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THE CADUCEUS

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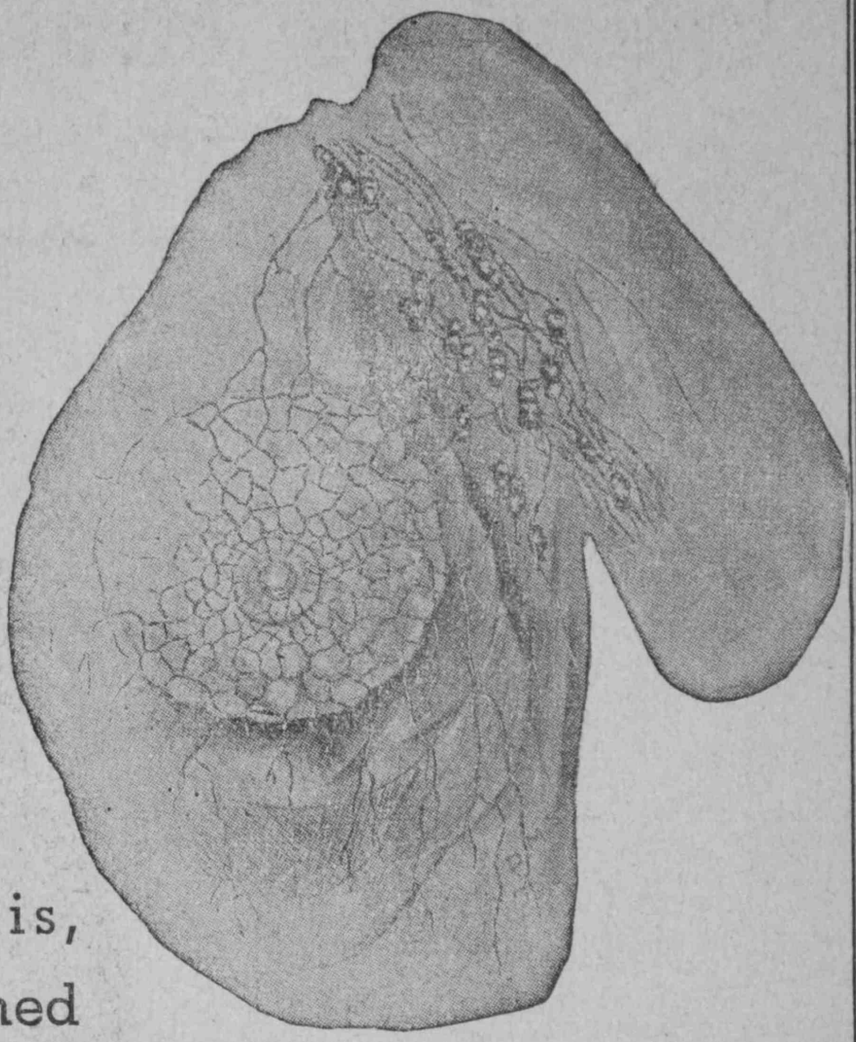

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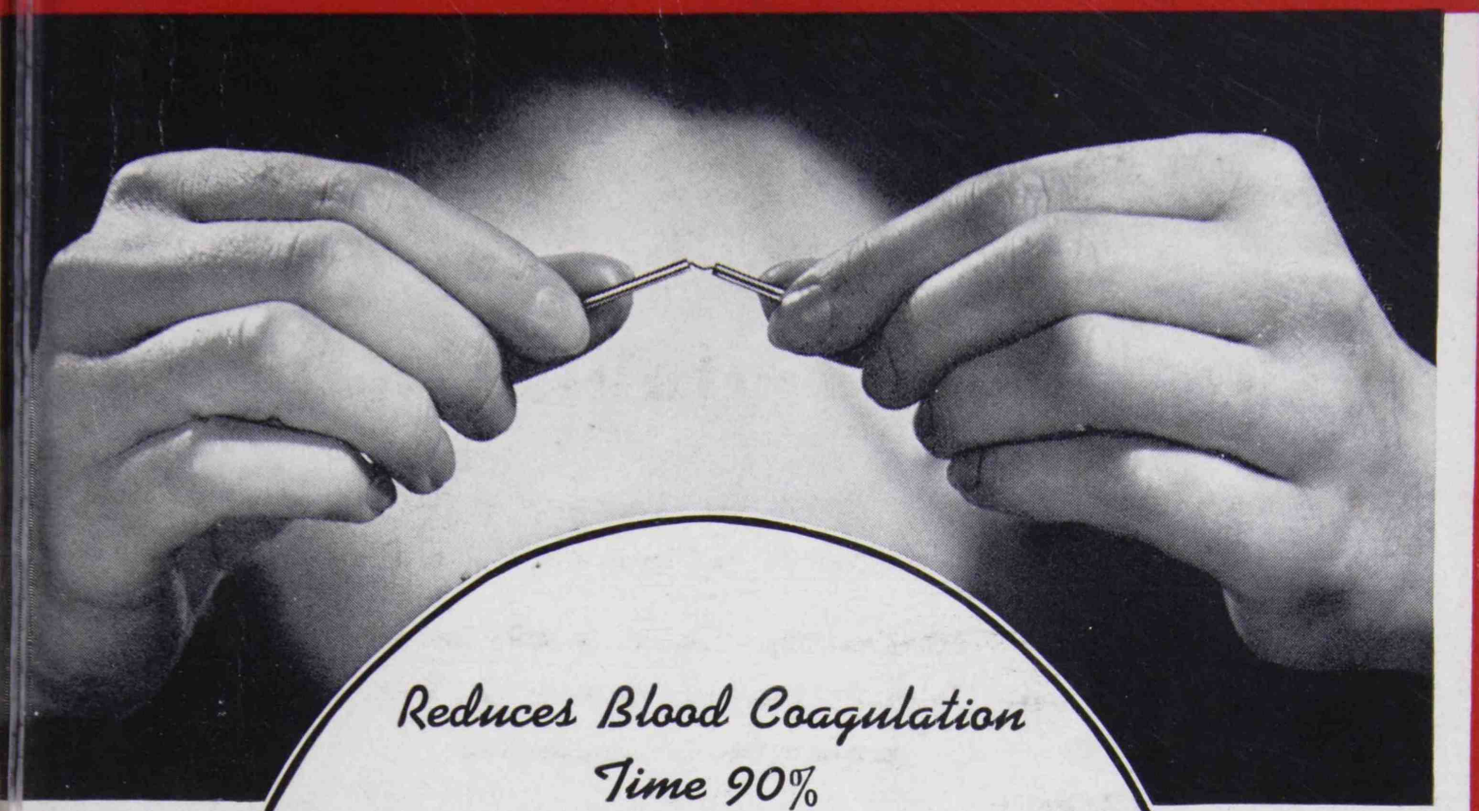

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All articles must be typed with double or treble spacing. Abbreviation should be avoided, especially those of a technical character at times employed in ward notes. Words and sentences should not be underlined or typed in capitals. The selection of the correct type is undertaken by the Editor.

All scientific contributions and articles intended for any particular issue should reach the Editor at least a fortnight before the specified month.

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CLINICAL REPORT OF THE DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY.

OF THE

UNIVERSITY OF HONG KONG

FOR THE YEAR 1940.

STAFF.

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Clinical Assistants.

INTRODUCTION.

During the year the record number of 4,738 patients came under treatment in the Obstetrical Wards, with a total of 4,373 deliveries. This very large total was due partly to the fact that the admissions to the TSAN YUK Hospital were greater than in any previous year, and partly to the fact that, from the beginning of 1940, the Department has assumed responsibility for the Government Maternity Ward at the Queen Mary Hospital (21 beds). In the tables that follow separate short summaries are given of the work done at each hospital succeeded by a combined consideration of the various abnormalities encountered.

MATERNAL MORBIDITY AND MORTALITY. The morbidity rate for the year for the whole clinic was 4.0%, which is the lowest since 1931, when the low record of 3.9% was reported. The mortality rate of 0.86%, on the other hand, was appreciably higher than last year, and was due, in the main, to two factors, the alarming increase in the number of eclampsia cases of a very severe type, and the increased prevalence of beri-beri, which accounted directly or indirectly for 17 of the deaths.

INCREASED INCIDENCE OF BERI-BERI. The abnormal conditions mentioned in last year's report have continued to prevail in the Colony during the year 1940, with an almost unimaginable state of overcrowding, malnutrition and distress amongst the lower classes from which most of our patients are drawn. There has been a grave increase in the amount of beri-beri, as will be seen from a perusal of the special table devoted to this disease. The table only includes the 155 cases of clinically obvious beri-beri, and amongst these cases there was a death rate of 11%, in spite of intensive treatment with Vitamin B_1 preparations. There were many more cases of what might be termed "sub-clinical beri-beri" in patients livng on the extreme border line of the state to which poorness of nutrition was inevitably driving them, and there is no doubt that if present conditions continue to prevail we must expect a still further increase of Avitaminosis B_1.

THE TOXAEMIAS OF PREGNANCY. The classification of the Toxaemias of Pregnancy has been continued on the basis described in last year's report, with satisfactory results. The frequent association of this condition with signs of Avitaminosis B_1 during the year has again been noted, and biochemical studies have been continued, with the kind co-operation of Professor L. T. Ride, and will form the subject of a publication in the near future. The most alarming feature of the year's work was the occurrence of what might almost be described as an epidemic of eclampsia. There were 42 cases of this disease, as against 8 cases for the previous year. The severity of the disease was very marked, and many of the worst cases were of the post-partum variety. There was a death rate of 30% among these patients, considerably more than half of which was due to complicating beri-beri and consequent heart failure.

ANTE-NATAL CLINICS. The ante-natal clinics have grown during the year, with a total of 4,052 attendances. The immediate result has been a material increase in the number of booked cases admitted to the hospitals from less than 8% in 1939 to 27.3% in 1940. There is still considerable room for improvement, and with further propaganda it is hoped that this figure will be eventually raised to 70%.

GYNAECOLOGICAL WARDS. The Gynaecological Beds at the Queen Mary Hospital have been well filled during the year with a succession of interesting cases which have been of much value for teaching purposes. Numbers of valuable museum specimens have been accumulated and the collection of pathological slides has been further built up.

POST-GRADUATE REFRESHER COURSE. In June 1940 a Post-Graduate Refresher Course was held lasting three weeks. It was attended by 17 doctors, several of whom were from distant parts of the country,. The course was of an intensive nature and included lectures, demonstrations, ward rounds and operative clinics, an attempt being made to cover all the main advances in obstetrics and gynaecology during recent years. It is hoped to make this course one of the annual activities of the Department in future.

In conclusion the writer would like to express his appreciation to the Honourable Director of the Government Medical Services for his constant and sympathetic assistance in matters affecting the University and to the members of his own staff for their unfailing services and support during a year of arduous work.

GORDON KING.

REPORT OF THE OBSTETRICAL UNIT.

During the year 1940 3,809 obstetrical patients were treated in the Tsan Yuk Hospital and 929 patients were admitted to the obstetrical wards of the Queen Mary Hospital. A combined total of 4,738 patients came under treatment, of whom 4,373 were delivered. The following four tables summarise the work done in the two hospitals during the year. In the remaining tables the combined results of the work at both hospitals is presented.

TSAN YUK HOSPITAL.

1. Delivered in Hospital:

	BOOKED	EMERGENCY	TOTAL
(*a*) discharged well	659	2,832	3,491
(*b*) transferred	2	3	5
2. Admitted after delivery	1	15	16
3. Discharged undelivered	58	191	249
4. Died:			
(*a*) after delivery	1	19	20
(*b*) undelivered	1	3	4
5. Abortions	4	20	24
Totals	726	3,083	3,809

Of the 726 Booked Cases, 292 were primigravidae and 434 were multigravidae.

Of the 3,083 Emergency Cases, 1,023 were primigravidae and 2,060 were multigravidae.

Total number of deliveries:

Booked	660
Emergency	2,853
	3,513

NUMERICAL SUMMARY OF CASES DELIVERED IN THE TSAN YUK HOSPITAL, ADMITTED FOR TREATMENT OR ADMITTED AFTER DELIVERY.

PRESENTATIONS (EXCLUDING TWINS):—

	BOOKED	EMERGENCY	TOTAL
Anterior Position of Occiput	599	2,672	3,271
Posterior Position of Occiput	29	69	98
Breech	21	69	90

Face	1	4	5
Brow	—	1	1
Shoulder	3	17	20
Compound	—	4	4
TWIN PRESENTATIONS:—			
Occiput Anterior 25 Occiput Posterior 9 Breech 13 Brow 1	7	17	24
PATIENTS DELIVERED IN HOSPITAL	660	2,853	3,513
ANTE-PARTUM HAEMORRHAGE:			
(*a*) Accidental Haemorrhage	—	9	9
(*b*) Placenta Praevia	6	29	35
PREGNANCY TOXAEMIA:			
(*a*) Pre-eclampsia Grade I	24	102	126
(b) Pre-eclampsia Grade II	18	83	101
(*c*) Eclampsia	2	25	27
(*d*) Nephritic Toxaemia	1	1	2
(*e*) Essential Hypertension	—	4	4
PRESENTATION AND PROLAPSE OF CORD	—	8	8
OPERATIVE DELIVERY:			
(*a*) Forceps	16	41	57
(*b*) Version	1	18	19
(*c*) Embryotomy	2	3	5
(*d*) Caesarean Section	4	10	14
POST-PARTUM HAEMORRHAGE	5	36	41
MANUAL REMOVAL OF PLACENTA	2	11	13
MATERNAL MORBIDITY:			
(*a*) Cases	22	93	115
(*b*) Percentage	3.3%	3.3%	3.3%
MATERNAL MORTALITY:			
(*a*) Cases	2	22	24
(*b*) Percentage	0.3%	0.77%	0.68%

INTERCURRENT DISEASE:

Cardiac Disease.	1	6	7
Avitaminosis B_1	22	102	124
Oedema	49	193	242
Syphilis	3	27	30
Bronchitis	2	6	8
Chronic bronchitic asthma	—	1	1
Pneumonia	—	6	6
Pulmonary Tuberculosis	1	2	3
Cardiac beri beri	1	3	4
Subacute bacterial endocarditis	—	1	1
Mitral Stenosis—B. Coli Pyelitis	1	—	1
Pyelitis	1	9	10
Pyelo-nephritis	—	1	1
Septicaemia	—	1	1
Malaria	—	2	2
Cerebral malaria	—	1	1
Breast abscess	—	5	5
Diarrhoea	—	1	1
Bacillery dysentery	—	5	5
Dysentery—dental abscess	1	—	1
Constipation	—	1	1
Subinvolution of uterus	—	1	1
Anterior vaginal cyst	1	—	1
Gluteal abscess—wound sepsis	1	—	1
Thrombosis of femoral vein	—	1	1

QUEEN MARY HOSPITAL.

1. Delivered in Hospital:			
(*a*) discharged well	531	305	836
(*b*) transferred	3	6	9
2. Admitted after delivery	4	11	15

3. Discharged undelivered	24	24	48
4. Died:			
(*a*) after delivery	5	10	15
(*b*) undelivered	1	1	2
5. Abortions	—	4	4
Totals	568	361	929

Of the 568 Booked Cases, 198 were primigravidae and 370 were multigravidarae.

Of the 361 Emergency Cases, 117 were primigravidae and 244 were multigravidae.

Total number of deliveries:

Booked	539
Emergency	321
	860

NUMERICAL SUMMARY OF CASES DELIVERED IN THE QUEEN MARY HOSPITAL, ADMITTED FOR TREATMENT OR ADMITTED AFTER DELIVERY.

PRESENTATIONS (EXCLUDING TWINS):—

	BOOKED	EMERGENCY	TOTAL
Anterior Position of Occiput	507	293	800
Posterior Position of Occiput	13	8	21
Breech	13	11	24
Face	—	1	1
Compound	—	1	1
Brow	—	1	1

TWIN PRESENTATIONS:—

Occiput Anterior ..... 14 Breech 8	5	6	11

TRIPLET PRESENTATIONS:—

Occiput Anterior ..... 2 Breech 1	1	—	1

PATIENTS DELIVERED IN HOSPITAL	539	321	860
ANTE-PARTUM HAEMORRAGE:			
(*a*) Accidental Haemorrhage	1	2	3
(*b*) Placenta Praevia	—	2	2
PREGNANCY TOXAEMIA:			
(*a*) Pre-eclampsia, Grade I	1	1	2
(*b*) Pre-eclampsia, Grade II	8	5	13
(*c*) Eclampsia	3	12	15
(*d*) Nephritic Toxaemia	—	2	2
PRESENTATION AND PROLAPSE OF CORD...	—	1	1
OPERATIVE DELIVERY:			
(*a*) Forceps	14	10	24
(*b*) Embryotomy	1	—	1
(*c*) Caesarean Section	2	—	2
POST-PARTUM HAEMORRHAGE	2	3	5
MANUAL REMOVAL OF PLACENTA	1	2	3
MATERNAL MORBIDITY:			
(*a*) Cases	30	31	61
(*b*) Percentage	5.6%	9.6%	7%
MATERNAL MORTALITY:			
(*a*) Cases	6	11	17
(*b*) Percentage	1.1%	3.4%	2%
INTERCURRENT DISEASE:—			
Cardiac Disease	1	—	1
Avitaminosis B_1	14	17	31
Oedema	6	2	8
Polyneuritis	—	2	2
Septicaemia	—	1	1
Pyelitis	3	4	7
Influenza	3	1	4
Bronchitis	3	1	4
Hypostatic pneumonia	—	1	1

Pneumococcal peritonitis Lobar pneumonia	—	1	1
Pulmonary Tuberculosis	2	1	3
Diarrhoea	2	1	3
Bacillery dysentery	1	1	2
B. Flexner	1	—	1
Gastro enteritis	1	1	2
Malaria	—	2	2
Strep. Veridans	—	1	1
Mammary abscess and scabies	—	1	1

CASES TREATED IN HOSPITAL BEFORE LABOUR.

