pregnant when admitted to hospital on account of hæmorrhage, which was partially checked by rest in bed for a few days. It then became so considerable that active treatment was necessary, and with the aid of Hegar's dilators it was found possible to empty the uterus.

TABLE OF CONTRACTED PELVIS.

Our present Report deals with a considerably smaller number of cases of contracted pelvis than that of last year. In four cases premature labour was induced; all of these had undergone this treatment in the Rotunda on former occasions. In four out of the total of nine cases delivery was effected with the forceps; three of the infants were born alive, but in the case of the fourth respiration was not established, though the heart was beating at time of birth. In two cases, following the induction of premature labour podalic version was performed. In the remaining three delivery was unassisted.

TABLE NO. VI.—Cases of Contracted Pelvis.

Name	Age	Para.	Pelvic Measurements				Mode of Delivery	Result to Child	REMARKS
			C. V.	Trans.	Ext. C.	I-C.	I-S		
A. M.	25	I.	6·5	6·75	15·5	25	20·5	D. 6½ lbs.	Membranes ruptured 12 hours before admission. Fetal heart beating at time of birth.
M. M.	36	V.	9	10·5	—	—	—	A. 6½ "	Induced labour.
M. D.	23	III.	6·25	—	17·5	30·5	27·5	D. 4 "	Do.
J. D.	21	I.	—	—	—	—	—	A. 5 "	Rostrate pelvis.
M. D.	32	V.	8·75	10·5	—	—	—	D. 3 "	Induced labour. Bougies and tents in cervix for 30 hours. Soon after their removal bleeding occurred, and, as placenta could be felt, version was performed.
M. S.	27	II.	6·5	10·5	—	—	—	A. 6½ "	In the former labour also the child was born alive, 5½.
A. G.	22	I.	—	7·2 at outlet	16	23	19·5	A. 7½ "	Narrow outlet.
E. S.	32	II.	8	7·5	17·5	27	23·5	A. 8½ "	Occipito-posterior.
K. M ^E .	42	VI. ^a	—	—	—	—	—	A. 5½ "	Induced labour.
M. D.	20	I.	3	—	—	—	—	D.	During first stage membranes ruptured and the cord prolapsed; pulseless; no fetal heart heard two hours previously.
J. D.	21	I.	—	—	—	—	—	A.	Rostrate pelvis. Head arrested in cavity.

^a See former Report.

TABLE NO. VII.—*Accidental Hæmorrhage.*

Name	Age and Para	Date	Variety	Treatment	Result to Child	Remarks
1. A. O'B.	32, III.	Dec. 9, 1901	External	Membranes ruptured	Alive	Child born 2 hours after admission.
2. E. E.	25, V.	Dec. 26	"	None	"	Patient was kept in for four days, and was delivered 11 days after occurrence of hæmorrhage.
3. M. W.	35, VIII.	Jan. 1, 1902	"	Vagina plugged and tight binder	Dead	Hæmorrhage occasionally for five weeks; became copious on day before admission. On admission os admitted one finger. Child born in 22 hours.
4. M. K.	21, II.	Jan. 15	Internal	None	Dead, non-viable	Considerable hæmorrhage occurred on rupture of membranes and then ceased. Child born in two hours; placenta with child.
5. E. N.	31, IV.	" 17	Internal and external	Vaginal plug and binder	—	Patient in collapse when admitted; no external bleeding, but this showed shortly after; vomiting occurred three and a half hours after admission, and patient died.
6. E. T.	44, XII.	June 12	Mixed	None	Alive	Premature; 1½ lbs. of clots with child.
7. R. M.	20, I.	" 20	External	"	"	Hæmorrhage slight; good labour. Child born in three hours.
8. M. O'C.	25, I.	Apr. 28	"	"	"	Premature; 8th month. Delivered in 30 mins. after admission.
9. S. E.	30, I.	" 27	"	"	"	Hæmorrhage occurred one week before, and again just prior to, admission. Child born one and three quarter hours after.

TABLE NO. VII.—*continued.*

Name	Age and Para	Date	Variety	Treatment	Result to Child	Remarks
10. L. P.	23, III.	Apr. 26	Internal	None	Alive	Large organised clot on placenta.
11. L. T.	24, V.	" 10	External	Membranes ruptured; tight binder	"	Hæmorrhage before admission and occurring with each pain; cord, tightly round neck of child, had to be divided to allow of delivery.
12. E. M'G.	23, I.	Feb. 28	Mixed	Vaginal plug and tight binder; forceps delivery	Macerated	Pulse very variable; hæmorrhage going on; uterus tense and tender on palpation.
13. K. D.	23, I.	May 4	External	Vaginal plug, followed by rupture of membranes	Dead, 8th month	Slight pains when admitted, strong labour after plugging. Child born in six hours
14. M. R.	26, V.	" 8	"	Tents and plugging; version	Dead, non-viable	Patient was plugged five days before admission for hæmorrhage, which ceased until just before admission; labour induced, and version performed.
15. E. P.	35, IV.	July 4	"	None	Alive	Bleeding slight. Child born in four and a half hours.
16. B. B.	29, IV.	" 28	"	Membranes ruptured	"	Intermittent bleeding six hours before admission; then became smart; os three-fourths dilated. Child born half an hour after rupture of membranes.
17. C. G.	29, VI.	" 2	Mixed	None	Dead	Slight external bleeding; 1½ lbs. of clots expelled with placenta.
18. K. K.	25, I.	Sept. 2	External	"	Alive	Hæmorrhage slight on admission, ceased very soon without treatment.

