

was believed to be due to flatus. Temperature 100° 2'.—18th: A normal temperature was recorded and a good night. Sat up for an hour. Evening: Temperature 100°. Urine slightly turbid on cooling. An euema ordered.—19th: Bowels acted naturally. Temperature normal. Complained of hæmorrhoids. From this date nothing material was noted, and the patient returned to his home on Nov. 25th.

Remarks.—In a highly nervous and sensitive man a stone of fair size was thus removed with ease, and followed by no discomfort nor untoward circumstance, showing clearly that in this method we have a means of affording relief to our patients much less dangerous to the sufferer than lithotomy, and more palatable to the friends.

CHILDBIRTHS IN GENERAL PRACTICE.

By CAREY COOMBS, M.D. LOND.

SOME time ago in a leading article in THE LANCET a regret was expressed that the statistics of childbirth were so difficult to obtain. I was reminded of this by an application from the Registrar-General's office for details of a death occurring in my practice which was connected with pregnancy, so I have summarised my cases, and have compared the numbers with the total births. A country practice is not bounded by an exact line, but I should have been called in to any difficult labour, or one that was likely to prove fatal, within a certain area, during the past ten years. The number of births in that period, in a population of 4900, has been 1350, or nearly, of which number 660 have been attended by me and my assistants. The number of deaths in childbed during the same period has been about eight. The causes of death in these cases have been as follows:—

CASE 1.—Mrs. S—, aged forty-six, a flabby woman, in her ninth confinement, was first seen by my assistant, but the presentation was so high up after several hours of labour that he sent for me. I found the child's face presenting, and turned with some difficulty, because the membranes had ruptured twenty-four hours before, and because the pelvis was narrow the extraction of the head was very troublesome. This patient died from phlebitis about five weeks later.

CASE 2.—Mrs. C—, aged about forty, with a rather narrow pelvis, was delivered naturally of a live child after three hours of very strong expulsive pains. Eight days afterwards she was seized with pain in the bowels and faintness, and died in an hour or two. There was no autopsy.

CASE 3.—Mrs. W—, aged thirty-seven, was attended by my assistant in her fourth confinement. The child was born easily, but the placenta was adherent, and very fragile, and he had much difficulty in removing it. This patient sank after four weeks of pelvic cellulitis.

CASE 4.—Mrs. M—, aged over forty; in her ninth pregnancy. She had hæmorrhage every month. At the sixth and seventh months the amount of discharge increased, and at the eighth month, when the hæmorrhage had been going on for thirty-six hours, I was asked to see her. The placenta was not so completely over the lower part of the uterus that I had to detach it in dilating the os. The turning presented no special difficulty, but the extraction of the head occupied much time. This patient did well for a few days, but died of septicæmia about fourteen days after her delivery.

CASE 5.—Mrs. B—, aged about thirty-six. This woman was feeble and anæmic, had had several miscarriages, and died in her third full-time confinement from hæmorrhage. Her attendant told me that she had a good labour; the flooding came on soon after he left the house, and was fatal within two hours of the delivery.

CASE 6.—Mrs. F. F—, aged forty-four, an imbecile and a drunkard; she had lived under unfavourable circumstances during her pregnancy, with little food and much beer. In the ninth month she had frequent discharges of blood; and when seen at 8 A.M., and subsequently by my assistant was very weak—there was no uterine effort. When I saw her, about 4 or 5 P.M., she was collapsed, but the discharge had ceased, the os was dilatable, the head and placenta presenting; there were no pains, and there was no pulse worth mentioning. We tried to make her rally by the use of external heat, frequent warm nourishment, the subcutaneous

injection of ether, and transfusion, but I need hardly say that no attempt was made to deliver a woman in so low a condition. We remained with her till her death, at 11 P.M.

CASE 7.—Mrs. R—, aged twenty-five, was attended in her fourth labour by a midwife, who desired the husband to go for me as his wife was flooding. When I reached the house I found a fine young woman quite dead, with her uterus and the attached placenta lying in the bed.

CASE 8.—Mrs. P—, aged about thirty-two. As I sat in the room, attending her in her fifth confinement, I was annoyed by a decided smell of sewer-gas. As it appeared that a closet had been made in a corner of the room, in such a manner that the cesspool of the privy could send its gases into the room, my patient was removed as soon as possible, and the insanitary closet was stopped up. My patient had a good labour, but died twelve days after from septicæmia and meningitis.

In 1000 confinements there have been 13 cases of placental presentation, 20 infants have presented the breech, 12 the feet, and 13 the arm or shoulder. The last case of this kind was spontaneously evolved before I could see the patient. There were 7 cases of face presentation. In 2 instances there was mania. Three patients were convulsed, but none of them died. The long forceps were applied in 35 cases; short forceps in 52 cases; making a total of 87. In 21 cases version was required, and in seven cases the infant's head was opened. Two of these craniotomies were done in consultation, as were one or two of the versions; but the statistics generally apply to cases attended by myself or my assistants. I wish to call attention to the large number of placental presentations. Those occurring among farmers' wives appear to be due to the long periods, often many hours continuously, which they spend standing in the dairy. This laborious work is often continued throughout the pregnancy.

In conclusion, then, it appears that not half the child-births are attended by a medical man, and the calculation of the percentage of deaths must be based upon the total number of deliveries; eight deaths in 1350 confinements are equivalent to one in 168½. I find some difficulty in enumerating the cases of flooding, because this symptom is so hard to define; but if the hæmorrhagic cases, placental, accidental, and post-partum, were added to others in which manual interference was required, and to the cases requiring delivery by forceps or the perforator, the proportion of purely natural labours would seem small as compared with those occurring in the practice of some men who have published their statistics.

Castle Cary.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

ULCERATIVE (? SEPTIC) ENDOCARDITIS SIMULATING
ENTERIC FEVER; DEATH; NECROPSY; REMARKS.

(Under the care of Dr. STURGES.)

For the following notes we are indebted to Mr. E. Carroll, clinical clerk.

Sarah E—, aged thirty-nine, was admitted on June 13th, 1882. She was married, and had had one living child and three miscarriages, the last two years and a half ago. She had been a healthy woman till two months before admission, had lived the greater part of her life in London, and of late had occupied herself in household work.

Two months before admission she began to feel ill, her appetite failed, she had pain in the chest and between the shoulders more or less constantly; she also had pains, which she described as "rheumatic," affecting first one limb and then another, and was under treatment for this. No more definite symptoms showed themselves until three days