The following table lists the number of cases treated for a period of 2 days or longer before delivery or discharge. Cases admitted on a false alarm of the onset of labour are not included.

Condition for Which Admitted	*No. of Cases*	*No. Delivered in Hospital*	*Died Undelivered*	*Discharged and did not return*
Pregnancy Toxaemia and Allied Conditions:				
Hyperemesis gravidarum	1	—	—	1
Pre-eclampsia Grade I ...	27	3	—	24
Pre-eclampsia Grade II..	12	5	—	7
Eclampsia	3	—	3	—
Nephritic Toxaemia	4	1	—	3
Essential Hypertension...	1	—	—	1
Avitaminosis B_1 (beri-beri)	29	11	1	17
Oedema (without other signs of Toxaemia or Avitaminosis)	4	3	—	1
Erosion of cervix	2	—	—	2
Anaemia	1	—	—	1
Mitral Stenosis	1	1	—	—
Lobar Pneumonia	1	—	—	1
Enlarged Thyroid	1	—	—	1
Pyelitis	1	—	—	1
Malaria	1	—	—	1
Fever of unknown origin	1	—	—	1
Diarrhoea	4	3	—	1
Breast abscess	1	—	—	1
Subcutaneous abscess	1	1	—	—
Total :—	96	28	4	64

(Details of the cases of Pregnancy Toxaemia, Avitaminosis B_1 and Mitral Stenosis are given under separate Tables).

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(a) Pre-clampsia (Grade I).

128 cases (of which 3 were twin pregnancies).

No mother died.

2 babies were stillborn and 2 died, a mortality of 3.1%.

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS
T.Y.H.																
BOOKED																
3284/39	27	1	39	Nil	++	Clear	—	++	Nil	Nil	164/108	10	Forceps	L.	L.	Avitaminosis B1.
41	27	2	40	Nil	Clear	Clear	—	+	Nil	Nil	172/96	In labour	Normal	L.	L.	
123	24	4	39	Nil	Clear	Clear	—	++	Nil	Nil	166/100	In labour	Normal	L.	L.	
287	42	10	39	Nil	Trace	Clear	—	+	Nil	+	156/110	1	Normal	L.	L.	
396	37	3	38	Nil	+	Clear	—	+	Nil	Nil	138/90	1	Normal	L.	L.	
344	19	1	39	Nil	Trace	Clear	—	Nil	+	Nil	144/106	In labour	Normal	L.	L.	
1301	23	1	39	Nil	Trace	Clear	—	+	Nil	Nil	135/110	In labour	Normal	L.	L.	
1774	26	1	41	Nil	Clear	Clear	—	++	Nil	Nil	154/100	In labour	Assisted	L.	L.	
2015	21	1	33	Nil	Trace	Clear	—	++	+	Nil	150/108	In labour	Normal	L.	L.	
2085	27	3	41	Nil	Trace	Clear	—	+++	Nil	+	180/108	In labour	Normal	L.	L.	Avitaminosis B1. D.A.A.
2160	38	8	39	Nil	Trace	Clear	—	++	Nil	Nil	152/94	In labour	Normal	L.	L.	
2253	34	1	38	Nil	Trace	Clear	—	+	+	Nil	136/90	In labour	Normal	L.	L.	
2791	34	2	41	Nil	Clear	Clear	—	++	Nil	Nil	156/100	In labour	Normal	L.	L.	
2893	33	6	39	Nil	Trace	Clear	—	++	Nil	Nil	150/90	In labour	Normal	L.	L.	
2948	19	1	40	Nil	Trace	Clear	—	+++	Nil	Nil	160/100	1	Normal	L.	L.	
3029	21	1	40	Nil	Trace	Clear	—	+	Nil	Nil	154/80	In labour	Normal	L.	L.	
3211	34	10	37	Nil	Clear	Clear	—	+	Nil	Nil	160/94	In labour	Normal	L.	L.	
3222	22	1	39	Nil	Trace	Clear	—	++	Nil	Nil	148/96	In labour	Forceps	L.	L.	
3315	21	1	43	Nil	+	Clear	—	Slight	Nil	Slight	160/90	1	Normal	L.	L.	
3353	38	6	38	Nil	Clear	Clear	—	++	Nil	Nil	148/112	1	Normal	L.	L.	
3416	24	2	45	Nil	Trace	Clear	—	++	Nil	Nil	152/88	In labour	Normal	L.	L.	Avitaminosis B1.
3471	36	10	40	Nil	Trace	Clear	—	+	Nil	Nil	148/88	In labour	Normal	L.	L.	Avitaminosis B1.
3656	22	1	40	Nil	Clear	Clear	—	++	Nil	Nil	140/100	In labour	Normal	L.	L.	
3679	22	1	39	Nil	Clear	Clear	—	++	Nil	Nil	150/80	5	Normal	L.	L.	Avitaminosis B1.
EMERGENCY																
3354/39	23	2	39	Nil	Trace	Clear	—	+++	Nil	Nil	136/84	In labour	Normal	L.	L.	
33	20	1	40	Nil	+	Clear	—	Slight	Nil	Nil	156/118	In labour	Normal	L.	L.	
73	25	1	40	Nil	+	Clear	—	+	Nil	Nil	144/100	In labour	Normal	L.	L.	Avitaminosis B1.
74	22	2	35	Nil	Trace	Clear	—	+	Nil	Nil	148/110	1	Twins	L.	L.	
102	25	1	36	Nil	+	Clear	—	++	Nil	Nil	160/112	In labour	Normal	L.	L.	

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(a) Pre-eclampsia (Grade I).—*(Continued 1).*

Reg. No.	*Age*	*Gravida*	*Maturity*	*History of Renal Disease*	*Albuminuria on admission*	*Albuminuria on discharge*	*Granular casts*	*Oedema*	*Headache*	*Eye Signs*	*Highest Blood Pressure*	*No. of days in Hospital before labour or discharge*	*Type of labour*	*Result M.*	*Result C.*	*REMARKS*
EMERGENCY																
107	22	1	40	Nil	Clear	Clear	—	++	Nil	Nil	174/104	In labour	Normal	L.	L.	
187	24	1	41	Nil	+	Clear	+	Nil	Nil	Nil	120/96	3	Normal	L.	L.	
332	24	1	38	Nil	+	Clear	—	++	Nil	+	158/100	In labour	Twins	L.	N.D. L.	
338	28	2	38	Nil	Trace	Clear	—	++	Slight	Nil	126/98	2	Normal	L.	L.	
343	28	4	42	Nil	Trace	Clear	—	+++	Nil	Nil	160/88	1	Normal	L.	L.	Avitaminosis B1.
357	28	1	38	Nil	Trace	Clear	—	++	Slight	Nil	178/112	In labour	Normal	L.	L.	
438	29	3	38	Nil	Trace	Clear	—	Slight	Nil	Nil	142/108	In labour	Normal	L.	L.	
478	26	1	39	Nil	Trace	Clear	—	++	Nil	Nil	185/95	In labour	Normal	L.	L.	
485	40	6	36	Nil	Trace	Clear	—	Nil	Nil	Nil	142/120	In labour	Normal	L.	L.	
579	17	1	41	Nil	++	Clear	—	Slight	Nil	Nil	140/115	1	Normal	L.	L.	
567	24	2	36	Nil	Clear	Clear	—	+	Slight	Nil	155/110	In labour	Normal	L.	L.	Avitaminosis B1.
568	20	1	38	Nil	+++	Clear	+	+	Nil	Nil	140/100	In labour	Normal	L.	L.	
605	34	6	39	Nil	Trace	Clear	—	+	Nil	Nil	140/100	In labour	Normal	L.	L.	
648	25	1	40	Nil	Clear	Clear	—	Slight	Nil	Nil	152/108	In labour	Normal	L.	L.	
651	26	1	41	Nil	Trace	Clear	—	+	Nil	Nil	164/110	1	Normal	L.	L.	
688	25	1	39	Nil	Trace	Clear	—	Nil	Nil	Nil	150/70	In labour	Normal	L.	L.	
719	23	1	41	Nil	+	Clear	—	Slight	Nil	Nil	158/96	In labour	Normal	L.	L.	
729	23	1	36	Nil	Trace	Clear	—	++	Nil	Nil	170/100	In labour	Normal	L.	L.	
751	22	1	40	Nil	Clear	Clear	—	++	Nil	Nil	140/110	In labour	Normal	L.	L.	
786	26	2	40	Nil	Clear	Clear	—	+++	Nil	Nil	146/100	7	Normal	L.	L.	
799	25	1	38	Nil	Trace	Clear	—	+	Nil	Nil	140/106	1	Normal	L.	L.	
857	21	1	40	Nil	Trace	Clear	—	+++	Nil	Nil	152/100	2	Normal	L.	L.	Avitaminosis B1.
963	27	2	42	Nil	Trace	Clear	—	+++	Nil	Nil	144/98	In labour	Normal	L.	L.	
967	35	6	40	Nil	Trace	Clear	—	++	+	Nil	135/105	In labour	Normal	L.	L.	
987	20	1	35	Nil	Trace	Clear	—	+	Slight	Nil	160/110	2	Normal	L.	L.	
990	19	1	38	Nil	Trace	Clear	—	+	Nil	Nil	150/100	2	Normal	L.	L.	
1001	27	1	39	Nil	Clear	Clear	—	++	Nil	Nil	160/92	In lbaour	Normal	L.	L.	
1010	26	1	38	Nil	Clear	Clear	—	Slight	Nil	Nil	175/100	In labour	Normal	L.	L.	
1087	22	1	37	Nil	Trace	Clear	—	++	+	Nil	146/110	2	Normal	L.	L.	
1155	22	1	32	Nil	Trace	Clear	—	+++	Nil	Nil	140/100	4	Normal	L.	L.	
1332	28	2	38	Nil	+	Clear	—	++	Nil	Nil	148/110	In labour	Normal	L.	L.	
1507	23	3	40	Nil	Clear	Clear	—	++	Nil	Nil	146/80	In labour	Normal	L.	L.	
1757	39	9	40	Nil	Trace	Clear	—	+++	Nil	Nil	164/108	9	Normal	L.	L.	
1769	24	1	42	Nil	+	Clear	—	+++	Nil	Nil	160/100	1	Normal	L.	L.	D.A.A.

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(a) Pre-eclampsia (Grade I).—*(Continued 2).*

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS
T.Y.H.																
EMERGENCY																
1800	19	1	41	Nil	†	Clear	—	†††	Nil	†	138/98	1	Forceps	L.	L.	P.O.P. D.A.A.
1814	26	1	39	Nil	Trace	Clear	—	††	Nil	Nil	14090	2	Twins	L.	L. L.	
1866	36	8	38	Nil	Trace	Clear	—	†††	Nil	Nil	140/100	3	Normal	L.	L.	Avitaminosis B1. Cardiac disease.
1875	29	4	44	Nil	†	Clear	—	†††	Nil	Nil	160/110	2	Normal	L.	L.	
1994	37	6	40	Nil	Trace	Clear	—	†††	Sight	Nil	136/84	In labour	Normal	L.	L.	Avitaminosis B1. D.A.A.
2005	29	1	39	Nil	Trace	Clear	—	†	Nil	Nil	142/106	In labour	Normal	L.	L.	
2025	31	3	39	Nil	Clear	Clear	—	†††	†	†	158/100	1	Normal	L.	L.	Avitaminosis B1. D.A.A.
2072	32	5	39	Nil	Clear	Clear	—	†	Nil	Nil	148/96	In labour	Normal	L.	L.	
2114	21	1	34	Nil	††	Clear	—	††	Nil	Nil	134/90	In labour	Normal	L.	L.	
2119	25	1	37	Nil	Trace	Clear	—	††	Nil	Nil	164/112	In labour	Normal	L.	L.	
2145	26	1	38	Nil	Clear	Clear	—	†	Sight	Nil	148/100	1	Normal	L.	L.	
2147	28	5	41	DN	Clear	Clear	—	†	Nil	Nil	156/108	In labour	Normal	L.	L.	
2170	29	3	38	Nil	Clear	Clear	—	†	Nil	Nil	178/98	1	Normal	L.	L.	Avitaminosis B1.
2179	19	1	38	Nil	Trace	Clear	—	†††	Nil	†	150/110	4	Normal	L.	L.	Avitaminosis B1.
2287	21	2	39	Nil	Trace	Clear	—	††	Nil	Nil	150/100	In labour	Normal	L.	L.	
2190	20	1	40	Nil	Trace	Clear	—	††	Nil	Nil	142/94	In labour	Normal	L.	L.	
2302	19	1	37	Nil	Trace	Clear	—	†††	Nil	Nil	172/110	In labour	Normal	L.	L.	Avitaminosis B1.
2346	21	1	39	Nil	†	Clear	—	†††	Nil	Nil	160/96	In labour	Normal	L.	L.	
2362	29	1	38	Nil	Trace	Clear	—	††	Nil	Nil	140/92	1	Forceps.	L.	L.	
2368	35	4	39	Nil	Clear	Clear	—	†	Sight	Nil	160/98	In labour	Normal	L.	L.	
2405	40	3	39	Nil	Trace	Clear	—	††	Nil	Nil	150/100	In labour	Normal	L.	L.	Avitaminosis B1.
2424	33	4	40	Nil	Trace	Clear	—	†	Nil	Nil	170/100	In labour	Normal	L.	L.	
2455	27	2	40	Nil	Trace	Clear	—	†††	Nil	Nil	130/90	In labour	Normal	L.	L.	
2597	28	6	39	Nil	Clear	Clear	—	†††	†	†	150/100	2	Normal	L.	L.	Avitaminosis B1.
2653	24	3	39	Nil	Clear	Clear	—	††	Nil	Nil	140/110	In labour	Normal	L.	L.	Avitaminosis B1.
2625	21	1	35	Nil	†	Clear	—	††	†	†	150/96	In labour	Normal	L.	L.	Avitaminosis B1.
2696	23	1	39	Nil	Trace	Clear	—	††	Nil	Nil	140/90	3	Normal	L.	L.	
2713	25	2	36	Nil	Trace	Clear	—	††	Nil	Nil	170/130	In labour	Normal	L.	S.B.	
2720	27	2	40	Nil	Trace	Clear	—	†	Nil	Nil	160/100	In labour	Normal	L.	L.	
2741	35	5	37	Nil	Trace	Clear	—	††	Nil	Nil	142/86	2	Normal	L.	L.	Avitaminosis B1.
2770	31	4	37	Nil	Clear	Clear	—	†††	Nil	Nil	138/84	8	Normal	L.	L.	Avitaminosis B1.
2780	23	1	39	Nil	Trace	Clear	—	††††	Nil	Nil	160/100	2	Normal	L.	L.	
2881	21	1	38	Nil	Trace	Clear	—	††	Nil	Nil	160/90	In labour	Normal	L.	L.	
2932	22	1	40	Nil	†	Clear	—	†	Nil	Nil	150/100	In labour	Forceps	L.	L.	
2933	42	7	39	Nil	Trace	Clear	—	†	†	Nil	136/90	2	Normal	L.	L.	Avitaminosis B1.
2980	21	1	40	Nil	Clear	Clear	—	†††	Nil	Nil	168/90	In labour	Normal	L.	L.	Avitaminosis B1. D.A.A.
3035	32	3	34	Nil	Trace	Clear	—	††	†	†	135/90	2	Normal	L.	L.	Avitaminosis B1. D.A.A.