TABLE NO. VII.—*continued.*

Name	Age and Para	Date	Variety	Treatment	Result to Child	Remarks
19. E. G.	30, XII.	Sept. 20	External	Vaginal plug and version	Dead, 6th month	Hæmorrhage had been going on for ten days; vagina plugged before admission; no bleeding after. Version performed, when plug was removed. Child born in 30 hours after plugging.
20. M. L.	30, III.	Nov. 12, 1901	„	Membranes ruptured	Alive	Child born one and a half hours after rupture of membranes.
21. B. D.	36, VII.	Nov. 19	Internal	Vaginal plug and binder	Dead	Child born three and a half hours after plugging; 1½ lbs. of clots expelled; placenta born with child.

ACCIDENTAL HÆMORRHAGE.

The cases tabulated under this heading illustrate varying degrees of severity in this formidable complication of childbed; out of the total, 21 in number, ten did not call for active treatment; in four, rupture of the membranes proved sufficient; in six, the use of the vaginal tampon was deemed necessary; and in one, in addition to this measure, the cervix was dilated by laminaria tents. Forceps delivery was found advisable in one instance. In Case No. 11 the funis was so tightly coiled round the infant's neck that it was found necessary to tie and divide it before delivery could be completed. The patient, No. 5 in our table, was admitted in a state of collapse; though no external bleeding had occurred, the patient's aspect and the tense condition of the uterus strongly suggested the diagnosis of concealed hæmorrhage. On vaginal examination the os barely admitted one finger; the membranes were unruptured, and the presenting head not fixed. Soon afterwards profuse external hæmorrhage took place; the vagina was tamponed and a binder applied. Strychnin

and stimulants were given, and some slight improvement in her condition was observable for a few hours. A fit of vomiting then occurred, immediately after which the patient expired.

TABLE NO. VIII.—*Placenta Prævia.*

Name	Age and Para	Date	Variety	Presentation	Period	Result to Child	Remarks
1. M. C.	40, VII.	Feb. 22	Marginal	Vertex	7½ months	D.	Bipolar podal version. Soon after expulsion of placenta mummified foetus and placenta were expelled.
2. M. M. D.	24, III.	April 3	Lateral	„	8 „	A.	Unassisted.
3. L. W.	33, IX.	„ 30	„	„	6 „	D.	Induced labour.
4. M. S.	22, III.	Sept. 3	„	„	8 „	D.	Bipolar podal version.
5. H. M.	38, X.	Mar. 6	„	Head and Foot	7 „	D.	Version internal
6. M. D.	32, V.	„ 17	Marginal	Vertex	7 „	D.	Bipolar podal version. Premature labour has been induced on account of pelvic contraction.

PLACENTA PRÆVIA.

In only six cases was the placenta abnormally situated; and the mothers all enjoyed a favourable convalescence, though the mortality amongst the infants was higher than usual.

PRESENTATIONS OF HEAD OTHER THAN VERTEX.

There were ten cases of persistent occipito-posterior, five of which required forceps delivery; the remainder were delivered unaided. In five instances the brow presented; in three of these delivery was unaided and presentation unaltered all through labour. In one case the forceps were used, and in

one the presentation was changed to vertex by Schatz's method. In two cases of face presentation delivery was unaided ; in each case the foetus was anencephalic.

HYPEREMESIS ; INDUCED LABOUR ; CURE.

CASE I.—A. C., aged thirty-five, was admitted to hospital January 29, near the end of her 9th pregnancy. Patient, whose aspect was truly wretched, stated that vomiting had been troublesome during the whole pregnancy, but especially during the preceding four weeks, when it was attended with severe epigastric pain. The tongue was morbidly clean, of a deep red colour, and thirst was present in a distressing degree. The vomited matters were of a dark-brown colour. Pulse and temperature normal ; urine slightly albuminous. The remedies generally efficacious in relieving emesis were tried for some days, without avail, so I proceeded to induce labour by passing bougies into the uterus and sea-tangle tents into cervix, at the same time plugging the vagina lightly. In a few hours vigorous labour pains came on and a healthy living child was easily born. Immediate relief from vomiting followed, and such satisfactory recovery of strength that in a few days the patient was able to nurse her infant. Relief to the bowels was not obtained till the 7th day after her admission to hospital, and during the same time not even flatus passed ; yet no tenderness or distention of the abdomen was observable. The day after delivery a dose of calomel, followed by massage of the bowels, effected the desired result. Notwithstanding the speedy improvement which followed the emptying of the uterus, I am of opinion that the pregnancy was only one of many factors to which the excessive vomiting was attributable ; and the long-continued inaction of the bowels for some time led me to apprehend that the trouble was intestinal rather than uterine.