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(a) Pre-eclampsia (Grade 1).—*(Continued 3).*

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS	
EMERGENCY																	
3116	23	1	40	Nil	†	Clear	—	†††	Nil	Nil	145/90	In labour	Normal	L.	L.		
3118	21	2	38	Nil	Clear	Clear	—	††	Nil	Nil	150/100	2	Normal	L.	L.	Avitaminosis B1.	
3169	34	9	39	Nil	Trace	Clear	—	††	Nil	†	150/80	11	Breech	L.	L.	Avitaminosis B1.	Cardiac disease.
3179	22	1	37	Nil	Trace	Clear	—	††	Nil	Nil	150/75	In labour	Normal	L.	L.	Avitaminosis B1.	
3219	25	2	40	Nil	Trace	Clear	—	††	Nil	Nil	164/98	1	Normal	L.	L.		
3265	35	7	38	Nil	Trace	Clear	—	†	Nil	†	148/98	In labour	Normal	L.	L.	Avitaminosis B1.	
3302	33	6	38	Nil	Trace	Clear	—	Nil	Nil	Nil	148/94	In labour	Normal	L.	L.	Avitaminosis B1.	
3313	25	1	41	Nil	Clear	Clear	—	†††	†	†	140/115	1	Normal	L.	L.		
3334	28	1	38	Nil	Clear	Clear	—	Sight	Nil	Nil	146/100	In labour	Normal	L.	L.	Avitaminosis B1.	
3359	23	1	39	Nil	Clear	Clear	—	†	Nil	Nil	150/98	1	Normal	L.	L.		
3385	21	1	34	Nil	Trace	Clear	—	Sight	Nil	Nil	140/100	In labour	Normal	L.	L.	Cardiac beri-beri.	
3386	32	8	39	Nil	Trace	Clear	—	††	Nil	Nil	156/90	In labour	Normal	L.	L.	Avitaminosis B1.	
3463	24	1	39	Nil	Trace	Clear	—	Sight	Nil	Nil	152/78	1	Assisted	L.	L.		
3468	42	8	39	Nil	Trace	Clear	—	††	Nil	Nil	178/104	In labour	Normal	L.	L.		
3501	23	1	36	Nil	Clear	Clear	—	†	Nil	Nil	160/110	In labour	Normal	L.	L.		
3503	30	9	40	Nil	Clear	Clear	—	†	Sight	Nil	178/120	2	Induced	L.	L.	Avitaminosis B1.	
3511	28	2	39	Nil	Trace	Clear	—	††	Nil	Nil	136/90	In labour	Normal	L.	L.		
3445	29	5	38	Nil	Trace	Clear	—	Sight	†	Nil	148/116	In labour	Normal	L.	N.D.	Avitaminosis B1.	
3569	27	2	41	Nil	Trace	Clear	—	††	Nil	Nil	198/130	In labour	Forceps	L.	L.	Avitaminosis B1.	
3605	24	3	41	Nil	††	Clear	—	††	Nil	Nil	130/90	9	Induced	L.	L.	Avitaminosis B1.	
3608	34	7	39	Nil	Clear	Clear	—	††	Nil	Nil	148/78	In labour	Normal	L.	L.	Avitaminosis B1.	
3626	34	7	37	Nil	Trace	Clear	—	†	Nil	†	150/100	In labour	Normal	L.	L.		
3641	27	3	40	Nil	†	Clear	—	†††	Nil	Nil	160/80	2	Normal	L.	L.	Avitaminosis B1.	
3653	26	1	42	Nil	Trace	Clear	—	†	Nil	Nil	160/120	In labour	Normal	L.	L.		
3608	33	3	37	Nil	Trace	Clear	—	††	Nil	Nil	140/100	In labour	Normal	L.	L.	Avitaminosis B1.	
3645	24	1	40	Nil	Trace	Clear	—	†††	Nil	Nil	160/112	In labour	Normal	L.	L.	Avitaminosis B1.	
Q.M.H.																	
BOOKED																	
318	35	9	40	Nil	Trace	Clear	†	††	†	Nil	176/100	1	Normal	L.	L.		
EMERGENCY																	
537	24	1	39	Nil	†††	Clear	—	††	Nil	Nil	140/100	In labour	Normal	L.	S.B.	Avitaminosis B1.	

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(b) Pre-eclampsia (Grade II).

114 cases (of which 7 were twin pregnancies).

4 mothers died, a mortality of 3.5%.

9 babies were macerated or stillborn and 8 died, a mortality of 14.0%.

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS
T.Y.H.																
BOOKED																
3238/39	43	15	40	Nil	++	Trace	—	+++	Nil	Nil	164/130	24	Normal	L.	L.	Avitaminosis B1.
3353/39	22	1	43	Nil	++	Clear	—	Nil	Nil	Nil	166/108	6	Normal	L.	L.	
48	31	5	35	Nil	++	Clear	—	+++	Nil	Nil	160/108	1	Normal	L.	L.	
1123	46	11	41	Nil	++	Clear	—	++	+	+	200/150	In labour	Normal	L.	L.	
1366	32	5	40	Nil	Trace	Clear	—	+	+	+	186/140	5	Normal	L.	L.	
1581	33	3	38	Nil	Trace	Clear	—	++	Nil	Nil	162/110	10	Induced	L.	N.D.	Avitaminosis B1.
1684	33	2	40	Nil	Trace	Clear	—	+	Nil	Nil	164/120	2	Normal	L.	L.	
2429	25	1	40	Nil	Trace	Clear	+	+++	+	+	170/100	5	Normal	L.	L.	Avitaminosis B1.
2559	30	3	37	Nil	+	Clear	+	+++	Nil	Nil	172/110	In labour	Normal	L.	L.	Acute cardiac beri-beri.
2561	37	7	39	Nil	Trace	Clear	+	++++	Nil	Nil	170/100	7	Normal	L.	L. N.D.	Avitaminosis B1. Twins. Lost 52 lbs. in 10 days.
2811	24	1	39	Nil	+	Clear	+	+++	+	Nil	174/120	1	Normal	L.	L.	D.A.A.
2912	28	1	39	Nil	Clear	Clear	—	+++	Nil	Nil	186/110	1	Normal	L.	L.	
3168	21	1	41	Nil	+	Clear	—	++	+	Nil	170/110	In labour	Normal	L.	L.	Cardiac beri-beri D.A.A.
3282	20	1	40	Nil	Trace	Clear	—	+	+	Nil	176/108	3	Forceps	L.	M.	Avitaminosis B1. Macerated foetus.
3291	21	1	41	Nil	+	Clear	+	++	+	+	190/128	14	Induced	L.	L.	
3292	25	1	40	Nil	++	Clear	—	+	+	Nil	164/88	In labour	Forceps	L.	L.	
3378	25	1	34	Nil	+	Clear	—	+++	Slight	Slight	178/98	1	Normal	L.	L.	Cardiac beri-beri.
3622	25	3	41	Nil	Clear	Clear	—	Slight	+	+	178/106	In labour	Normal	L.	L.	
EMERGENCY																
3317/39	24	1	38	Nil	Trace	Clear	—	+	Nil	+	156/108	In labour	Normal	L.	L.	
3321/39	24	2	38	Nil	+	Clear	—	+++	Slight	Nil	156/94	In labour	Normal	L.	L.	
3335/39	28	1	37	Nil	++	Clear	—	+++	Nil	Nil	176/106	2	Forceps	L.	L. L.	Avitaminosis B1. Twins.
3359/39	26	2	40	Nil	+	Clear	—	+++	Nil	Nil	170/140	In labour	Normal	L.	L.	Avitaminosis B1.
62	24	1	40	Nil	++	Clear	—	+++	Nil	Nil	160/108	1	Normal	L.	L.	
103	21	1	37	Nil	+	Clear	—	++	Nil	Nil	162/100	In labour	Normal	L.	L.	
290	30	6	37	Nil	++	Clear	—	Nil	Nil	Nil	195/115	In labour	Normal	L.	L.	Avitaminosis B1.
296	30	4	35	Nil	+++	—	++	+++	+	+	176/124	2	Forceps	D.	M.	Macerated foetus.
337	34	6	31	Nil	++	Clear	—	+	+	+	206/134	In labour	Normal	L.	M.	Macerated foetus.
419	40	1	40	Nil	+	Clear	—	++	Nil	Nil	162/98	In labour	Normal	L.	L.	
502	30	3	38	Nil	++	Clear	—	+++	+	+	190/90	In labour	Normal	L.	L.	
571	25	2	36	Nil	++	Clear	—	+	Nil	Nil	160/134	In labour	Normal	L.	S.B.	
619	23	2	40	Nil	++	Clear	+	+	Nil	Nil	170/110	In labour	Normal	L.	L.	D.A.A.
647	37	8	37	Nil	++	Clear	—	+++	+	+	250/180	In labour	Normal	L.	S.B.	Avitaminosis B1.
722	34	2	39	Nil	++	Clear	+	+++	+++	Nil	170/120	In labour	Normal	L.	L.	
872	21	1	39	Nil	+	Clear	—	Slight	Slight	Nil	165/140	In labour	Normal	L.	L.	
925	30	8	?	Nil	+++	Clear	+	+	Nil	Nil	190/115	In labour	Twins	L.	L. L.	

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(b) Pre-eclampsia (Grade II).—(*Continued 1*).

Reg. No.	*Age*	*Gravida*	*Maturity*	*History of Renal Disease*	*Albuminuria on admission*	*Albuminuria on discharge*	*Granular casts*	*Oedema*	*Headache*	*Eye Signs*	*Highest Blood Pressure*	*No. of days in Hospital before labour or discharge*	*Type of labour*	*Result M.*	*Result C.*	*REMARKS*
EMERGENCY																
1082	23	1	41	Nil	Trace	Clear	—	+++	Nil	+	170/120	In labour	Normal	L.	L.	
1136	37	5	39	Nil	++	Clear	+	+++	+	Nil	178/106	1	Normal	L.	L.	
1224	42	6	38	Nil	+	Clear	—	Nil	Nil	Nil	174/120	8	Normal	L.	N.D.	
1306	24	2	42	Nil	+	Clear	—	+	Slight	Nil	168/124	1	Normal	L.	L.	
1328	26	1	37	Nil	+	Clear	—	++	Nil	Nil	168/114	2	Normal	L.	L.	
1344	28	3	40	Nil	Trace	Clear	—	Nil	Slight	Nil	160/110	6	Normal	L.	L.	
1473	32	1	40	Nil	Trace	Clear	—	Slight	+	+	195/100	2	Forceps	L.	L.	
1527	27	2	38	Nil	++	—	—	++	+	+	142/94	1	Normal	D.	N.D.	Avitaminosis B1.
1750	29	1	40	Nil	++	Clear	—	++	Nil	Nil	182/100	In labour	Normal	L.	L.	
1524	31	3	42	Nil	+++	Clear	—	+++	Nil	Nil	210/130	3	Induced	L.	L.	Avitaminosis B1.
1592	20	2	39	Nil	+	Clear	—	+++	Nil	Nil	168/106	1	Normal	L.	L.	
1592	27	3	38	Nil	Trace	Clear	—	++	+	Nil	168/108	7	Induced	L.	N.D.	D.A.A.
1658	42	7	?	Nil	Trace	Clear	—	+	Nil	Nil	162/106	In labour	Normal	L.	L.	
1691	24	1	39	Nil	Trace	Clear	—	+	Nil	Nil	168/110	In labour	Normal	L.	L.	
1795	27	1	39	Nil	+	Clear	—	+++	++	+	170/120	1	Normal	L.	L.	
2022	28	4	40	Nil	Trace	Clear	—	+++	++	+	166/94	3	Normal	L.	L.	Avitaminosis B1.
2044	26	3	37	Nil	++	Clear	—	+	Slihgt	Sligth	168/110	In labour	Normal	L.	L.	
2080	25	2	38	Nil	+	Clear	—	++	Nil	Nil	174/170	In labour	Normal	L.	L.	Avitaminosis B1. D.A.A.
2099	28	1	38	Nil	+	Clear	+	+++	+	+	180/120	In labour	Normal	L.	L.	
2135	33	8	38	Nil	++	Clear	—	++	+	+	158/104	In labour	Normal	L.	L.	D.A.A.
2156	33	4	39	Nil	Trace	Clear	—	++	Nil	Nil	190/102	In labour	Normal	L.	L.	Avitaminosis B1. D.A.A.
2167	26	1	40	Nil	Trace	Clear	—	++	+	+	178/116	1	Normal	L.	L.	Avitaminosis B1.
2207	40	9	39	Nil	++	—	+	++	Nil	Nil	178/92	2	Forceps	D.	N.D.	Avitaminosis B1.
2241	25	3	39	Nil	Trace	Clear	—	+	Nil	Nil	156/84	1	Normal	L.	L.	
2307	29	5	40	Nil	Trace	Clear	—	++	Nil	Nil	178/110	In labour	Normal	L.	L.	
2396	21	1	40	Nil	Trace	Clear	—	+++	+	+	172/108	1	Normal	L.	L.	Avitaminosis B1.
2458	38	5	36	Nil	Trace	Clear	—	+	+	Nil	168/86	1	Normal	L.	L.	
2459	30	2	39	Nil	Trace	Clear	—	++	Nil	Nil	178/120	In labour	Normal	L.	L.	Avitaminosis B1.
2477	42	12	37	Nil	++	Clear	—	+++	+	+	210/110	2	Normal	L.	L.	Avitaminosis B1.
2487	42	10	41	Nil	Trace	Clear	—	+++	Nil	Nil	198/128	In labour	Normal	L.	L.	Avitaminosis B1.
2490	30	2	39	Nil	Trace	Clear	—	++	Nil	Nil	180/120	In labour	Normal	L.	L.	Avitaminosis B1.
2571	23	1	38	Nil	+	Clear	+	+	+	+	178/108	In labour	Normal	L.	N.D.	Avitaminosis B1.
2632	30	2	36	Nil	Trace	Clear	—	+++	Nil	Nil	175/100	1	Normal	L.	L.	Avitaminosis B1.
2668	22	1	41	Nil	++	Clear	+	+	+	Nil	170/110	1	Normal	L.	L.	Avitaminosis B1.
2615	29	6	38	Nil	Trace	Clear	—	+++	+	+	180/110	In labour	Normal	L.	L.	Avitaminosis B1. Breast abscess.
2677	24	1	38	Nil	+	Clear	—	++	+	+	150/108	25	Normal	L.	L.	Avitaminosis B1.
2694	24	1	42	Nil	+	Clear	—	++	Nil	Nil	170/100	1	Normal	L.	L.	
2740	39	5	37	Nil	Trace	Clear	—	+++	+	Nil	196/120	In labour	Normal	L.	L.	Avitaminosis B1. D.A.A.
2753	28	3	39	Nil	Trace	Clear	—	+++	Nil	Nil	170/114	In labour	Normal	L.	L.	
2756	40	9	38	Nil	+	Clear	—	+	Nil	Nil	195/115	In labour	Normal	L.	L.	
2772	20	1	36	Nil	Clear	Clear	—	Slight	Nil	+	170/128	1	Normal	L.	L.	Avitaminosis B1.
2775	37	5	39	Nil	Trace	Clear	+	+++	+	+	172/100	5	Normal	L.	L.	Avitaminosis B1.
2778	40	10	37	Nil	Trace	Clear	—	+++	Nil	Nil	180/120	6	Normal	L.	L.	Avitaminosis B1.
2798	24	1	33	Nil	+++	Clear	+	++	+	+	180/136	5	Normal	L.	S.B.	
2735	23	1	39	Nil	Trace	Clear	—	++	Nil	Nil	166/98	3	Normal	L.	L.	Avitaminosis B1.
2970	22	1	39	Nil	Trace	Clear	—	++	+	Nil	170/80	1	Normal	L.	L.	

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(b) Pre-eclampsia (Grade II).—(*Continued 2*).

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS
T.Y.H.																
EMERGENCY																
2993	35	5	40	Nil	Trace	Clear	—	+++	+	+	180/124	In labour	Normal	L.	L.	
3050	28	1	34	Nil	++	Clear	+	+++	+	+	190/140	In labour	Twins	L.	L. L.	
3083	28	2	42	Nil	++	Clear	—	++	+	Nil	184/140	In labour	Normal	L.	L.	
3102	19	1	40	Nil	Clear	Clear	—	++	Nil	Nil	170/90	1	Normal	L.	L.	
3133	29	1	34	Nil	++	Clear	—	++	Nil	+	160/120	In labour	Twins	L.	L. L.	
3183	21	1	36	Nil	Clear	Clear	—	++	+	+	178/130	In labour	Normal	L.	L.	
3244	42	8	39	Nil	Clear	Clear	—	++	Nil	Nil	190/100	In labour	Normal	L.	L.	
3336	39	8	39	Nil	Trace	Clear	—	+	+	Nil	168/96	In labour	Normal	L.	L.	Avitaminosis B1.
3351	31	1	34	Nil	+++	Clear	+	+++	Nil	Nil	172/104	In labour	Normal	L.	L.	Avitaminosis B1. Mitral disease.
3405	30	3	40	Nil	Trace	Clear	—	+++	Nil	Nil	188/116	In labour	Normal	L.	L.	
2911	27	1	34	Nil	+	Clear	+	+++	Nil	+	170/130	1	Normal	L.	S.B.	Avitaminosis B1.
3420	38	6	36	Nil	++	Clear	+	+++	+	+	203/120	In labour	Normal	L.	L.	Avitaminosis B1.
3434	38	2	39	Nil	Clear	Clear	—	++	+	+	174/120	In labour	Normal	L.	L.	Mitral Stenosis.
3458	39	18	38	Nil	++	Clear	+	++	Nil	Nil	196/130	1	Normal	L.	L.	
3467	23	1	38	Nil	Clear	Clear	—	+++	Nil	Nil	164/58	2	Normal	L.	L.	Avitaminosis B1.
3490	34	2	36	Nil	+	Clear	—	++	+	+	210/110	7	Forceps	L	M.	Avitaminosis B1. Macerated foetus.
3580	26	1	39	Nil	Clear	Clear	—	+	Nil	Nil	170/120	In labour	Normal	L.	L.	Avitaminosis B1.
3625	26	4	38	Nil	Trace	Clear	—	+	Nil	Nil	160/104	In labour	Normal	L.	L.	Avitaminosis B1.
3690	37	6	39	Nil	+++	Clear	+	++	Nil	Nil	194/124	In labour	Breech	L.	L.	
3695	40	9	39	Nil	+++	Clear	+	+++	Nil	Nil	210/140	In labour	Normal	L.	L.	Cardiac beri-beri.
Q.M.H.																
BOOKED																
117	30	4	38	Nil	++	++	+	++	Slight	Nil	160/110	In labour	Normal	L.	L.	
220	22	1	38	Nil	+++	Clear	++	++	+	+	142/108	19	Normal	L.	L.	
333	22	1	38	Nil	++	Clear	—	+++	Nil	+	188/130	3	Normal	L.	L.	D.A.A.
570	36	6	40	Nil	Trace	Clear	—	+++	Nil	Nil	184/120	11	Forceps	L.	L.	
698	29	5	40	Nil	Clear	Clear	—	++	Nil	Nil	160/114	4	Normal	L.	L.	Avitaminosis B1.
726	25	1	39	Nil	Clear	—	—	+++	Nil	Nil	158/100	1	Forceps	D.	S.B.	Avitaminosis B1.
747	37	7	31	Nil	+	Clear	—	+++	Nil	Nil	190/110	4	Twins	L.	N.D —	Avitaminosis B1. 2nd baby-Breech presentation dead calcified foetus about 16 weeks.
834	33	9	40	Nil	+	Clear	—	++	Nil	Nil	184/122	1	Normal	L.	L.	Avitaminosis B1.
EMERGENCY																
45	20	1	39	Nil	+	+	+	++	+	+	168/110	In labour	Normal	L.	L.	
255	22	1	37	Nil	++	Clear	+	+++	+	Nil	164/112	23	Normal	L.	L.	
255	26	4	38	Nil	++	Clear	+	+	+	+	160/100	In labour	Normal	L.	L.	
533	26	1	39	Nil	Trace	Clear	—	++	Nil	Nil	180/122	In labour	Normal	L.	L.	Avitaminosis B1.
578	26	2	37	Nil	++	Clear	—	+++	Nil	Nil	170/120	23	Twins	L.	L. L.	Avitaminosis B1.

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(c) Eclampsia.

42 cases.

13 mothers died, a mortality of 30.9%.

13 babies were stillborn and 3 died, a mortality of 37.2%.

Reg. No.	Age	Gravida	Maturity	Condition on admission	No. before Admission	FITS Total	FITS Onset	URINE Albuminuria on admission	URINE Albuminuria on discharge	URINE Quantity in first 24 hours	Granular Casts	Oedema	Highest Blood Pressure	Headache	Eye Signs	No. of days in Hospital before delivery	Type of Labour	Result M.	Result C.	REMARKS.
T.Y.H.																				
BOOKED																				
2684	22	1	41	Not in labour. Oedema. Headache, dimness of vision	—	3	Ante-partum	†	Clear	54 ozs.	†	††	176/130	†	†	1	Induced	L.	L.	A.R.M.
3337	41	8	38	Not in labour. Oedema. legs and hands	—	2	Post-partum	††	Clear	52 ozs.	†	†††	230/146	Slight	Slight	13	Induced	L.	N.D.	Avitaminosis B1.
EMERGENCY																				
3324/39	35	1	?	In labour. Signs of Pre-eclampsia	1	3	Post-partum	Trace	Clear	10 ozs.	—	Slight	180/100	†	†	—	Normal	L.	L.	B.B.A.
3348/39	27	2	40	In labour. Oedema of legs	—	4	Post-partum	Trace	Clsrf	6 ozs.	—	††	208/140	†	Slight	In labour	Normal	L.	L.	Avitaminosis B1.
44	24	1	40	In labour. Marked Oedema	—	1	Post-partum	††	Clear	3 ozs.	—	†††	152/104	Nil	Nil	In labour	Normal	L.	L.	
241	26	3	39	In labour. Oedema of legs	—	2	Post-partum	†	Clear	45 ozs.	—	†††	198/126	†	†	In labour	Normal	L.	N.D.	
275	28	1	42	In labour. Oedema of legs and face	—	2	Intra-partum	††	Clear	29 ozs.	††	††	196/136	Giddiness	†	1	Forceps	L.	L.	(See E3215/39)
1092	24	1	39	In labour. Marked Oedema	—	7	Post-partum	Trace	—	54 ozs.	—	†††	180/130	Nil	Nil	In labour	Normal	D.	S.B.	Avitaminosis B1.
1558	20	1	?	Not in labour. Oedema of legs	—	3	Post-partum	Trace	—	21 ozs.	—	†††	164/90	†	†	3	Normal	D.	S.B.	Avitaminosis B1.
1730	25	1	40	Not in labour. Oedema of legs	—	1	Post-partum	†	—	56 ozs.	†	†††	160/80	†	†	7	Induced	D.	L.	Avitaminosis B1.
1809	26	1	33	In labour. Oedema of legs	—	1	Intra-partum	Clear	Clear	37 ozs	—	Slight	118/85	Nil	Nil	In labour	Normal	L.	L.	
1898	28	1	39	Not in labour. Marked Oedema	—	11	Ante-partum	Trace	Clear	36 ozs.	†	†††	150/100	††	Dimness	6	Forceps	L.	L.	
1971	28	1	36	In labour. Oedema of legs	—	6	Post-partum	††	—	27 ozs.	†	†††	190/130	††	†	1	Normal	D.	L.	Avitaminosis B1. Hydronephrosis with stone in Ureter.
2004	24	2	40	In labour. Oedema of lower extremities	—	1	Post-partum	††	—	8 ozs.	†	†††	190/101	†	†	In labour	Normal	D.	L.	Avitaminosis B1, cardiac failure.
2075	22	1	38	In labour. Oedema of legs and abdomen	—	4	Post-partum	†††	—	19 ozs.	†	†††	194/122	Nil	Nil	In labour	Normal	D.	L.	Avitaminosis B1, cardiac failure.
2112	27	2	38	Not in labour. Marked Oedema	—	6	Ante-partum	††	—	—	†	†††	164/100	Nil	Nil	8	Forceps	D.	S.B. S.B.	Twins, Avitaminosis B1.
2509	40	13	36	In labour. Signs of Pre-eclampsia	—	2	Post-partum	Trace	Clear	34 ozs.	—	†	184/120	Nil	Nil	In labour	Normal	L.	L.	

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(c) Eclampsia.—(*Continued 1*).

Reg. No.	Age	Gravida	Maturity	Condition on admission	No. before Admission	FITS Total	FITS Onset	URINE Albuminuria on admission	URINE Albuminuria on discharge	URINE Quantity in first 24 hours	URINE Granular Casts	Oedema	Highest Blood Pressure	Headache	Eye Signs	No. of days in Hospital before delivery	Type of Labour	Result M.	Result C.	REMARKS
EMERGENCY																				
2705	23	1	39	In labour. Oedema	—	3	Post-partum	++	Clear	48 ozs.	+	+++	100/110	+	Nil	In labour	Normal	L.	L.	
2784	27	1	41	In labour. Marked Oedema	—	1	Intra-partum	++	Clear	20 ozs.	+	++	184/114	+	+	In labour	Forceps	L.	L.	D.A.A.
3100	28	4	43	In labour. Marked Oedema	—	6	Post-partrum	Trace	—	40 ozs.	+	++	170/110	+	+	1	Normal	D.	L.	Avitaminosis B1.
3157	27	2	32	In labour. Oedema of legs and abdomen... ...	—	8	Post-partum	+++	Trace	15 ozs.	+	+++	184/130	++	Nil	1	Normal	L.	M.	Accidental Haemorrhage Macerated foetus.
3174	18	1	38	In labour. Oedema of extremities	—	2	Intra-partum	++	Clear	27 ozs.	+	+++	190/130	Nil	Nil	1	Forceps	L.	L.	
3272	36	5	35	In labour. Oedema and numbness	—	2	Ante-partum	+	—	38 ozs.	+	+++	210/134	+	+	6	Induced	D.	N.D.	Avitaminosis B1, Mitral disease.
3300	27	1	38	Not in labour. Oedema of legs	—	1	Post-partum	+	Clear	56 ozs.	+	+++	200/112	Nil	Nil	In labour	Normal	L.	M.	Avitaminosis B1, Macerated foetus.
3554	29	7	39	In labour. Oedema oi legs	—	5	Intra-partum	+	Clear	37 ozs.	—	++	158/110	++	Nil	In labour	P.O.P.	L.	L.	
3642	24	1	39	In labour. Oedema of legs	—	11	Intra-partum	+++	Clear	34 ozs.	+	++	200/100	+	+	5	Forceps	L.	S.B.	
3735	39	6	36	Not in labour. Oedema of legs and abdominal wall	—	2	Intra-partum	++	Clear	54 ozs.	+	++++	194/130	+	+	1	Normal	L.	L.	Avitaminosis B1.
Q.M.H.																				
BOOKED																				
207	20	1	40	Not in labour. Oedema of legs	—	3	Intra-partum	++	—	10 ozs.	+	++	190/100	+	+	1	Forceps	D.	S.B.	
750	21	1	?	In labour. General oedema	—	1	Ante-partum	++	—	32 ozs.	++	+++	170/100	Nil	Nil	4	Forceps	D.	L.	Avitaminosis B1.
861	20	1	35	Not in labour. Oedema of legs...	—	11	Post-partum	+	Clear	40 ozs.	—	++	190/124	Nil	+	1	Normal	L.	L.	Avitaminosis B1.
EMERGENCY																				
6	38	5	43	In labour. Oedema of legs	—	3	Ante-partum	++	—	3 ozs.	—	++	182/114	+	Nil	I	Normal	D.	S.B.	
132	20	1	?	Not in labour. Oedema of legs.	—	?	Ante-partum	++	Clear	8 ozs.	+	++	160/70	+	Nil	I	Normal	L.	M.	Macerated foetus.
186	43	8	?	Inlabour. Marked Oedema of legs	—	11	Ante-partum	+++	Clear	12 ozs.	—	+	202/112	Nil	+	In labour	Normall	L.	S.B.	
195	18	1	?	Not in labour. Signs of Pre-eclampsia	—	5	Intra-partum	+++	Clear	52 ozs.	+	Slight	170/90	+	+	In labour	Forceps	L.	L.	
312	40	8	39	In labour. Oedema Giddiness	—	2	Ante-portum	+	Clear	—	+	++	186/120	+	Nil	11	Normal	L.	L.	Avitaminosis B1.
408	23	1	?	Not in labour. Marked oedema	—	5	Ante-partum	++	Clear	—	+++	+++	210/160	Nil	+	In labour	Forceps	L.	L.	
478	21	1	40	In labour. Marked Oedema	—	5	Intra-partum	+	Clear	52 ozs.	—	+++	160/90	+	Nil	In labour	Forceps	L.	L.	
500	22	1	33	In labour. Oedema. Headache, dimness of vision	—	3	Ante-partum	++	—	7 ozs.	—	+++	170/110	+	+	2	Normal	D.	S.B.	Avitaminosis B1.
583	22	1	38	Not in labour. Oedema.	—	4	Intra-partum	++	Clear	—	—	+++	182/142	Nil	+	In labour	Forceps	L.	L.	
637	39	6	32	In labour. Oedema headache, dimness of vision	—	3	Ante-partum	+++	++	68 ozs.	+++	++	260/180	+	+	2	Normal	L.	S.B.	Transferred to Medical Ward.
706	24	1	40	In labour. Oedema of legs	2	5	Ante-partum	+++	Clear	—	+	+++	250/130	Nil	+	In labour	Forceps	L.	L.	Avitaminosis B1.
873	35	7	38	Not in labour. Oedema of legs	—	18	Ante-partum	+	Clear	—	—	+	208/128	+	+	6	Normal	L.	L.	Avitaminosis B1.

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(d) Nephritic Toxaemia.

4 cases.

No mother died.

2 babies were stillborn,, a mortality of 40%.

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular Casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS
T.Y.H.																
BOOKED																
135	42	16	36	Nil	Trace	Clear	†	†	†	Nil	196/108	12	Normal	L.	L.	Blood urea 36 mgm. Medical induction.
EMERGENCY																
2968	40	7	38	Nil	†	Clear	†	†	†	†	214/130	1	Caesarean Section	L.	S.B.	Blood urea 40.1 mgm.
G.M.H.																
EMERGENCY																
228	38	7	34	Nil	†	Clear	—	††	Nil	Nil	181/84	In labour	Twins	L.	L. L.	} Blood urea 42 mgm.
657	39	6	32	Nil	†††	††	†††	†††	†	†	260/180	2	Normal	L.	S.B.	Blood urea 26.8 mgm. Transferred to Medical Ward.

PREGNANCY TOXAEMIA AND ALLIED CONDITIONS:

(e) Essential Hypertension.

4 cases.

No mothers and no babies died.

Reg. No.	Age	Gravida	Maturity	History of Renal Disease	Albuminuria on admission	Albuminuria on discharge	Granular Casts	Oedema	Headache	Eye Signs	Highest Blood Pressure	No. of days in Hospital before labour or discharge	Type of labour	Result M.	Result C.	REMARKS
T.Y.H.																
EMERGENCY																
915	28	1	41	Nil	Clear	Clear	—	Nil	Nil	Nil	184/120	1	Normal	L.	L.	
1265	33	8	41	Nil	Clear	Clear	—	Nil	Nil	Nil	180/110	1	Normal	L.	L.	
1285	27	1	38	Nil	Clear	Clear	—	†	Nil	Nil	190/118	In labour	Normal	L.	L.	
3525	38	4	38	Nil	Trace	Clear	—	Nil	Slight	Slight	208/116	In labour	Normal	L.	L.	

AVITAMINOSIS B_1 (BERI-BERI) COMPLICATING PREGNANCY AND LABOUR.

155 cases.

17 mothers died, a mortality of 11%.

16 babies were stillborn and 12 died, a mortality of 16.8%.

Reg. No.	Age	Gravida	Maturity	Oedema Extent	Oedema Duration	Headache	Eye Signs	Anaesthesia	Hyperaesthesia	Muscle Changes	Knee Jerks	Cardio-vascular Changes	Highest Blood Pressure	Albuminuria	Blood Pyruvic Acid	Type of Labour	Treatment mgm. of B_1	Result M.	Result C.	REMARKS
T.Y.H.																				
BOOKED																				
3238/39	43	15	40	Legs	3 weeks	Nil	Nil	Slight	Nil	Nil	Absent	Dilatation of heart	164/108	++	3.0	Normal	—	L.	L.	Pre-eclampsia.
3284/39	27	1	39	—	—	Nil	Nil	Slight	Nil	Nil	Absent	Nil	164/108	++	—	Forceps	—	L.	L.	Pre-eclampsia. P.O.P. Manual Rotation.
48	31	5	35	Legs	5 months	Nil	Nil	Nil	Nil	+	Absent	Nil	172/112	++	—	Twins	+	L.	N.D. N.D.	
1581	33	3	38	Legs	3 months	Nil	Nil	Nil	Nil	Slight	Absent	Pulsation in neck	162/110	Trace	—	Induced	—	L.	L.	Pre-eclampsia.
2355	27	1	38	Legs	20 days	Nil	Nil	Nil	+	+	Absent	Nil	152/98	Nil	—	Normal	70	L.	L.	
2407	29	3	28	Legs	3 months	+	+	+	Tenderness	+	Absent	Dilatation and Pulsation	135/35	+	—	Normal	130	L.	L.	P.H. Avitaminosis B1 with previous pregnancy (859/39).
2429	25	1	40	Legs	2 weeks	+	+	Nil	Tenderness	+	Absent	Dilatation and Pulsation	170/100	Trace	1.4	Normal	150	L.	L.	Pre-eclampsia.
2559	30	3	37	Legs	3 months	Nil	Nil	Nil	Nil	+	Absent	Dilatation and Pulsation	172/110	+	0.9	Normal	460	L.	L.	Pre-eclampsia. Acute cardiac beri-beri.
2561	37	7	39	General	1½ months	Nil	Nil	Nil	Nil	Nil	Absent	Slight Pulsation	170/100	Trace	2.1	Normal	160	L.	L. N.D.	Twins. Lost 52 lbs. in 10 days.
3169	21	1	41	Legs	3 months	+	Nil	Nil	+	+	Absent	Sounds +	170/110	+	0.9	Normal	560	L.	L.	Pre-eclampsia. Cardiac beri-beri.
3217	29	5	32	—	—	Nil	+	+	+	++	Absent	+	140/80	Clear	1.4	Normal	90	L.	L.	
3353	38	6	38	Legs	1 month	Nil	Nil	Nil	+	+	Absent	Pulsation in neck	148/112	Clear	1.9	Normal	60	L.	L.	
3416	24	2	41	Legs	1 month	Nil	Nil	Nil	+	+	Absent	Nil	152/11	Trace	1.5	Normal	70	L.	L.	Pre-eclampsia.
3292	20	1	40	Legs	6 weeks	+	Nil	Nil	+	+++	Absent	Nil	170/108	Trace	0.56	Forceps	252	L.	M.	Pre-eclampsia. After 50 mgm. B1.
3337	41	8	38	Legs	20 days	Slight	Slight	Nil	Slight	Nil	Absent	Nil	230/146	++	0.86	Induced	210	L.	N.D.	Eclampsia.
3378	25	1	34	Legs	5 months	Slight	+	Nil	+	++	Absent	Dilatation and Pulsation	178/98	+	0.5	Normal	420	L.	L.	Pre-eclampsia. Cardiac beri-beri.
3471	36	10	40	Legs	18 days	Nil	Nil	Nil	Slight	+	Absent	Nil	148/88	Trace	0.6	Normal	50	L.	L.	Pre-eclampsia.
3509	27	2	41	Legs	20 days	Nil	Nil	Nil	Nil	Nil	Absent	Nil	198/130	Trace	—	Forceps	80	L.	L.	
3643	28	2	37	Legs	1 month	Nil	Nil	Nil	+	+	Absent	Sounds +	145/80	Trace	0.99	Normal	130	L.	L.	
3666	22	1	39	Legs	3 months	Nil	Nil	Nil	+	Nil	Absent	Sounds +	130/96	Trace	1.1	Normal	80	L.	L.	
3679	22	1	39	Legs	1½ months	Nil	Nil	Nil	Nil	Nil	Absent	Nil	150/80	Clear	—	Normal	—	L.	L.	Pre-eclampsia.
3686	33	2	40	Legs	2 weeks	Nil	Nil	Nil	Nil	+	Absent	Pulsation in neck	135/90	Clear	2.8	Normal	80	L.	L.	
EMERGENCY																				
3335/39	28	1	37	Legs, Abd.	1 month	Nil	Nil	Nil	Nil	Nil	Absent	Nil	176/106	++	—	Forceps	—	L.	L. L.	Twins Pre-eclampsia.
3348/39	27	2	40	Legs	5½ months	++	Slight	Nil	Nil	+	Absent	Slight dilatation	208/140	Trace	—	Normal	—	L.	L.	Eclampsia.
3359/39	26	2	40	Legs	2 weeks	Nil	Nil	Nil	Nil	weakness	Absent	Nil	170/140	+	—	Normal	—	L.	L.	Pre-eclampsia.
73	25	1	40	Legs	2½ months	Nil	Nil	Nil	+	Marked weakness	Absent	Pulsation in neck	144/100	+	—	Normal	—	L.	L.	Pre-eclampsia.
210	39	10	37	Legs	½ month	Nil	Nil	Nil	Nil	Nil	Absent	Nil	100/60	Nil	—	Normal	—	L.	L.	
290	30	6	37	Legs	10 days	Nil	Nil	Nil	Nil	Nil	Absent	Nil	195/115	++	0.53	Normal	—	L.	L.	Pre-eclampsia.
309	20	1	40	Legs	12 days	Nil	Nil	Nil	Nil	Nil	Absent	Nil	120/90	Nil	—	Normal	—	L	L.	
343	28	4	42	Legs	2 months	Slight	Nil	Nil	+	Weakness	Absent	Dilatation of heart	160/88	Trace	1.24	Normal	30	L.	L.	Pre-eclampsia.
567	24	2	36	Legs	1 month	Nil	Nil	+	Nil	Nil	Absent	Nil	155/110	Nil	—	Normal	—	L.	L.	Pre-eclampsia.
647	37	8	37	Legs	2 months	+	+	Nil	Nil	Unable to walk	Absent	Slight dilatation	250/180	++	0.92	Normal	100	L.	S.B.	Pre-eclampsia.