CASE II.—*See* "Induced Abortion."

HYDRAMNIOS.

Nine cases of this affection were under observation during the year ; all the children were born alive, except one, premature at the sixth month ; and all well formed except two, of which one showed spina bifida and talipes varus, and the other hare-lip and cleft palate.

MULTIPLE PREGNANCY.

In the case of M. A., aged thirty, 7-para, some bleeding occurred before admission, but had not continued. On the following day, the os being well dilated, and some hæmorrhage recurring, membranes were ruptured, and a binder applied. As uterine action continued feeble delivery was completed with the forceps; and the second child presenting by the shoulder, was delivered by version. Placenta removed manually owing to morbid adhesion.

M. W., aged twenty-four, 1-para; took ill prematurely. The first child was anencephalic and presented by the face; the second child, also very small, presented by the breech, and was born alive.

M. K., aged twenty-one, 1-para, suffered from frequently recurring epistaxis from the fourth month, though less troublesome in the latter weeks. Both children born alive.

Many years ago I admitted to the Adelaide Hospital a patient in the eighth month of pregnancy, who had nearly died from persistent epistaxis. The insufflation of tannic acid was effectual in stopping the bleeding, and some days later she was delivered of a stillborn infant, and made a good recovery. This patient on a former occasion, I was informed, nearly lost her life from uterine hæmorrhage.

M. C., aged twenty-five, 1-para, was admitted in labour, and a foot was found presenting. No difficulty was experienced with the arms; but the head of the second twin having entered the pelvis, the completion of delivery was found impossible, till decapitation of the first child was practised. The second child was born alive.

In two cases hydramnios was observed, and it is interesting to record that they both illustrated the correctness of Dr. M'Clintock's remark that in cases of twins the second ovum is that most commonly affected.

In the case of E. P., aged twenty-four, 2-para, the second presentation was compound, consisting of head, cord and hand. Replacement of cord and hand was effected, and natural delivery followed soon after.

In another similar case the head and feet of second child presented, and delivery was completed as a footling.

In the case of F. O'C., aged twenty-six, 6-para, the first

child, macerated, presented by the vertex and was born unassisted. The second, also macerated, lay obliquely, and in the interests of the mother decapitation was performed.

MULTIPLE PREGNANCY—TWINS.

Male and Female	..	..	..	..	10
Both Male	..	..	..	..	6
Both Female	..	..	..	..	5
Female and Mummified Fœtus	..	..	..	..	1
Premature	..	..	..	..	8
Both Vertex	..	..	..	..	9
Vertex and Breech	..	..	..	..	2
Breech and Vertex	..	..	..	..	2
Vertex and Transverse	..	..	..	..	2
Breech and Head, Cord and Hand	..	..	..	..	1
Face and Breech	..	..	..	..	1
Both Breech	..	..	..	..	3
Both Footling	..	..	..	..	1

TABLE NO. IX.—*Application of Forceps.*

Indication	No.	Dead Children	Remarks
Delay in 2nd stage, with danger to mother and child - - -	49	4	
Eclampsia - - -	1	—	
Threatened rupture of uterus - - -	2	—	
Accidental hæmorrhage	1	1	
Pelvic contraction - - -	4	—	
Prolapse of funis - - -	2	—	
Persistent occipito-posterior - - -	5	—	
Brow - - - - -	1	—	
Tumour obstructing delivery - - -	1	—	
Total, - - -	66	5	

SUB-TABLE A.—*Application of Forceps.*

I.-para	-	48	VII.-para	-	3
II.-para	-	7	VIII.-para	-	2
IV.-para	-	2	IX.-para	-	1
VI.-para	-	2			
			Total	-	65

SUB-TABLE B.—*Ages of Cases.*

17-25	-	-	29
26-30	-	-	22
31-35	-	-	9
36-40	-	-	3
41 and over	-		2

Although the total cases under treatment were considerably more numerous than those recorded in our last Annual Report, the forceps deliveries were somewhat fewer; and, as has been often observed before, the patients were chiefly primiparæ. In 16 cases episiotomy was performed, and I still prefer the median incision. The patient M. F., aged forty-three, 7-para, was in hospital in 1897, when it became necessary, owing to the conditions present, to deliver by perforation, while the os was only three-fifths dilated. In October of this year, while dilatation was still incomplete, it again became necessary to terminate the labour owing to threatened rupture of uterus. Happily it was found possible to apply the forceps and deliver the child alive.

Only one case of brow presentation, and only five of persistent occipito-posterior, required instrumental delivery. In the case of B. M., primipara, aged twenty-seven, extraction was very difficult and prolonged, and the funis was very tightly coiled round child's neck; efforts to resuscitate it proved unavailing. In the case of J. T., aged thirty-four, 7-para, admitted from Extern Maternity, the advance of the head was prevented by a tumour, resistant enough to be considered a fibroid, and large enough to fill the pelvis. Under anæsthesia it was found possible, though with much difficulty,

to push it out of the pelvis, and expedite delivery by applying the forceps. During the puerperium there was a continuous, though slight, elevation of temperature, and a tender tumour, similar in size and consistence to that found in the pelvis, lay in the right iliac fossa. The patient being weakly, I deemed it advisable to defer its removal for a time ; and the subsequent history of this very interesting case will appear in our Gynæcological Report.