AVITAMINOSIS B_1 (BERI-BERI) COMPLICATING PREGNANCY AND LABOUR. —*(Continued 1).*

Reg. No.	Age	Gravida	Maturity	Oedema: Extent	Oedema: Duration	Headache	Eye Signs	Anaesthesia	Hyperaesthesia	Muscle Changes	Knee Jerks	Cardio-vascular Changes	Highest Blood Pressure	Blood Albumin	Pyruvic Acid	Type of Labour	Treatment mgm. Bi	Result M.	Result C.	REMARKS
EMERGENCY																				
679	43	13	40	Legs	3 months	†	†	Nil	Nil	†	Absent	Nil	140/90	Nil	—	Normal	—	L.	L.	
857	21	1	40	Legs	24 days	Nil	Nil	Nil	Nil	Nil	Absent	Nil	152/100	Trace	0.82	Normal	—	L.	L.	Pre-eclampsia.
1524	31	3	42	Abdomen, legs, vulva	2 weeks	Nil	Nil	Nil	†	††	Absent	Nil	210/130	†††	—	Induced	120	L.	L.	Pre-eclampsia.
1866	36	8	38	Legs	3 months	Nil	Nil	Nil	Nil	†	Absent	Nil	140/100	Trace	—	Normal	100	L.	L.	Pre-eclampsia.
1875	29	4	44	Legs	20 days	Nil	Nil	†	†	†	Absent	Pulsation in neck	160/110	†	—	Induced	—			
1558	20	1	?	Legs	5½ months	Nil	Nil	Nil	Nil	††	Absent	Nil	164/90	Trace	—	Normal	80	D.	S.B.	
1527	27	2	38	Legs	1½ months	†	†	†	Nil	††	Absent	Pulsation in neck	142/94	††	—	Normal	150	D.	N.D.	Pre-eclampsia.
1730	25	1	40	Legs	1 month	†	†	Nil	†	†	Absent	Pulsation in neck	160/80	†	—	Induced	110	D.	L.	
1898	28	1	39	Legs, vulva	Few days	††	Dimness	Nil	Nil	†	Absent	Nil	150/100	†	—	Forceps	20	L.	L.	Ante-partum Eclampsia.
1971	28	1	36	Abd. wall & Extremities	3 months	††	†	†	Nil	†	Absent	Slight dilatation	190/130	††	—	Normal	80	D.	L.	Post-partum Eclampsia.
1994	37	6	40	Legs	3-4 months	Slight	Nil	Nil	Nil	Slight	Absent	Nil	136/84	Trace	—	Normal	80	L.	L.	D.A.A. Pre-eclampsia.
2004	24	2	40	Legs	1½ months	†	†	Nil	Nil	†	Absent	Slight dilatation	190/110	†	1.45	Normal	60	D.	L.	P.P. Eclampsia, Cardiac failure.
2022	28	4	40	Legs	1½ months	††	†	††	Nil	††	Absent	Nil	166/94	Trace	1.8	Normal	130	L.	L.	Pre-eclampsia.
2025	31	3	39	Legs	2 months	†	†	Nil	Nil	†	Absent	Slight dilatation	158/100	Clear	1.4	Normal	30	L.	L.	D.A.A. Pre-eclampsia.
2075	22	1	38	Legs, Abd.	1½ months	Nil	Nil	†	Nil	†	Absent	Pulsation in neck	194/122	††	—	Normal	40	D.	L.	Post-partum Eclampsia.
2080	25	2	38	Legs	1 month	Nil	Nil	†	†	††	Absent	Dilatation and Pulsation	174/120	†	—	Normal	60	L.	L.	D.A.A. Pre-eclampsia.
2112	27	2	38	Legs	3 weeks	Nil	Nil	Numbness	Nil	††	Absent	Dilatation and Pulsation	164/110	†	—	Forceps	20	S.B. D.	S.B. S.B.	Twins. A.P. Eclampsia.
2156	33	4	39	Legs	1½ months	Nil	Nil	Nil	Nil	Nil	Absent	Nil	190/102	Trace	1.8	Normal	70	L.	L.	Pre-eclampsia.
2167	26	1	40	Legs	2 months	†	†	Numbness	Nil	Nil	Sluggish	Slight dilatation	178/116	Trace	—	Normal	—	L.	L.	Pre-eclampsia.
2170	29	3	38	Legs	2 weeks	Nil	Nil	†	†	†	Absent	Pulsation in neck	178/96	Clear	1.2	Normal	60	L.	L.	Pre-eclampsia.
2179	19	1	38	Legs	4 months	Nil	†	Nil	Nil	†	Absent	Nil	150/110	Trace	—	Normal	90	L.	L.	Pre-eclampsia.
2207	40	9	39	Legs	8 months	Nil	Nil	Nil	†	†	Absent	Dilatation and Pulsation	178/2	††	2.7	Forceps	10	D.	N.D.	Pre-eclampsia.
2085	27	3	41	Legs	1 month	Nil	†	Nil	Nil	Nil	Absent	Nil	180/1/8	Trace	—	Normal	90	L.	L.	Pre-eclampsia.
2288	27	2	31	Legs	2 weeks	Nil	Nil	†	Numbness	†††	Absent	Slight Dilatation & Pulsation	138/80	Trace	1.8	Normal	40	L.	L.	Breast abscess.
2302	19	1	37	Legs	2 months	Nil	Nil	†	Tenderness	†	Absent	Pulsation in neck	172/110	Trace	—	Normal	70	L.	L.	Pre-eclampsia.
2340	24	1	33	Legs, vulva	26 days	Nil	Nil	Nil	Tenderness	†	Absent	Nil	132/92	Nil	—	Normal	40	L.	N.D.	
2337	22	1	33	Legs	3 months	†	Nil	Nil	†	††	Absent	Dilatation and Pulsation	182/118	†	1.2	Normal	380	L.	S.B.	Cardiac beri-beri.
2376	36	5	34	Legs	1 month	Nil	†	†	†	††	Absent	Nil	175/125	Trace	—	Normal	170	L.	L.	
2396	21	1	40	Legs	1 month	†	†	Nil	Nil	†	Absent	Nil	172/108	Trace	—	Normal	50	L.	L.	Pre-eclampsia.
2401	22	1	37	Legs	13 days	Nil	Nil	Nil	Nil	†	Absent	Nil	120/78	Trace	—	Normal	60	L.	L.	
2405	40	3	39	Legs	1 month	Nil	Nil	†	Tenderness	†	Absent	Pulsation in neck	150/100	Trace	—	Normal	130	L.	L.	Pre-eclampsia.
2459	30	2	39	Legs	3 months	Nil	Nil	Nil	Tenderness	†	Absent	Pulsation in neck	178/120	Trace	—	Normal	30	L.	L.	Pre-eclampsia.
2477	42	12	37	General	2 months	†	†	Nil	†	†	Absent	Dilatation and Pulsation	210/110	††	0.7	Normal	60	L.	L.	Pre-eclampsia.
2487	43	10	41	Legs	3 weeks	Nil	Nil	Nil	Tenderness	††	Absent	Pulsation in neck	198/128	Trace	1.2	Normal	120	L.	L.	Pre-eclampsia.
2490	30	2	39	Legs	10 days	Nil	Nil	Nil	Nil	†	Absent	Pulsation in neck	180/120	Trace	0.55	Normal	20	L.	L.	Pre-eclampsia.
2509	40	13	37	Legs	20 days	Nil	Nil	Nil	Tenderness	†††	Absent	Nil	184/120	Trace	0.8	Normal	180	L.	L.	Post-partum Eclampsia.
2571	23	1	38	Legs	1 month	†	†	Nil	Tenderness	†	Absent	Nil	178/108	†	0.85	Normal	30	L.	N.D.	D.A.A. Pre-eclampsia.
2597	28	6	39	Legs	8 months	†	†	Nil	Tenderness	††	Present	Dilatation and Pulsation	150/100	Nil	—	Normal	40	L.	L.	Pre-eclampsia.
2632	30	2	36	Legs	3 weeks	Nil	Nil	Nil	Tenderness	†	Absent	Dilatation and Pulsation	175/100	Trace	0.9	Normal	50	L.	L.	Pre-eclampsia.
2658	31	3	39	Legs	4 months	Nil	Nil	Nil	†	†	Absent	Nil	140/110	Clear	—	Normal	50	L.	L.	Pre-eclampsia.
2615	29	6	38	General	2 months	†	†	Nil	Tenderness	††	Absent	Dilatation and Pulsation	180/110	Trace	1.5	Normal	140	L.	L.	Pre-eclampsia.
2625	21	1	35	Extremities	1 month	†	†	Nil	Tenderness	††††	Absent	Dilatation and Pulsation	150/96	†	0.8	Normal	190	L.	L.	D.A.A. Pre-eclampsia.

AVITAMINOSIS B_1 (BERI-BERI) COMPLICATING PREGNANCY AND LABOUR.—(*Continued 2*).

Reg. No.	*Age*	*Gravida*	*Maturity*	*Oedema Extent*	*Oedema Duration*	*Headache*	*Eye Signs*	*Anaesthesia*	*Hyperaesthesia*	*Muscle Changes*	*Knee Jerks*	*Cardio-vascular Changes*	*Highest Blood Pressure*	*Albuminuria*	*Blood Pyruvic Acid*	*Type of Labour*	*Treatment mgm. of Bi*	*Result M.*	*Result C.*	*REMARKS*
T.Y.H. EMERGENCY																				
2668	22	1	41	Legs	1 month	†	Nil	Nil	Tenderness	†	Absent	Pulsation in neck	170/110	††	0.79	Normal	50	L.	L.	Pre-eclampsia.
2740	38	5	37	Legs	5-6 months	†	Nil	Nil	†	††	Absent	Dilatation and Pulsation	196/120	Trace	1.3	Normal	70	L.	L.	D.A.A. Pre-eclampsia.
2741	35	5	37	Legs	15 days	Nil	Nil	Nil	†	†	Absent	Nil	142/86	Trace	0.75	Normal	50	L	L.	Pre-eclampsia.
2770	31	4	37	Legs	1½ months	Nil	Nil	Nil	†	†	Absent	Nil	138/84	Clear	—	Normal	60	L.	L.	Pre-eclampsia.
2772	20	1	36	Legs	1 week	Nil	†	†	†	†††	Absent	Dilatation and Pulsation	170/128	Clear	1.03	Normal	170	L.	L.	Pre-eclampsia.
2775	37	5	39	Legs	1 month	†	†	Nil	Tenderness	†	Absent	Pulsation in neck	172/100	Trace	0.98	Normal	70	L.	L.	Pre-eclampsia.
2778	40	10	37	Legs	1 month	Nil	Nil	Nil	†	†	Absent	Pulsation in neck	180/120	Trace	0.76	Normal	70	L.	L.	Pre-eclampsia.
2887	33	7	40	Legs	3 weeks	Nil	Nil	Nil	†	Nil	Absent	Pulsation in neck	134/74	Clear	—	Normal	30	L.	L.	
2677	24	1	38	Legs	2 months	†	†	†	†	†††	Absent	Dilatation and Pulsation	150/108	†	0.8	Normal	350	L.	L.	Pre-eclampsia.
2785	23	1	39	Legs	1½ months	Nil	Nil	Nil	Nil	Nil	Absent	Nil	168/98	Trace	0.8	Normal	60	L.	L.	Pre-eclampsia.
2933	42	7	39	Legs	20 days	†	Nil	Nil	†	†††	Absent	Nil	136/90	Trace	2.0	Normal	70	L.	L.	Pre-eclampsia.
2980	21	1	40	Legs, vulva	2 months	Nil	Nil	Nil	†	†	†	Nil	168/90	Clear	—	Normal	130	L.	L.	D.A.A. Pre-eclampsia.
3035	32	8	34	Legs	1 month	†	†	†	Tenderness	†	Absent	Pulsation in neck	135/90	Trace	0.8	Normal	80	L.	L.	D.A.A. Pre-eclampsia.
3100	28	4	43	Legs	1½ months	†	†	Nil	Tenderness	†	Absent	Nil	170/110	Trace	2.4	Normal	80	D.	L.	Eclampsia.
3118	21	1	38	Legs	½ month	Nil	Nil	Nil	†	†††	Absent	Pulsation in neck	150/100	Clear	1.8	Normal	80	L.	L.	Pre-eclampsia.
3151	31	7	39	Extremities	15 days	Nil	Nil	Nil	†	†	Absent	Nil	116/80	Trace	1.3	Normal	60	L.	L.	
3169	34	9	39	Legs	4 months	Nil	†	††	††	†††	Absent	Dilatation and Pulsation	150/80	Trace	2.9	Normal	30	L.	L.	Mitral disease Pre-eclampsia.
3179	22	1	37	Legs	15 days	Nil	Nil	Nil	Nil	Nil	Absent	Sounds †	150/75	Trace	0.9	Normal	30	L.	L.	Pre-eclampsia.
2821	25	4	40	General	1 month	Nil	Nil	Nil	†	†	Absent	Dilatation and Pulsation	140/94	Clear	1.0	Caesarean S.	100	L.	S.B	
3216	33	4	34	Legs	2 months	†	†	Nil	†	†	Absent	Pulsation in neck	148/110	Trace	1.9	Normal	120	L.	M.	
3224	26	2	45	Legs	15 days	Nil	Nil	†	†	†	Absent	†	120/90	Trace	—	Normal	50	L.	L.	
3265	35	7	38	Legs	1 month	Nil	†	†	Tenderness	†	Absent	Pulsation in neck	148/98	Trace	2.2	Normal	60	L.	L.	Pre-eclampsia.
3272	36	5	35	Legs	2 months	†	†	Nil	Nil	Nil	Sluggish	†	210/134	†	0.96	Induced	160	D.	N.D.	Eclampsia. Mitral disease.
3302	33	6	38	—	—	Nil	Nil	Numbness	†	††	Absent	Sounds †	148/94	Trace	1.0	Normal	90	L.	L.	Pre-eclampsia.
3334	28	1	38	Legs	5 days	Nil	Nil	†	†	†	Absent	Pulsation in neck	146/100	Clear	0.99	Normal	80	L.	L.	Pre-eclampsia.
3336	39	8	36	Legs	18 days	†	Nil	†	†	†	Absent	Dilatation and Pulsation	168/96	Trace	1.0	Normal	90	L.	L.	Pre-eclampsia.
3351	31	1	34	Legs	3 months	Nil	Nil	Nil	†	Nil	††	Dilatation and Pulsation	172/104	†††	1.38	Normal	70	L.	L.	Pre-eclampsia.
3386	32	3	39	Legs	1 month	Nil	Nil	†	†	†	Absent	Nil	156/90	Trace	2.1	Normal	70	L.	L.	Pre-eclampsia.
2911	27	1	34	Legs	1 month	Nil	†	†	†	†††	Absent	Dilatation and Pulsation	170/130	†	1.9	Normal	670	L.	S.B.	Pre-eclampsia.
3300	27	1	38	Legs, Abd. wall	2 months	Nil	Nil	†	†	†	†	Dilatation and Pulsation	200/112	†	1.8	Normal	180	L.	M.	P.P. Eclampsia.
3385	21	1	34	Legs	20 days	Slight	Nil	Nil	†	†	Absent	Slight dilatation of heart	140/100	Trace	3.6	Normal	180	L.	L.	Pre-eclampsia. Cardine beriberi.
3389	18	1	39	Nil	—	Nil	Nil	Nil	Nil	†	Absent	Nil	126/90	Clear	1.4	Normal	120	L.	L.	
3420	38	6	36	Legs	2 weeks	†	†	Nil	†	†	Absent	Dilatation and Pulsation	203/120	††	1.8	Normal	160	L.	L.	Pre-eclampsia.
3467	23	1	38	Legs	3 months	Nil	Nil	†	†	†	Absent	Dilatation and Pulsation	164/58	Clear	0.88	Normal	90	L.	L.	Pre-eclampsia.
3477	32	4	36	Legs	2 months	Nil	Nil	Nil	Slight	†	Absent	Nil	124/70	Clear	1.2	Normal	40	L.	L.	
3491	29	4	35	Legs	—	Slight	Slight	Nil	Nil	†	Sluggish	Nil	126/80	Trace	1.0	Version	60	L.	S.B.	D.A.A.
3503	30	9	40	Legs	3 months	Slight	Nil	Nil	†	†	Absent	Nil	178/120	Clear	0.5	Induced	150	L.	L.	Pre-eclampsia.
3445	29	5	38	Legs	—	†	Nil	Nil	††	†	Absent	Pulsation in neck	148/116	Trace	1.5	Normal	150	L.	N.D.	Pre-eclampsia.
3490	34	2	36	Legs	1 month	†	†	Nil	Nil	†	Absent	Pulsation in neck	210/110	†	1.3	Forceps	130	L.	M.	Pre-eclampsia. D.A.A.