A primipara, M. B., aged twenty-eight, was found after delivery to have a laceration of cervix and perineum, and in the vestibule, attended with considerable bleeding ; sutures were applied, and a most satisfactory convalescence ensued. A prolonged second stage in the case of a primipara, M. W., aged twenty-two, rendered a vaginal examination expedient, when the left parietal bone was found to be presenting, and on it was observed an abrasion the size of a shilling. Delivery with the forceps was effected without difficulty, but the temperature was abnormally high for four days, during which time the woman became deeply jaundiced. Phosphate of sodium was given with much benefit, and a normal puerperium followed. Jaundice in childbed generally implies a profoundly deteriorated condition of the blood, due to sepsis, or other equally serious causes ; and I cannot recall another case similar to the one just narrated. Vomiting of wine-coloured fluid, mixed with black, flaky matter, occurred in the case of M. R., 1-para, aged twenty-five, a few hours after delivery with the forceps, but the subsequent puerperium was uneventful.

The primipara, M. J. F., aged twenty-two, presented in a marked degree the build and general aspect of a Cretin—prominent, high forehead ; scalp thinly clad with wiry hairs ; belly so pendulous that it rests on patient's thighs ; kyphosis of lower dorsal region of vertebral column ; lordosis of upper dorsal and lower cervical regions. The narrowness of the pubic arch and introitus vulvæ rendered inevitable a considerable lesion of the pelvic floor, but the child was delivered alive, and a satisfactory, though tedious, convalescence followed. Early rupture of membranes followed by much delay in labour necessitated the application of the forceps while the head was still above the brim in the case of S. M.,

6-para, aged thirty-seven. Extraction was easy when the head had been drawn through the inlet. Tight winding of the cord round the neck and prolonged and difficult extraction were the obstacles to the birth of a living child in the case of B. M., 1-para, aged twenty-seven.

The infant of C. Q., aged twenty, 2-para, suffered from slight left-sided facial paralysis, the forceps having been used when the mother was presumably 10 hours in second stage.

C. B., aged thirty-six, 8-para, suffered much during a protracted first stage, and when a vaginal douche was being used, previous to the application of the forceps, a piece of the posterior lip of cervix was found lying loose in vagina. I had an exactly similar experience some months ago in a case in which the brow presented.

The child of J. S., 1-para, aged twenty-seven, delivered with forceps, on account of delayed second stage, presented soon after birth 3 cephalhæmatomata on posterior aspect of skull.

The following recital will afford scope of conjecture as to the cause of the alarming condition which followed delivery; in my opinion partial rupture of the uterus took place:—G. R., aged forty-two, 4-para, when only a short time in the second stage began to strain so violently, the presentation at the time being occipito-posterior, it was deemed necessary to aid delivery with the forceps. Incomplete rotation of head occurred, and much difficulty arose in delivery of the shoulders, the right one becoming hitched over the symphysis. The child's heart was beating feebly at birth, but ceased shortly afterwards. At completion of delivery patient's pulse was rapid and feeble; and despite the use of stimulants and injection of strychnin and digitalin, in an hour or two afterwards very alarming collapse was present, the radial pulse becoming imperceptible and surface cold. Restorative treatment was followed by slow improvement, and the next morning the pulse could be counted, but there was marked swelling and tenderness of the belly, and frequent vomiting of small quantities of dark fluid. Morphin was injected at intervals, a wet pack spread over the belly, and nourishment administered by the bowel. On the third day movement of the bowels followed a dose of calomel, and soon afterwards the vomiting ceased and was replaced by a very relaxed

condition of the bowels, lasting for several days. An elevation of pulse and temperature on the seventh day was treated by douching and tamponade of the uterus with iodoform gauze ; and at this time marked thickening and resistance were felt in anterior fornix. Her further convalescence was somewhat retarded by the formation of a small abscess in left parotid gland, but she was able to leave the hospital soon afterwards, and is now in excellent health. At the time of her discharge, in addition to the above-mentioned swelling and hardness, and swelling in vaginal fornices, it was observed that the outline of the corpus uteri could not be felt distinctly, owing, I believe, to the existence of numerous intestinal adhesions.

In this most interesting case, the constitutional symptoms, and the local signs which followed them, left no doubt in my mind that an incomplete internal rupture of the uterus occurred, though no examination which I thought warrantable at the time enabled me to detect its exact position ; and the favourable issue should prove most encouraging in dealing with other similar cases. In this connection I think it interesting to recall two cases mentioned in my former Reports. In one, a primipara, no serious cause for alarm was present till several hours after a natural unaided labour of moderate duration ; yet a fatal ending occurred on the fourth day, and a complete rupture of small size was found in the posterior wall of the lower uterine segment. In another, a multipara, premature labour came on at the sixth month, and the pains having ceased after one of unusual severity, a vaginal examination was made. The body of the fœtus, lying transversely, was found protruding through a rent in the left uterine wall, and on its delivery a coil of intestine followed it. This was replaced, and a tampon of iodoform gauze was inserted. An excellent recovery ensued. No indication of the lesion was given by either pulse or temperature. One point at any rate is manifest—viz., that we have not yet sufficient data for formulating any special rule for the surgical treatment of these cases.

In the case of E. S., aged thirty-two, 2-para (see also under "Contracted Pelvis"), vagitus uterinus was distinctly heard by several persons present.

TABLE NO. X.—*Uterine Fibroids.*

Name	Age	Para	Presentation	Duration of Pregnancy	Child	REMARKS
M.A.P.	21	2nd	Vertex	Term	A.	Fibroid=Size of Tangerine orange on anterior wall of uterus.
M. M.	25	1st	„	„	„	Small fibroid on fundus.
S. T.	36	„	—	—	—	Abortion in 10th week. See Auxiliary Report.
M. J.	35	„	Vertex	Term	A.	Fibroid tumour on left side of uterus. Underwent successful hysterectomy some months later.
M. C.	40	6th	Breech	„	„	Several small subperitoneal fibroids.
E.M.L.	25	3rd	Vertex	„	„	Large fibroid, involving left half of fundus.
J. B.	32	2nd	„	„	„	Two subperitoneal fibroids near fundus.
S. M.	22	1st	„	„	„	Small fibroid projecting from fundus.
B. H.	35	4th	„	8 months	„	Forceps. Fibroid = cricket-ball on anterior wall of uterus.

TABLE NO. XI.—*Morbidity.*

Temperature	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Total
100·8° to 101·2°	4	1	2	6	1	2	2	3	2	2	3	3	30
101·2° to 102·2°	1	4	2	4	1	1	3	2	3	5	4	4	34
102·2° to 104°	1	1	4	4	4	5	1	2	3	1	3	5	34
104°	1	—	—	1	—	—	1	—	—	—	1	1	5
Total per month	7	6	8	15	6	8	7	7	8	8	10	13	103
Percentage per month	6·30	4·25	6·15	12·71	4·68	5·5	4·34	4·34	5·67	5·71	7·63	9·42	6·27

MORBIDITY.

Of the patients under the first heading—viz., 100·8°–101·2°, twelve had a single elevation of temperature and received no

treatment. The remainder were mild cases, yielding readily to douching, curetting, &c. One was a case of syphilis. In two instances the patient had given birth to a macerated foetus; in one case the patient had a fibroid uterus; *post-partum* hæmorrhage occurred in one case. A puerperal ulcer was once present. In two instances the pyrexia followed manual removal of placenta. Five cases are included in the sub-table. Between 101·2° and 102·2° there were seven cases with one or two elevations of temperature, and requiring no treatment; in two cases the pyrexia followed the birth of a macerated foetus. In one case of forceps delivery a single elevation of temperature occurred thirty hours subsequently. In three cases *post-partum* hæmorrhage had occurred. Two are referred to sub-table.

Between 102·2° and 104° F. there were five cases in which forceps delivery had become necessary; one of these is mentioned in detail under the heading Incomplete Rupture of the Uterus. In another, when the temperature was falling, jaundice developed. Accidental hæmorrhage preceded the pyrexia in one instance; and in one, manual removal of placenta. In the case of a patient delivered in the Lodge, deep laceration of vagina and perineum occurred, requiring five sutures. Nine cases are referred to sub-table. In two cases, abortion and hydramnios, respectively, had occurred.

In the case of J. D., aged twenty-one, 1 para, the head was arrested in the pelvic cavity, owing to rostrate deformity in a woman whose history and aspect gave evidence of very bad health. On the second day the temperature rose to 103·6°, and in spite of treatment the pyrexia continued. Signs and symptoms of peritonitis followed, and patient died on the 16th day.

In eleven of the septic cases convalescence was established within ten days, sufficiently to allow of the patient's discharge. In five instances the temperature rose above 104° F. In one a puerperal ulcer was present. One patient having had an incomplete abortion at home, was admitted to hospital with a temperature of 99·4°.

In the case of A. C., 3-para, the temperature rose on the fourth day to 100·8°, and on the following day to 104°. Uterus curetted and douched, when it was observed that the

posterior vaginal wall presented several small, yellow elevations very similar to what had been observed during her stay in hospital sixteen months previously, and which are described and figured in my Report for last year. In spite of assiduous antiseptic treatment, local and general, a high range of temperature continued with the development of troublesome cough and the physical signs of pulmonary phthisis. She took nourishment freely and slept well; the vaginal conditions showed great improvement, but no change for the better was observable in the lungs at the time of her discharge from hospital. I am strongly of opinion that this was a case of tuberculosis of the vagina.

The case of S. D.—Patient admitted with a temperature of 103° and the physical signs of pneumonia at base of left lung. Delivery did not take place till several days later, and defervescence occurred by lysis; and patient was discharged, well, at the end of three weeks.

In the case of M. K., manual removal of placenta was required, on account of hæmorrhage and morbid adhesion. Rigors and pyrexia occurred on fifth day, and a tardy convalescence followed, the patient not being fit for discharge till the third week.