AVITAMINOSIS B_1 (BERI-BERI) COMPLICATING PREGNANCY AND LABOUR.—(*Continued 3*).

Reg. No.	Age	Gravida	Maturity	Oedema Extent	Oedema Duration	Headache	Eye Signs	Anaesthesia	Hyperaesthesia	Muscle Changes	Knee Jerks	Cardio-vascular Changes	Highest Blood Pressure	Blood Albuminuria	Pyruvic Acid	Type of Labour	Treatment mgm. of B_1	Result M.	Result C.	REMARKS
EMERGENCY																				
3580	26	1	39	Legs	16 days	Nil	Nil	Nil	†	†	Absent	Dilatation and Pulsation	172/120	Clear	1.0	Normal	90	L.	L.	Pre-eclampsia.
3605	24	3	41	Legs	15 days	Nil	Nil	Nil	†	†	††	Pulsation in neck	130/90	††	1.8	Induced	100	L.	L.	Pre-eclampsia.
3608	34	7	39	Legs	1 month	Nil	Nil	Nil	Slight	†	Absent	Sounds †	148/78	Clear	1.5	Normal	50	L.	L.	Pre-eclampsia.
3625	26	4	38	Legs	35 days	Nil	Nil	Nil	†	†	††	Sounds †	160/104	Trace	2.2	Normal	50	L.	L.	Pre-eclampsia.
3629	25	1	39	Legs	4 months	Nil	Nil	†	†	Slight	Absent	Sounds †	140/95	Trace	2.0	Normal	70	L.	L.	
3641	27	3	40	Legs	1½ months	Nil	Nil	†	†	†	Absent	Sounds †	160/80	†	0.99	Normal	120	L.	L.	Pre-eclampsia.
3645	24	1	40	Legs	1 month	Nil	Nil	Nil	Nil	Nil	††	Nil	160/112	Trace	1.0	Normal	80	L.	L.	Pre-eclampsia.
3667	28	2	41	Legs	4 days	Nil	Nil	Nil	†	†	Absent	Pulsation in neck	130/80	Clear	1.9	Spontaneous	70	L.	L.	D.A.A.
3668	33	3	37	Legs	1½ months	Nil	Nil	Nil	†	Slight	Absent	Dilatation and Pulsation	140/100	Trace	0.89	Normal	50	L.	L.	Pre-eclampsia.
3695	40	9	39	Legs	10 days	Nil	Nil	Nil	?	Nil	†††	Slight dilatation	210/140	†††	2.0	Normal	320	L.	L.	Pre-eclmapsia. Cardiac beri-beri.
3735	39	6	36	Legs, Abd. wall	1 month	†	†	Nil	†	†††	Absent	Dilatation and Pulsation	194/130	††	—	Normal	260	L.	L.	Intra-partum Eclampsia.
Q.M.H.																				
BOOKED																				
522	31	8	35	Legs	—	Nil	Nil	Nil	Nil	†	Absent	Dilatation and Pulsation	124/62	Clear	0.76	Normal	90	L.	L.	
570	27	6	40	Legs Abd.	1 week	Nil	Nil	Nil	Nil	Nil	Absent	Dilatation of heart	184/120	Trace	—	Normal	136	L.	L.	Pre-eclampsia.
610	26	2	38	Legs	—	Nil	Nil	Nil	Nil	†	Absent	†	162/112	†	1.0	Normal	14	L.	L.	
638	29	5	40	Legs	5 months	Nil	Nil	Nil	Nil	†	Absent	Nil	160/114	Clear	—	Normal	60	L.	L.	Pre-eclampsia.
670	32	7	37	Legs	1 month	Nil	Nil	Nil	Nil	†	Absent	Nil	124/98	Clear	0.98	Normal	40	L.	L.	
712	23	1	39	Legs	2 months	Nil	Nil	Nil	Nil	Nil	†	Dilatation and Pulsation	142/90	Trace	0.91	Normal	80	L.	L.	
726	25	1	39	Legs	—	Nil	Nil	Nil	Nil	Nil	†	Nil	158/100	†††	0.93	Forceps	110	D.	S.B.	Pre-eclampsia.
729	28	4	40	Legs	4 months	Nil	Nil	Nil	Nil	†	Absent	Slight dilatation	150/80	Clear	0.86	Normal	140	D.	L.	
732	26	1	40	Legs	—	Nil	Nil	Nil	Nil	†	Absent	†	110/72	†	—	Normal	40	L.	L.	
747	37	7	31	General	3 months	Nil	Nil	†	Nil	†	Absent	Dilatation and Pulsation	186/100	†	0.45	Twins	80	L.	N.D.	Pre-eclampsia.
750	21	1	?	General	3 months	Nil	Nil	Nil	Nil	†	Absent	Dilatation and Pulsation	170/110	††	0.6	Forceps	60	D.	L.	2nd baby calcified foetus. Eclampsia.
759	31	7	40	Legs	—	Nil	Nil	Nil	Nil	Nil	Absent	Nil	—	Clear	0.63	Normal	4	L.	L.	
534	33	8	40	Legs	—	Nil	Nil	Nil	Nil	Slight	Absent	Nil	184/122	†	1.1	Normal	60	L.	L.	Pre-eclampsia.
861	20	1	35	Legs	5 months	Nil	†	Nil	Nil	†	Absent	Nil	190/124	††	0.65	Normal	60	L.	L.	Eclampsia.
EMERGENCY																				
312	40	8	39	Legs	10 days	†	Nil	†	Nil	†	Absent	Nil	174/84	†	0.86	Normal	—	L.	L.	Eclampsia.
465	41	9	38	Legs	4 days	Nil	Nil	Nil	Nil	†	Absent	Nil	—	†	—	Normal	7	L.	L.	
500	22	1	33	Legs	2 months	Nil	Nil	Nil	Nil	Nil	Absent	Nil	170/110	††	0.6	Normal	—	D.	S.B.	A.P. Eclampsia.
533	26	1	40	Legs	5 months	Nil	Nil	Nil	Nil	†	Absent	Nil	180/122	Trace	0.9	Normal	88	L.	L.	Pre-eclampsia.
537	24	1	39	Nil	—	Nil	Nil	Nil	Nil	Nil	Absent	Nil	140/100	†††	—	Normal	15	L.	S.B.	
543	28	5	38	General	1 month	Nil	Nil	Nil	Nil	†	Absent	Dilatation of heart	140/100	Clear	0.85	Normal	128	L.	L.	
561	36	5	40	Legs	1 month	Nil	Nil	Nil	Nil	Nil	Absent	Nil	145/80	Nil	1.1	Normal	—	D.	L.	
578	26	2	40	General	1 month	†	Nil	Nil	Nil	†	Absent	Dilatation of heart	170/120	††	0.91	Twins	53	L.	L. L.	
611	26	1	40	Legs	1 month	†	Nil	Nil	Nil	†	Absent	Nil	128/66	†	1.5	Normal	30	L.	L.	
686	28	5	32	Legs	1½ months	Nil	Nil	†	Nil	†	Absent	†	124/80	Clear	0.49	Normal	8	D.	M.	Polyneuritis.
706	24	1	40	Legs	3 months	†	†	Nil	Nil	Slight	Absent	Slight pulsation in neck	250/130	†††	1.4	Forceps	—	L.	L.	Eclampsia.
734	25	4	40	Nil	—	Nil	Nil	Nil	Nil	†	Absent	Nil	100/60	Clear	—	Normal	80	L.	L.	Polyneuritis.
822	35	5	36	General	3 months	Nil	Nil	†	Nil	†	Absent	Nil	170/112	Trace	0.74	Normal	50	L.	L.	
824	34	9	29	Legs	1 month	†	†	†	Nil	Nil	Absent	Dilatation of heart	177/90	†	—	Normal	70	D.	N.D.	Pre-eclampsia.
874	30	7	40	Nil	—	Nil	Nil	Nil	Nil	Nil	Absent	Dilatation and Pulsation	124/72	Clear	1.3	Normal	90	L.	L.	Pre-eclampsia.
881	30	1	35	Legs	2 months	Nil	Nil	Nil	Nil	†	Absent	Nil	120/98	††	—	Normal	40	L.	L.	Pre-eclampsia.
873	35	7	37	Legs	3 days	†	†	Nil	Nil	†	Absent	Nil	208/120	†	0.82	Normal	—	L.	L.	Eclampsia.

CARDIAC DISEASE.

8 cases.

2 mothers died, a mortality of 25%.

2 babies died, a mortality of 25%.

Reg. No.	*Age*	*Gravida*	*Maturity*	*Lesion*	*Degree of failure of Compensation*	*Pulse Rate*	*Days in Hsp. before Delivery*	*Method of Delivery*	*M. Result*	*C. Result*	*REMARKS*
T.Y.H.											
BOOKED											
2407	29	3	28	Mitral stenosis	Moderate	118	8	Normal	L.	N.D.	
EMERGENCY											
1866	36	8	38	Mitral stenosis	Moderate	96	3	Normal	L.	L.	
2400	20	1	39	Mitral stenosis	Marked	80	In labour	Normal	D.	L.	
3169	34	9	36	Mitral stenosis	Well compensated	80	11	Normal	L.	L.	
3272	36	5	35	Mitral stenosis	Moderate	76	6	Induced	D.	N.D.	Eclampsia.
3351	31	1	34	Mitral stenosis	Well compensated	84	In labour	Normal	L.	L.	
3434	38	2	34	Mitral stenosis	Moderate	104	In labour	Normal	L.	L.	Pre-eclampsia II.
Q.M.H.											
BOOKED											
241	28	6	?	Mitral stenosis	Moderate	98	1	Normal	L.	L.	

VERTEX PRESENTATIONS.

4,240 Cases of Vertex Presentation occurred.

(*a*) *ANTERIOR POSITION OF THE OCCIPUT.*

The Occiput was anterior in 4,112 cases (2992 L.O.A., 1120 R.O.A.)

28 Mothers died, a mortality of 0.68%.

92 Babies were stillborn, and 79 died, a mortality of 4.16%.

(*b*) *POSTERIOR POSITION OF THE OCCIPUT.*

The Occiput was Posterior in 128 cases (58 R.O.P., 70 L.O.P.)

2 Mothers died, a mortality of 1.56%.

8 Babies were stillborn, and 5 died, a mortality of 10.15%.

MODE OF DELIVERY.	*CASES.*	*MOTHER.*		*CHILD.*		
BOOKED CASES: (*TOTAL 45*)		*L.*	*D.*	*L.*	*S.B.*	*D.*
Spontaneous anterior rotation	23	23	—	22	—	1
Spontaneous delivery, face to pubes ...	12	12	—	11	1	—
Forceps, face to pubes	3	2	1	3	—	—
Manual rotation and Forceps	6	6	—	3	1	2
Failed forceps, Perforation and Extraction	1	1	—	—	1	—
EMERGENCY CASES: (*TOTAL 82*)						
Spontaneous anterior rotation	26	26	—	25	—	1
Spontaneous delivery, face to pubes ...	29	29	—	26	2	1
Forceps, face to pubes	14	13	1	13	2	—
Manual rotation and Forceps	13	13	—	12	1	—

BREECH PRESENTATIONS.

There were 136 cases.

No mother died.

29 babies were stillborn, and 14 died, a mortality of 31.62%.

Reg. No.	Age	Gravida	Maturity	Position	Labour in Hours	Complications	Method of Delivery	External Measurements I.S. cm.	I.C. cm.	E.C. cm.	T.O. cm.	Weight Grams.	Morbid	Result M.	Result C.	REMARKS.
T.Y.H.																
BOOKED																
3283/39	37	7	42	?	?	M. Placenta Praevia	Caesarean hysterectomy ...	23	25	18	8.5	2,400	Yes	L.	L.	Previous Ovariotomy.
323	22	2	29	R.S.A.	3½	Nil	Spontaneous delivery	25	26.5	19	9	1,900	Nil	L.	M.	
1085	43	6	37	R.S.A.	1½	Nil	Spontaneous delivery	23.5	26	18.5	9.5	2,850	Nil	L.	L.	
1690	36	8	36	L.S.A.	3	Nil	Spontaneous delivery	23	26	18.5	9.5	1,500	Nil	L.	M.	
2444	35	6	38	R.S.A.	15	Nil	Spontaneous delivery	23.5	26.5	19.5	8	2,550	Nil	L.	L.	
2452	36	6	47	L.S.A.	2½	Nil	Assisted delivery	24	26	20	8.5	3,200	Nil	L.	S.B.	Delay of after coming head.
2921	30	4	36	R.S.A.	6	Nil	Spontaneous delivery	25	27	18	8.5	2,500	Nil	L.	L.	
48	31	5	35	L.S.A.	1	Extended Legs ... ... 2nd of Twins	Assisted delivery	26	29.5	20	9.75	1,750	Nil	L.	N.D.	
401	19	2	41	L.S.A.	4	Extended arms	Assisted delivery	23.5	25	18.5	9	2,830	Nil	L.	S.B.	D.A.A.
444	29	6	33	R.S.A.	3	1st of Twins	Spontaneous delivery	25	28	21.5	9.5	1,680	Nil	L.	L.	Hydramnios.
467	18	1	?	L.S.A.	11	Extended right arm	Assisted delivery	24	26	21	8.5	3,400	Nil	L.	S.B.	
1164	30	1	36	L.S.A.	4	Extended legs	Spontaneous delivery	24.5	26.5	20	9	2,100	Nil	L.	L.	
1183	34	6	29	R.S.A.	8	1st of Twins	Spontaneous delivery	24	25	20	9.5	1,310	Nil	L.	N.D.	
2015	21	1	33	R.S.A.	8	Pre-eclampsia	Assisted delivery	23	25	19.5	9	2,750	Yes	L.	L.	D.A.A.
2038	27	1	39	L.S.A.	12	Extended legs and arms ...	Assisted delivery	26	28	19.5	9	2,400	Nil	L.	L.	
2353	31	2	40	R.S.P.	5½	Extended arms	Assisted delivery	22.5	24.5	18.5	8.5	3,000	Nil	L.	L.	Fracture of Right Humerus.
2412	19	1	37	R.A.A.	9	Extended legs	Assisted delivery	23.5	25	18.5	8.5	2,100	Nil	L.	L.	
2445	33	1	42	L.S.A.	12	Nil	Spontaneous delivery	23.5	25	18.5	8	2,750	Nil	L.	L.	
2501	28	6	42	L.S.A.	15	Hydrocephalus ... ... Extended legs	Craniotomy	27	29.5	18.5	8	4,997	Nil	L.	S.B.	Hydrocephalus, contained...ozs.
2617	21	1	38	R.S.A.	7	Displacement of rt. arm ...	Assisted delivery	22	24.5	16.5	8	2,700	Nil	L.	L.	
2561	37	7	39	L.S.A.	6	2nd of Twins	Spontaneous delivery	22	25	20	10	3,500	Nil	L.	N.D.	
3008	24	1	36	R.S.A.	8	Nil	Assisted delivery	23.5	25.5	18.5	9	2,150	Nil	L.	L.	
3301	20	1	39	L.S.A.	6	Nil	Spontaneous delivery	23	25.5	19	8	2,850	Nil	L.	L.	
3698	21	1	40	L.S.A.	7	Extended legs	Assisted delivery	24.5	27	19	8	2,700	Nil	L.	L.	
3739	23	1	40	L.S.A.	1	Extended legs	Assisted delivery	23	26	18	8.5	2,950	Nil	L.	L.	
EMERGENCY																
3333/39	33	7	37	L.S.A.	12	Nil	Spontaneous delivery	23.5	25.5	20	9.5	1,700	Nil	L.	M.	
3302/39	24	2	38	L.S.A.	7	C. Placenta Praevia	Caesarean section	25	27.5	19.5	8.5	2,150	Yes	L.	L.	
546	22	2	34	R.S.A.	50m.	Nil	Spontaneous delivery	23	25	19	9	1,450	Nil	L.	N.D.	
553	20	2	?	R.S.A.	5½	Nil	Spontaneous delivery	22.5	25	20	9	3,200	Nil	L.	L.	
603	34	3	38	L.S.A.	2	Nil	Spontaneous delivery	25	27	19	9	2,500	Nil	L.	L.	
836	26	2	33	R.S.A.	3½	Nil	Spontaneous delivery	21	24	19	9	1,500	Nil	L.	M.	Syphilis.
866	27	3	34	L.S.A.	3½	Nil	Spontaneous delivery	20	23	18	9	1,700	Nil	L.	N.D.	
873	16	2	28	L.S.P.	4½	Nil	Spontaneous delivery	—	—	—	—	750	Nil	L.	S.B.	
886	25	3	32	L.S.A.	2	Nil	Spontaneous delivery	23	26	18	9	1,600	Nil	L.	N.D.	
1249	32	6	?	L.S.A.	2	Nil	Spontaneous delivery	24	25.5	18	9	2,700	Nil	L.	L.	
1276	37	9	48	R.S.P.	15	Nil	Spontaneous delivery	24.5	26.5	18	9	2,870	Nil	L.	L.	
1411	30	4	36	R.S.A.	2	Nil	Spontaneous delivery	21	26	18.5	8.5	2,460	Nil	L.	L.	
1449	42	10	36	R.S.A.	44	Nil	Spontaneous delivery	26	29	20	10.5	3,200	Nil	L.	L.	