SUB-TABLE OF MORBIDITY.

Chronic Bronchitis and Asthma	..	..	1
Influenza	..	..	3
Ischio-rectal Abscess	..	..	1
Mania	..	..	1
Mastitis	..	..	8
Peritonitis during Pregnancy	..	..	1
Pneumonia	..	..	2

TABLE NO. XII.—*Prolapse of Funis.*

Name	Age	Para	Date	Period of Pregnancy	Result to Child	Presentation	Remarks
1. S. M.	20	III.	Apl. 26	Term	A.	Vertex and hand	Version.
2. H. M.	38	X.	Mar. 6	—	D.	Head & foot	Version; with difficulty, owing to entire absence of liquor amnii. Placenta found in lower uterine segment adherent.
3. P. K.	24	I.	May 19	8½ months	D.	Vertex	Cord pulseless on admission; no interference.
4. K. P.	21	I.	July 27	Term	A.	„	Forceps.
5. A. H.	38	V.	Jan. 12	„	A.	„	Forceps.
6. B. D.	20	I.	Sept. 14	„	D.	„	Cord pulseless; craniotomy.
7. B. C.	25	II.	Dec. 17	8 months	D.	Footling	Cord pulseless when diagnosed.
8. M. M.	28	II.	Aug. 19	Term	A.	Breech	Foot brought down, and child delivered in asphyxia livida.

ACUTE YELLOW ATROPHY OF LIVER

CASE—J. M., aged forty, a large, fair-complexioned woman, well nourished, was admitted on March 20, 1902, at 4 p.m. Pulse 100; temperature 99·8°. For several weeks previously, at irregular intervals, bleedings had occurred sufficient to cause marked loss of colour. The os admitted one finger, and the fundus was up to umbilicus, showing a degree of uterine enlargement inconsistent with the patient's belief as to the period of pregnancy. Very trifling discharge occurred during the succeeding thirty-eight hours, and on the forenoon of March 22, after a vaginal douche, eight laminaria tents were passed into cervix and a vaginal tampon was inserted. Three hours afterwards a rigor occurred; and some hours later, owing to bleeding, the tampon and tents were removed, and the uterus emptied partly by the finger, and partly with the flushing curette, of a large, vesicular mole. The bleeding ceased for some time, but later recurred, and was checked by injections of ergot.

The patient did not rest well, complained of sickness and thirst, but was able to retain a good quantity of milk. On passing the catheter a few drops of dark-coloured urine were removed. At the approach of daylight, about 6 30 a.m., her face showed a distinctly jaundiced hue, which became more pronounced through the day, and was attended with very alarming evidences of failing strength, weak, intermittent pulse, and slow, irregular respirations. Pain in head and back and tenderness over surface of belly were complained of. The area of liver dulness was not diminished, but pressure over it caused pain. At 1 o'clock two pints of saline solution were injected into left arm ; and though this was followed by a transient improvement in the pulse, her condition became steadily worse, and death, preceded by a rigor and state of unconsciousness, took place about 5 o'clock p.m. A former pregnancy had ended in the formation of a vesicular mole ; but a living child had been born about two years before her last illness.

Dr. Earl has furnished me with the following report :—

“ The heart was normal ; the lungs were slightly cedematous and showed hypostatic congestion. The abdominal organs were normal except the liver and kidneys. The liver was not diminished in size, was smooth on the surface and showed marked bile staining. A number of purple patches were seen under the capsule, and similar patches were seen on the cut surface of the liver. These were of irregular shape and varying size, none larger in area, as seen from the surface, than a sixpence. The common bile duct was quite normal, as were also the cystic and hepatic ducts. The duodenum was examined with care, and found to be quite normal. The gall-bladder contained a little bile, but no gall stones. The kidneys were somewhat larger than normal, but their capsules were not adherent. They presented a few purple patches similar to those seen on surface of liver, but smaller. The left kidney had two ureters, which came off from separate pelves, and opened separately about a quarter of an inch apart into the bladder. The uterus showed no pathological condition. All the organs showed more or less bile staining, as did the pericardial fluid and the blood serum. The microscopic examination of the liver and kidneys gave the following results :—

“ *Liver.*—In the purple patches above alluded to the capillaries were greatly dilated and filled with blood, the liver cells being more or less deformed by pressure, but not degenerated. These purple patches were generally larger than a lobule of the liver,

and did not bear any fixed relation to the intralobular veins. The liver cells generally were normal in appearance, except that many of them contained more or less bile pigment. The bile ducts and blood vessels seen in microscopic sections appeared quite normal. There were no hæmorrhages in the liver.

“*Kidneys.*—The purple patches were found to be due partly to dilated capillaries, and partly to small hæmorrhages into the interstitial tissue, not into the renal tubes. The glomeruli were normal; only one was in a state of fibrous degeneration. There was an albuminous exudation into Bowman’s capsules and into many of the renal tubes. Many of the latter contained hyaline casts, and some contained shed epithelial cells, and occasionally shed epithelial cells, and occasionally leucocytes and red blood corpuscles, but the latter were very few. The epithelial cells contained numerous coarse granules of an albuminous nature and occasionally fat drops. The vessels of the kidneys appeared normal, and there was no increase in the interstitial tissue.”