BREECH PRESENTATIONS.—*(Continued).*

Reg. No.	Age	Gravida	Maturity	Position	Hours in Labour	Complications	Method of Delivery	External Measurements I.S. cm.	I.C. cm.	E.C. cm.	T.O. cm.	Weight Grams.	Morbid	Result M.	Result C.	REMARKS.
EMERGENCY																
1604	39	8	30	L.S.A.	4	Nil	Spontaneous delivery	23	25	18	8.5	2,000	Nil	L.	M.	
1854	31	6	40	L.S.A.	2	Nil	Spontaneous delivery	25.5	26	19	9	3,700	Nil	L.	L.	
1866	36	8	38	L.S.A.	3	Nil	Spontaneous delivery	25	27	17.5	8.5	2,200	Nil	L.	L.	
1930	33	8	38	L.S.A.	1½	Nil	Spontaneous delivery	23	28	18.5	8.5	3,450	Nil	L.	L.	
1996	32	5	36	L.S.A.	4½	Nil	Spontaneous delivery	23	25	18.5	8.5	3,350	Nil	L.	L.	
2120	33	6	36	R.S.A.	55m.	Nil	Spontaneous delivery	23	25	19	9	3,150	Nil	L.	L.	
2390	38	10	29	L.S.A.	3½	M. Placenta Praevia	Spontaneous delivery	24.5	28.5	19	9	1,010	Nil	L.	S.B.	
3010	32	2	30	R.S.A.	3½	Nil	Spontaneous delivery	22	28	18	8	2,490	Nil	L.	L.	
3020	25	3	28	L.S.A.	5	Nil	Spontaneous delivery	24	26	18	8	500	Nil	L.	M.	
3021	28	3	35	R.S.A.	7	Nil	Spontaneous delivery	24	27	18	8.5	1,950	Nil	L.	N.D.	
3060	28	5	37	R.S.A.	6	Nil	Spontaneous delivery	—	—	—	—	3,250	Nil	L.	L.	
3169	34	9	39	L.S.A.	1½	Nil	Spontaneous delivery	25.5	28	19	9	2,880	Nil	L.	L.	
3262	26	3	38	L.S.A.	4½	Nil	Spontaneous delivery	22.5	24	19	8	2,740	Nil	L.	L.	
3409	38	4	39	L.S.A.	4½	Nil	Spontaneous delivery	22	24	18	8	3,200	Nil	L.	L.	
3690	37	6	39	L.S.A.	10	Nil	Spontaneous delivery	23.5	25.5	18.5	9.5	2,050	Nil	L	L.	
3712	27	2	37	L.S.A.	?	Nil	Spontaneous delivery	26	28	18	9.5	2,250	Nil	L.	M.	Hydramnios.
3763	29	5	40	L.S.A.	13	Nil	Spontaneous delivery	25	28	19	9	3,150	Nil	L.	L.	
3334/39	31	4	31	?	?	C. Placenta Praevia	Classical Caesarean Section	23	27	18	—	1,030	Yes	L.	N.D.	
3335/39	28	1	37	R.S.A.	48	2nd of Twins	Assisted delivery	24	28	21	9	2,350	Nil	L.	L.	
22	23	1	39	R.S.A.	18	Extended legs and arms	Assisted delivery	23	25	20	9	3,300	Nil	L.	M.	
74	22	2	35	R.S.A.	6	1st of Twins	Spontaneous delivery	23	26	18.5	9	1,800	Nil	L.	L.	
119	26	3	41	L.S.A.	4½	1st of Twins	Spontaneous delivery	—	—	—	—	3,600	Nil	L.	S.B.	
151	16	1	38	L.S.A.	10	Nil	Jaw flexion-shoulder traction	23	25	18.5	9	2,800	Nil	L.	L.	
381	25	1	40	R.S.A.	14	Extended legs and arms	Assisted delivery	23	24.5	18	9	2,600	Nil	L.	L.	
440	27	1	39	R.S.P.	9	Extended legs	Assisted delivery	23.5	26	19	8.5	2,550	Nil	L.	L.	
714	22	1	40	L.S.A.	30	Nil	Forceps	25	27	20	7.5	3,200	Nil	L.	S.B.	
745	31	4	38	R.S.P.	15	Extended legs and arms	Assisted delivery	24.5	27.5	20	8	2,970	Nil	L.	L.	
814	19	1	43	L.S.A.	2½	Extended legs	Spontaneous delivery	25	28	20	8.5	3,300	Nil	L.	L.	
877	32	5	42	L.S.A.	5½	Extended legs and arms	Assisted delivery	25	27	19	9	4,500	Nil	L.	L.	
925	30	3	?	L.S.A.	1	2nd of Twins	Spontaneous delivery	24	26	21	9	2 100	Nil	L.	L.	Pre-eclampsia.
1126	23	2	40	L.S.P.	6	Extended legs	Assisted delivery	24	26.5	19	9	2,450	Nil	L.	L.	
1182	26	1	40	L.S.P.	3½	Extended legs and arms	Assisted delivery	25	27	18	9	3,310	Nil	L.	L.	
1312	25	1	38	L.S.A.	?	Nil	Spontaneous delivery	—	—	—	—	3,150	Yes	L.	L.	
1382	19	1	38	L.S.P.	11	Extended legs	Assisted delivery	23	25	17	9.5	2,930	Nil	L.	L.	
1397	18	1	40	L.S.P.	11	Extended arms	Assisted delivery	24	25	17.5	9	2,750	Nil	L.	L.	
1499	20	1	41	R.S.A.	19	Extended legs and arms	Assisted delivery	21	24	19	9	2,720	Nil	L.	L.	
1532	20	1	39	R.S.P.	16	Extended legs	Assisted delivery	22	26	18	8	2,500	Nil	L.	L.	
1586	20	1	40	L.S.A.	1	Nil	Spontaneous delivery	23.5	25.5	18	8.5	2,200	Yes	L.	L.	
1618	23	1	39	L.S.A.	17	Extended legs	Assisted delivery	23	26	19	8.5	2,950	Nil	L.	L.	
1723	21	1	34	L.S.A.	2½	Footling	Assisted delivery	22.5	25	17.5	9	1,600	Nil	L.	M.	Prolapse of Cord.
1705	21	1	37	L.S.A.	10	Extended legs	Assisted delivery	22.5	24	18	8	2,200	Nil	L.	L.	Prolapse of Cord.
1814	26	1	38	L.S.A.	9	2nd of Twins	Spontaneous delivery	23	25	18.5	9	1,700	Nil	L.	L.	
2025	31	3	39	R.S.A.	31	Extended legs and arms	Spontaneous delivery	24	26	20	8	3,050	Nil	L.	N.D.	
2177	29	2	40	L.S.A.	5	Extended legs	Assisted delivery	23	24	20	9	2,550	Nil	L.	L.	
2223	21	1	34	L.S.A.	10	Nil	Spontaneous delivery	22.5	24.5	18.5	8.5	1,250	Nil	L.	N.D.	
2308	28	1	34	L.S.A.	5	Extended legs	Assisted delivery	22	25	19	8	1,800	Nil	L.	L.	
2317	28	1	40	R.S.A.	10	Extended arms	Assisted delivery	24.5	26	20.5	9	3,200	Nil	L.	L.	
2325	19	1	31	L.S.A.	8	Nil	Spontaneous delivery	23	25	18.5	9	1,200	Nil	L.	N.D.	
2327	20	1	35	L.S.A.	12	Nil	Spontaneous delivery	25	26.5	18.5	8.5	1,820	Yes	L.	N.D.	
2367	21	1	38	L.S.A.	5½	Prolapsed right leg	Assisted delivery	23	25	19.5	8.5	2,850	Nil	L.	L.	
2457	36	6	39	R.S.A.	1½	2nd of Twins	Spontaneous delivery	24	28	21	8.5	1,900	Nil	L.	L.	D.A.A.
2508	22	1	39	R.S.A.	6	Extended legs and arms	Assisted delivery	23	25	20	8.5	2,680	Nil	L.	L.	

BREECH PRESENTATIONS.—*(Continued).*

Reg. No.	Age	Gravida	Maturity	Position	Hours in Labour	Complications	Method of Delivery	External Measurements I.S. cm.	I.C. cm.	E.C. cm.	T.O. cm.	Weight Grams.	Morbid	Result M.	Result C.	REMARKS.
EMERGENCY																
2062	26	2	31	L.S.A.	7	Extended legs	Assisted delivery	22.5	23.5	17.5	8.5	1,100	Nil	L.	L.	
2739	18	1	36	L.S.A.	10	Extended legs	Assisted delivery	22	23	18.5	8	2,700	Nil	L.	L.	
2748	19	1	39	L.S.A.	3½	Nil	Spontaneous delivery	22.5	26	19	9	1,000	Nil	L.	M.	
2846	30	3	39	L.S.A.	6	Extended legs	Assisted delivery	24	26	18	9	2,900	Nil	L.	L.	
2735	28	1	39	L.S.A.	63	Extended legs and arms ...	Assisted delivery	21.5	24.5	18	8.5	2,450	Nil	L.	L.	
2915	24	1	34	L.S.A.	10	Nil	Assisted delivery	21.5	24	16.5	8	2,000	Yes	L.	L.	
2952	17	1	35	L.S.A.	5	Extended legs	Assisted delivery	21	23	18	8.5	1,400	Nil	L.	L.	
2996	29	4	40	R.S.A.	11	Extended legs	Assisted delivery	24	26	20	9	2,950	Nil	L.	L.	
3212	24	1	39	L.S.A.	3	Nil	Assisted delivery	24	26	19	9	2,800	Nil	L.	M.	
3303	25	1	40	R.S.A.	10	Nil	Spontaneous delivery	21.5	24.5	17	8.5	2,350	Nil	L.	L.	
3463	24	1	39	L.S.A.	7	Extended legs and arms ...	Assisted delivery	24	26	18.5	9	2,150	Nil	L.	L.	
3531	20	1	35	L.S.A.	18	2nd of Twins	Spontaneous delivery	24	26.5	19.5	9	2,700	Nil	L.	M.	
3605	24	3	41	R.S.P.	5	Extended legs and arms ...	Assisted delivery	20	18	18.5	8.5	3,100	Yes	L.	L.	
Q.M.H.																
BOOKED																
145	25	2	40	R.S.A.	6	Head in oblique diameter ...	Assisted delivery	24	26	17	—	2,800	Nil	L.	L.	
200	22	3	38	R.S.A.	3½	Delayed after coming head	Assisted delivery	27	30	20	—	2,576	Nil	L.	S.B.	
439	36	7	39	R.S.A.	2½	Nil	Spontaneous delivery	—	—	—	—	2,800	Nil	L.	L.	
443	28	3	37	L.S.A.	4	Nil	Spontaneous delivery	25	26	17	—	3,472	Nil	L.	L.	
506	32	6	33	R.S.A.	?	Nil	Spontaneous delivery	22.5	24.5	19	—	1,512	Nil	L.	L.	
759	31	7	40	L.S.A.	2	Nil	Spontaneous delivery	—	—	—	—	3,050	Nil	L.	L.	Avitaminosis B.
855	22	2	38	L.S.A.	6	Nil	Spontaneous delivery	22	26	18	8.5	2,570	Nil	L.	L.	Syphilis.
49	21	2	30	R.S.A.	6	2nd of Twins	Spontaneous delivery	23	25	18	—	1,344	Yes	L.	M.	
93	25	2	41	L.S.A.	8	2nd of Twins	Spontaneous delivery	—	—	—	—	2,800	Nil	L.	L.	
223	34	1	35	R.S.A.	28	Extended legs	Assisted delivery	26.5	28	20	—	3,360	Nil	L.	S.B.	
256	33	8	40	R.S.A.	5	Extended arms	Assisted delivery	24	27	18.5	—	3,080	Nil	L.	L.	
387	21	1	36	L.S.A.	6	2nd of Twins	Spontaneous delivery	24	27	19	—	1,188	Nil	L.	L.	
450	30	5	40	L.S.A.	5½	Extended legs and arms ...	Assisted delivery	24	26.5	18	—	3,136	Nil	L.	S.B.	
505	22	2	40	L.S.A.	20	Extended legs	Assisted delivery	—	—	—	—	3,248	Nil	L.	S.B.	
628	29	5	36	L.S.A.	6	1st of Twins	Spontaneous delivery	23	26	19	—	2,240	Nil	L.	L.	
747	37	7	31	L.S.A.	2	2nd of Twins	Spontaneous delivery	26	28	18	—	—	Nil	L.	—	Foetus Papyraceus.
851	27	1	38	L.S.A.	4	Nil	Spontaneous delivery	24	25	18	—	2,600	Nil	L.	L.	
EMERGENCY																
186	43	8	?	R.S.P.	6	Nil	Spontaneous delivery	—	—	—	—	2,576	Nil	L.	S.B.	Eclampsia.
213	33	5	41	L.S.A.	6	Nil	Spontaneous delivery	23	24	17	—	2,212	Nil	L.	M.	Syphilis.
302	21	2	37	L.S.A.	10	Nil	Spontaneous delivery	22	25	18.5	—	1,736	Nil	L.	L.	
639	27	4	29	L.S.A.	1	Nil	Spontaneous delivery	—	—	—	—	1,176	Nil	L.	S.B.	
674	20	3	34	L.S.A.	4	Nil	Spontaneous delivery	22	24	16	—	1,884	Nil	L.	N.D.	
127	22	1	33	L.S.A.	6	Nil	Spontaneous delivery	22	25	19	—	1,336	Nil	L.	S.B.	Small pox transferred to Kennedy Town.
209	22	1	34	L.S.A.	6	1st of Twins	Spontaneous delivery	—	—	—	—	1,884	Nil	L.	L.	
228	38	7	34	L.S.A.	3	1st of Twins	Spontaneous delivery	—	—	—	—	1,204	Yes	L.	L.	Chronic Nephritis.
233	24	5	37	L.S.A.	2	2nd of Twins	Spontaneous delivery	21	23	19	—	1,260	Nil	L.	N.D.	
331	24	1	38	L.S.A.	8	Extended legs	Assisted delivery	20	23.5	18	—	2,688	Yes	L.	L.	
555	40	6	38	L.S.A.	6	Extended legs	Assisted delivery	25	28	21.5	—	3,136	Nil	L.	L.	
567	21	1	37	R.S.A.	8	Nil	Spontaneous delivery	22	25	20	—	2,912	Yes	L.	L.	Dysentery transferred to Medical Ward.
707	27	4	38	L.S.A.	19	2nd of Twins	Spontaneous delivery	25	27	18	—	1,900	Nil	L.	L.	
586	21	1	39	L.S.A.	16	Extended legs	Assisted delivery	24	29	20	—	2,688	Nil	L.	L.	
782	34	1	40	L.S.A.	27	Extended legs and arms ...	Assisted delivery	24	26	18	—	2,850	Nil	L.	L.	
837	25	1	40	L.S.A.	5	Nil	Spontaneous delivery	—	—	—	—	1,960	Nil	L.	L.	

FACE AND BROW PRESENTATIONS.

There were 9 cases.

One mother died, a mortality of 11.11%.

4 babies were stillborn, and 2 died, a mortality of 66.66%.

Reg. No.	*Age*	*Gravida*	*Maturity*	*Position*	*Treatment*	*Result M.*	*Result C.*	*Weight Grams*	*REMARKS*
T.Y.H.									
BOOKED									
693	24	1	39	L.M.P. ...	Manual Rotation. Forceps	L.	L.	2,400	
EMERGENCY									
139	21	1	32	Brow	Spontaneous delivery...	L.	N.D.	1520	1st of Twins.
296	30	4	35	Brow	Forceps	D.	M.	—	Macerated foetus.
865	28	4	44	R.M.P. ...	Spontaneous rotation and delivery	L.	S.B.	2,850	
2691	35	7	49	R.M.P. ...	Spontaneous rotation and delivery	L.	S.B.	3,000	
2821	25	4	40	Brow	Caesarean Section	L.	S.B.	3,150	Persistent.
3667	28	2	41	L.M.A. ...	Spontaneous delivery...	L.	L.	3,200	
Q.M.H.									
EMERGENCY									
215	37	6	42	L.M.A. ...	Spontaneous delivery...	L.	L.	3,416	
621	30	2	40	Brow	Spontaneous delivery...	L.	N.D.	2,072	Spontaneous extension to face

SHOULDER PRESENTATIONS.

There were 20 cases.

No mothers died.

12 babies were stillborn, and 2 died, a mortality of 70%.