POST-PARTUM HÆMORRHAGE.

During the year forty-six cases of *post-partum*, including three of secondary, hæmorrhage were under treatment. In thirty-one instances the bleeding took place during the third stage, and in twenty-one of these manual removal of the placenta was found necessary.

In the case of B. C., on the seventh day of a perfectly normal puerperium a considerable hæmorrhage took place, which was promptly checked, but left the patient very weak. Some hours afterwards the uterus was explored and some placental tissue was removed. Some pyrexia followed, lasting for two days, and retarding convalescence for a week.

M. C., 5-para, affected with hydramnios, was delivered on Nov. 22, and five days afterwards some hæmorrhage occurred, but ceased after the removal of some decidual fragments with flushing curette.

M. M., 5-para, was delivered on Jan. 21, and suffered from slight *post-partum* hæmorrhage. On the fifth day there was a recurrence attended with rise of temperature. On exploring the uterus a polypoid projection was felt, so firm as to admit of only partial removal with curette; notwithstanding, a favourable though tardy recovery followed.

ECLAMPSIA.

Five patients during the year, either before or very soon after their admission, were attacked with convulsions, and two of the number died, being indeed in a hopeless condition when they first came under our care.

CASE I.—M. D., aged twenty-six, 1-para, had three fits before admission to hospital, and a fourth very soon after. Half a grain of morphin was given and a vapour bath, and the latter was repeated twice subsequently. Two days later labour came on, and she delivered herself of twins, both dead. Some *post-partum* hæmorrhage occurred, but was easily checked. She had three fits before admission and ten subsequently. Some of them lasted from four to six minutes, and in the intervals she was sometimes very violent, shouting loudly and throwing herself about.

She enjoyed an excellent convalescence, and has since been safely delivered in the hospital of a healthy, living child.

CASE II.—B. M'L., aged nineteen, 1-para, unmarried; admitted from North Dublin Union in an unconscious state, numerous fits having already occurred. Uterus size of six months' pregnancy, but no attempt at uterine action. Half a grain of morphin was given, a vapour bath, followed by croton oil, and saline transfusion, to two pints, a small quantity of blood being allowed to flow previously. In spite of these measures, from the time of her admission till her death at 2 o'clock a.m., there was but little cessation in the convulsions, the interval between them seldom lasting more than a few minutes.

Reference to my previous Reports will show that, hitherto, very favourable results have followed the line of treatment adopted in the above-mentioned cases. Saline transfusion I have not tried before, but many instances of its successful use in eclampsia have been recorded by others. The patients who died were in a hopeless condition at the time of their admission to hospital; but on reflection, I regret that, in the case of J. M., 9-para, I did not try the effect of free venesection before performing transfusion; and possibly forcible dilatation of the cervix and rapid emptying of the uterus, combined with these measures, might have given different results. In connection with this very important subject I may be allowed to refer to the researches of Dr. Earl (then acting as

Pathologist to the Rotunda Hospital), into the structural changes in the liver, in severe cases of eclampsia. These were the first observations of the kind made in the United Kingdom, and have a special interest for us in the present day, when (as I believe) an unwise suggestion has been put forward that these cases have sometimes a renal, sometimes an hepatic, origin.

CASE III.—J. M., 9-para. At time of admission, 1 o'clock p.m., patient unconscious; very slight dilatation of os. Pregnancy in the sixth month. Head presenting; not fixed. Urine very scanty, the colour of porter, and containing a quantity of blood and albumen. Eight fits had already occurred, so $\frac{1}{2}$ gr. morphin was given, followed by a vapour bath, and a dose of croton oil. During the succeeding two hours five very long fits occurred, and a $\frac{1}{4}$ gr. morphin was given. Delivery took place at 9 p.m. the same evening without any improvement in the patient's condition, and profound coma, with very high pulse and temperature, ended in death shortly after. Two hours before death two pints of saline solution were injected into patient's arm.

CASE IV.—Kate B., aged twenty-three, 1-para. At time of admission her pale, puffy face and swollen extremities attracted attention, as also her slow, hesitating manner in replying to questions. She complained of headache, pain in back and lower belly, and sickness of stomach. About one hour subsequently an eclamptic fit occurred, when she was immediately given $\frac{1}{4}$ gr. of morphin, and kept for twenty-five minutes in a vapour bath, during the administration of which she became very hysterical. About two hours later, she complained of dimness of vision, and another $\frac{1}{2}$ gr. of morphin was given. The urine becomes nearly solid when boiled. In three hours later she was delivered of a small living infant. The placenta showed numerous patches of degeneration.

CASE V.—F. H., aged thirty-four, 1-para. First stage was unusually prolonged, the pains being very feeble and irregular. When the second stage was well advanced a change in the patient's manner and mode of speech attracted attention, and without any other warning a fit occurred. Labour was immediately terminated by aid of the forceps; morphin ($\frac{1}{4}$ gr.) was then given and repeated in two hours. There was no recurrence of the fits, and the convalescence was uneventful, though wakefulness was sometimes troublesome.

BREECH PRESENTATIONS.

Born alive	37
Born dead	7
(Two premature, one prolapse of funis. Two accidental hæmorrhage, one in locked twins)	
Macerated	2
Assisted	37
Unassisted	7
Impacted	1
Total	45

During the year forty-five cases of presentation of the lower pole occurred, in thirty-six of which a living child was born. Of the stillborn children two were macerated, two were premature, two were associated with accidental hæmorrhage, one complicated by prolapse of the funis, and one (in a case of locked twins) underwent decapitation. In seven instances delivery was unaided. Prolapse of the funis occurred in one case, in which a living child was born. One case of impacted breech is to be recorded. Traction in the groin proving insufficient, a leg was brought down and delivery completed. Mother and child did well.

In one of the cases (B. D., aged thirty-six, 7-para) complicated with accidental hæmorrhage (concealed) the patient at time of admission was collapsed; the membranes unruptured; os size of two shillings, and labour pains very slight. The patient's aspect was wretched, and the urine highly albuminous. The vagina was tamponed and a binder applied. In three and a half hours later the natural efforts completed delivery. In a few days the urine was found free from albumen.

FETAL ABNORMALITIES.

Among these we had three cases of anencephalic foetus, one associated with hydramnios, and one being a twin. In the case of hydramnios the presentation was oblique. Hydrocephalus was met with twice, and in one case increased palpably for a few days after birth. Spina bifida was also present in two children, both born alive. The deformity was situated in the lower dorsal and lumbar region in one; and in the other in the dorsal region only. The latter was

associated with talipes, and the mother had hydramnios. Talipes was present in four cases. Two children had supernumerary fingers, in each case present on both hands. Five cases of cephalhæmatoma were noted, four of which occurred in unaided labours. One case of hare-lip and cleft palate occurred; and in three, subconjunctival ecchymosis was present; both eyes being affected in two of the number. One child was born alive with five coils of funis round the neck. In one instance the funis measured 42 inches. One infant was affected with the rare condition termed sclerema. Seven cases of ophthalmia came under observation, none of them severe; in four cases only one eye was attacked. Three cases of pemphigus, none of them severe, occurred amongst the infants.

MATERNAL SKIN AFFECTIONS.

As in former Reports, we have to record several cases, illustrating the two forms of erythema, occurring amongst parturient women, and which are scarcely mentioned in most obstetric works. One well-marked case of molluscum contagiosum came under notice in a multipara aged thirty-six. Chloasma uterinum was present in an unusually marked degree, forming large, brown patches on the wrists, forearms, and nipples of a healthy multipara, aged twenty-eight. Urticaria was once observed. Herpes occurred in three patients, once on the breast and twice on the lips. Relapsing pemphigus, present on the legs only and during many months of the pregnancy, was observed in one case. Four patients suffered from acne, which they alleged was always aggravated during menstruation and pregnancy. Two patients presented accessory nipples.

PUERPERAL APHASIA AND APHONIA.

Last year I was so fortunate as to be able to lay before the Academy, with much fulness of detail, an account of the first case of puerperal aphasia which has been reported in this country. Invaluable aid in doing so was given me by two of my resident pupils, one of whom, Dr. Wilson, of Aberdeen, was good enough to visit the patient at her home some months after her delivery, and was thus able to give

me an accurate account of her condition at that time. When my report was read a member of the Academy objected, in my opinion without any show of reason, to the case being described as "puerperal aphasia." This woman has recently been delivered of her second child under conditions almost identical with those which attended her first illness, and thus the correctness of my description has been abundantly verified. On the present occasion I wish to draw attention to a condition of aphonia which I have observed, attendant on childbed, in two cases especially. Both women were multiparæ, in good health—one of them especially so—and both averred that they were only thus affected during pregnancy, and recovered their ordinary voice shortly after its conclusion.

MANIA.

CASE I.—S. C., aged twenty, 1-para; normal labour; became maniacal on the second night, and temperature rose to 103°. Hyoscin bromide was given; uterus douched and curetted. Soon afterwards pulse and temperature fell, and mania ceased.

CASE II.—J. M., aged twenty-four, 3-para. Patient drunk on admission and bleeding profusely; two months pregnant. Uterus was emptied; the following day delirium tremens developed, and within 24 hours patient became insane and so violent that her removal to a hospital for mental cases was deemed necessary.

A PHYSICIAN HONOURED.

DR. GEORGE C. PARDEE has been elected to the position of Governor of the Commonwealth of California, U.S.A. We believe that this is the first occasion on which a physician has been called to preside over any of the Commonwealths of the Republic.

CARDIAC DILATATION AT PUBERTY.

DR. ALFRED FRIEDLANDER says the first requisite of treatment of this condition is rest; rest in bed, with the child flat on its back for several weeks. A light and nutritious diet, with the minimum quantity of fluid. Digitalis is often of value in the beginning, and strychnia at all stages; but it is more important to lessen the work of the heart than to stimulate it.—*Interstate Medical Journal*.