Reg. No.	*Age*	*Gravida*	*Maturity*	*Position*	*Hours in Labour*	*Complication*	*Treatment*	*Weight Grams*	*Morbid*	*Result M.*	*Result C.*	*REMARKS*
T.Y.H.												
BOOKED												
1538	24	3	28	R.A.A.	6	Nil	Spontaneous expulsion	1,100	Nil	L.	S.B.	
2136	24	3	31	R.A.A.	5	Impaction	Decapitation...	1,750	Yes	L.	S.B.	
2242	20	2	38	L.A.A.	?	Placenta Praevia ...	Internal Version ...	3,000	Nil	L.	S.B.	
EMERGENCY												
17	26	3	40	R.A.A.	7	Nil	Internal Version ...	3,400	Yes	L.	L.	
273	28	2	?	L.A.A.	12	Prolapsed right elbow	Internal Version ...	2,550	Nil	L.	S.B.	Perforation.
353	38	12	40	R.A.A.	16	Prolapsed left arm...	Internal Version ...	2,500	Yes	L.	N.D.	
772	25	3	39	R.A.A.	6 hrs.	Nil	External Version ...	1,850	Nil	L.	L.	
1040	29	3	38	R.A.A.	40	Nil	Internal Version ...	3,050	Nil	L.	L.	
1143	25	7	33	R.A.P.	8 hrs.	Placenta Praevia ...	Bipolar Version	1,850	Nil	L.	S.B.	Prolapsed right hand & feet.
1858	38	9	42	R.A.P.	12	Nil	Internal Version ...	3,000	Nil	L.	L.	
1406	30	6	36	L.A.A.	6	Oedema...	Internal Version ...	1,550	Nil	L.	N.D.	
2274	29	5	33	R.A.A.	?	Placenta Praevia ...	Internal Version ...	1,140	Nil	L.	S.B.	
2472	41	8	34	R.A.A.	?	Nil	Internal Version ...	2,700	Nil	L.	S.B.	
2683	41	9	36	R.A.P.	12 hrs.	Impaction	Decapitation...	2,300	Nil	L.	S.B.	
2755	22	2	29	R.A.A.	6 hrs.	Placenta Praevia ...	Bipolar Version	1,330	Nil	L.	S.B.	
2964	28	7	40	L.A.P.	3 hrs.	Prolapsed cord	Internal Version ...	2,400	Nil	L.	L.	
3013	33	4	39	L.A.P.	8	Placenta Praevia ...	Internal Version ...	2,850	Nil	L.	L.	
3159	27	6	28	L.A.A.	7	Placenta Praevia ...	External Version ...	1,300	Nil	L.	S.B.	
3450	24	2	34	L.A.A.	25	Placenta Praevia ...	Internal Version ...	1,800	Nil	L.	S.B.	
3491	29	4	35	R.A.P.	5	Placenta Praevia ...	Internal Version ...	1,900	Nil	L.	S.B	

TWINS.

There were 35 cases.

One mother died, a mortality of 2.86%.

6 babies were stillborn, and 14 died, a mortality of 28.56%.

Reg. No.	Age	Gravida	Maturity	Position 1st	Position 2nd	Sex 1st	Sex 2nd	Weight 1st	Weight 2nd	Type	M.	Result 1st	Result 2nd	REMARKS
T.Y.H.														
BOOKED														
48	31	5	35	L.O.A.	L.S.A.	F.	M.	1,800	1,750	Binovular	L.	N.D.	N.D.	Pre-eclampsia II, Avitaminosis B1
196	31	1	36	R.O.A.	R.O.A.	M.	M.	2,150	1,670	Binovular	L.	L.	N.D.	
444	29	6	33	R.S.A.	R.O.P.	M.	M.	1,680	1,800	Uniovular	L.	L.	L.	Hydramnios 2nd sac.
1183	34	6	29	R.S.P.	L.O.A.	M.	M.	1,310	1,300	Uniovular	L.	N.D.	N.D.	
2676	26	2	34	R.O.A.	L.O.P.	M.	M.	2,600	2,350	Uniovular	L.	L.	L.	
2561	37	7	39	R.O.P.	L.S.A.	F.	F.	3,100	3,500	Binovular	L.	L.	N.D.	
3210	19	1	33	L.O.A.	R.O.A.	M.	F.	1,600	1,450	Binovular	L.	L.	L.	
EMERGENCY														
3395/39	28	1	37	L.O.A.	R.S.A.	F.	F.	1,950	2,350	Uniovular	L.	L.	L.	Pre-eclampsia II, Avitaminosis B1
74	22	2	35	R.S.A.	R.O.A.	M.	M.	2,150	1,800	Uniovular	L.	L.	L.	Pre-eclampsia I.
119	26	3	41	L.S.A.	L.O.P.	M.	F.	3,600	3,500	Binovular	L.	S.B.	S.B.	Both babies dead on admission.
139	21	1	32	Brow	L.O.P.	M.	M.	1,520	1,440	Binovular	L.	N.D.	N.D.	
332	24	1	38	L.O.A.	L.O.A.	M.	M.	2,050	2,600	Uniovular	L.	N.D.	L.	Pre-eclampsia I.
410	24	4	40	L.O.A.	L.O.P.	F.	F.	2,600	2,750	Uniovular	L.	L.	L.	
348	23	2	37	L.O.A.	R.O.P.	F.	F.	1,150	1,000	Uniovular	L.	N.D.	N.D.	
925	30	3	?	L.O.A.	L.S.A.	M.	F.	2,400	2,100	Binovular	L.	L.	L.	Pre-eclampsia II.
1600	28	1	36	L.O.A.	R.O.A.	F.	F.	2,000	1,500	Uniovular	L.	L.	L.	
1814	26	1	38	L.O.A.	L.S.A.	F.	M.	1,850	1,700	Binovular	L.	L.	L.	
2025	31	3	39	L.O.A.	R.S.A.	M.	M.	2,650	3,050	Uniovular	L.	L.	N.D.	
2112	27	2	38	L.O.P.	R.O.P.	F.	F.	1,950	2,380	Uniovular	D.	S.B.	S.B.	
2457	36	6	40	L.O.A.	R.S.A.	M.	M.	1,800	1,900	Uniovular	L.	L.	L.	D.A.A.
2797	29	3	36	L.O.A.	L.S.A.	F.	F.	1,750	1,700	Uniovular	L.	L.	L.	
3050	28	1	34	L.O.A.	R.O.A.	M.	F.	2,350	2,200	Binovular	L.	L.	L.	Pre-eclampsia II.
3133	29	1	34	L.O.A.	R.O.A.	M.	M.	1,750	2,120	Binovular	L.	L.	L.	Pre-eclampsia II.
3531	20	1	35	L.O.A.	L.S.A.	M.	M.	1,600	2,700	Uniovular	L.	M.	M.	
Q.M.H.														
BOOKED														
93	25	2	41	R.O.A.	L.S.A.	F.	F.	2,912	2,800	Uniovular	L.	L.	L.	
387	26	1	36	R.O.A.	L.S.A.	M.	F.	2,296	1,188	Binovular	L.	L.	L.	
590	26	2	38	L.O.A.	R.O.A.	M.	M.	2,632	3,248	Binovular	L.	L.	L.	
628	29	5	36	L.S.A.	L.O.A.	F.	F.	2,240	2,296	Uniovular	L.	L.	L.	
747	37	7	32	R.O.A.	L.S.A.	F.	—	1,232	—	Binovular	L.	N.D.	—	2nd bady dead calcified foetus.
EMERGENCY														
209	22	1	34	L.S.A.	L.O.A.	F.	F.	1,884	2,408	Uniovular	L.	L.	L.	Prolapse of cord.
228	38	7	34	L.S.A.	R.O.A.	F.	F.	1,204	1,400	Uniovular	L.	L.	L.	Chronic nephritis.
233	24	5	37	R.O.A.	L.S.A.	F.	F.	1,232	1,260	Uniovular	L.	L.	N.D.	
847	30	4	38	L.O.A.	L.O.A.	F.	M.	2,464	2,240	Binovular	L.	L.	L.	
578	26	2	40	L.O.A.	R.O.A.	M.	M.	2,548	3,416	Binovular	L.	L.	L.	Pre-eclampsia II, Avitaminosis B1
707	27	4	38	R.O.A.	L.S.A.	M.	F.	2,450	1,900	Binovular	L.	L.	L.	

TRIPLETS.

There was one case.

Reg. No.	Age	Gravida	Maturity	Position 1st	Position 2nd	Position 3rd	Sex 1st	Sex 2nd	Sex 3rd	Weight 1st	Weight 2nd	Weight 3rd	Type	M.	Result 1st	Result 2nd	Result 3rd	REMARKS
Q.M.H.																		
BOOKED																		
49	21	2	30	L.O.A.	R.S.A.	R.O.A.	F.	F.	F.	1,568	1,344	1,456	Monovular	L.	L.	M.	L.	Diagnosed by X-ray.

PROLAPSE OF CORD.

There were 9 cases.

1 mother died, a mortality of 11%.

2 babies were stillborn and 1 died, a mortality of 30%.

Reg. No.	Age	Gravida	Maturity	Size of os when diagnosed	Treatment	Result M.	Result C.	Complications	REMARKS
T.Y.H.									
EMERGENCY									
1623	34	7	39	8 cm.	Reposition	L.	L.	Nil	
1705	21	1	37	8 cm.	Spontaneous delivery...	L.	L.	Nil	
1723	21	1	34	4 cm.	Reposition	L.	M.	Nil	
2174	24	1	33	5 cm.	Reposition failed Trendelenberg Posture	L.	S.B.	Compound presentation	Right hand and cord found when membranes ruptured at 5 cm.
2317	23	1	40	Full dilatation	Cross bed position..	L.	L.	Prolapsed left foot ...	
2964	28	7	40	8 cm.	Spontaneous delivery...	L.	L.	Shoulder presentation...	
3272	36	5	35	4 cm.	Knee-elbow position	D.	N.D.	Eclampsia...	
3370	33	4	39	8 cm.	Reposition	L.	L.	Compound presentation	
Q.M.H.									
EMERGENCY									
209	22	1	34	Full dilatation ...	Spontaneous delivery...	L.	L. L.	Twins...	

HYDRAMNIOS.

There were 4 cases.

No mother died.

3 babies were stillborn, a mortality of 60%.

Reg. No.	Age	Gravida	Maturity	Girth of Abde.	Treatment	Result M.	Result C.	REMARKS
T.Y.H.								
BOOKED								
444	29	6	33	108 cm.	Nil	L.	L. L.	Twins. About 3,300 c.c. liquor.
EMERGENCY								
2274	29	5	33	91 cm.	A.R.M. ...	L.	S.B.	About 3,000 c.c. liquor.
3712	27	2	37	92.5 cm.	Nil	L.	M.	About 3,600 c.c. liquor. Foetal Ascites.
Q.M.H.								
EMERGENCY								
616	32	4	36	85 cm.	A.R.M. ...	L.	M.	

PRIMARY UTERINE INERTIA.

(Arbitrary definition being the first stage of labour lasting 48 hours or more).

There were 11 cases.

No mother died.

1 baby died, a mortality of 9.1%

Reg. No.	*Age*	*Gravida*	*Maturity*	*Position of Foetus*	*Time of rupture of Membrane*	*Other Obstetric Abnormalities*	*I.S. cms.*	*I.C. cms.*	*E.C. cms.*	*T.O. cms.*	*Duration of Labour 1st St.*	*Duration of Labour 2nd St.*	*Method of Delivery*	*Treatment Medical*	*Treatment Operative*	*Weight Grams*	*Result M.*	*Result C.*
T.Y.H.																		
BOOKED																		
455	37	2	40	L.O.A.	23 hrs.	Nil	24	25.5	18.5	8.5	77 hrs.	30 m.	Forceps ...	Yes	Yes	3,800	L.	L.
3736	23	1	43	L.O.P.	41½ hrs.	Nil	24.5	26	19.5	8	18½ hurs.	3 hrs.	Spontaneous	Yes	Nil	2,800	L.	L.
EMERGENCY																		
3370/39	17	1	44	R.O.A.	49½ hrs.	Nil	24	27	18	8.5	48½ hrs.	2½ hrs.	Normal ...	Nil	Nil	3,550	L.	L.
586	25	1	40	L.O.A.	56½ hrs.	Nil	25	27	18	10.5	87½ hrs.	10 m.	Forceps ...	Yes	Yes	3,300	L.	L.
984	33	1	39	L.O.P.	68½ hrs.	Nil	21	23	17.5	8.5	73½ hrs.	5 m.	Forceps ...	Yes	Yes	2,550	L.	L.
1295	42	2	40	L.O.A.	65 hrs.	Nil	24.5	27	19	9.5	98 hrs.	1 hr.	Normal ...	Yes	Nil	3,500	L.	L.
1524	31	3	42	L.O.A.	237 hrs.	Nil	25	28	18.5	9.5	240 hrs.	6 m.	Normal ...	Yes	Nil	3,300	L.	L.
2481	20	1	38	L.O.A.	73 hrs.	Nil	21.5	25.5	18.5	8.5	73½ hrs.	13 m.	Normal ...	Nil	Nil	1,860	L.	N.D.
2696	23	1	39	L.O.A.	57 hrs.	Pre-eclampsia	23	26	18.5	8.5	58½ hrs.	1¼ hrs.	Normal ...	Nil	Nil	2,800	L.	L.
2735	23	1	39	L.S.A.	61¼ hrs.	Pre-eclampsia	21.5	24.5	18	8.5	62 hrs.	25 m.	Assisted ...	Nil	Nil	2,450	L.	L.
G.M.H.																		
BOOKED																		
327	22	1	41	R.O.P.	26¼ hrs.	Nil	24	27	20	—	51½ hrs.	20 m.	Spontaneous	Yes	Nil	3,108	L.	L.

INDUCTION OF LABOUR (Spontaneous delivery).

There were 22 cases.

3 mothers died, a mortality of 13.6%.

2 babies were stillborn, and 4 died, a mortality of 27.3%.

Reg. No.	Age	Gravida	Maturity	Indication	I.S. cms.	I.C. cms.	E.C. cms.	T.O. cms.	Duration of Labour 1st St.	Duration of Labour 2nd St.	Child Weight Grams	Child Length cms.	Child Circum. of Head	M. C. Result	I.D.I.	Method Drug	Method Instrumental	Morbid	REMARKS
T.Y.H.																			
BOOKED																			
3238/39	42	15	40	Pre-eclampsia	23	26	18	9	9 hrs. and	10 m.	3,600	50	39	L. L.	6 hrs.	Yes	A.R.M.	Nil	
135	42	16	36	Nephritic Toxaemia...	24	27	17	9	41 hrs.	5 m.	2,050	48	35	L. L.	17 hrs.	Yes	Nil	Nil	
1366	32	5	39	Pre-eclampsia	25	27	21	9.5	17½ hrs.	10 m.	2,600	44	31.5	L. N.D.	16 hrs.	Yes	A.R.M.	Nil	D.A.A.
1581	33	3	38	Pre-eclampsia	23	25.5	18.5	8.75	45 m.	23 m.	2,900	49	37	L. L.	33 hrs.	Yes	Nil	Nil	
2501	29	6	42	Post-maturity	27	29.5	18.5	8	14½ hrs.	25 m.	4,997	60	54	L. S.B.	12 hrs.	Yes	Nil	Nil	Hydrocephalus. Embryotomy.
2744	31	3	42	Post-maturity	23	26.5	21	9	4½ hrs.	10 m.	3,370	50	36	L. L.	4 hrs	Yes	Nil	Nil	
3059	24	1	42	Post-maturity	23	25	18.5	9	3½ hrs.	50 m.	2,700	52	39	L L.	4½ hrs.	Yes	Nil	Nil	
3281	21	1	40	Pre-eclampsia	22.5	25	19.5	8.5	5 hrs.	5 m.	2,300	42	32	L. L.	4 hrs.	Yes	A.R.M.	Nil	
3337	41	8	38	Pre-eclampsia	25	27.5	20	8	10 hrs.	20 m.	2,450	45	36	L. N.D.	3 hrs.	Nil	A.R.M.	Nil	
EMERGENCY																			
1344	28	4	40	Uterine inertia	24	27.5	17.5	8.5	135 hrs.	5 m.	2,850	47	33	L. L.	?	Yes	A.R.M.	Nil	
1524	31	3	42	Pre-eclampsia	25	28	18.5	9.5	240 hrs.	6 m.	3,300	—	30	L. L.	11 hrs.	Yes	A.R.M.	Nil	
1592	27	3	38	Pre-eclampsia	24.5	26	20	9	3¾ hrs.	10 m.	2,700	48	37	L. N.D.	57 hrs.	Yes	Nil	Yes	D.A.A.
1730	25	1	40	Pre-eclampsia	24	26	18	9	16 hrs.	1½ hrs.	2,400	45	38	D. L.	?	Yes	A.R.M.	Nil	See mortality table.
1875	29	4	44	Pre-eclampsia	23.	27	19.5	9	10 hrs.	55 m.	3,600	50	35	L. L.	?	Yes	Nil	Nil	
1971	28	1	36	Pre-eclampsia	23	26	20.5	11	2½ hrs.	20 m.	2,200	45	34	D. L.	3½ hrs.	Yes	Nil	Nil	See mortality table
3272	36	5	35	Eclampsia	23	24.5	18	8	1½ hrs.	15 m.	2,870	46	37	D. N.D.	3 hrs.	Yes	A.R.M.	Yes	See mortality table
3503	30	9	40	Pre-eclampsia	25.5	27.5	21	—	2¾ hrs.	—	3,950	52	39.5	L. L.	30¾ hrs.	Yes	A.R.M.	Nil	
3605	24	3	41	Pre-eclampsia	20	18	18.5	8.5	3½ hrs.	90 m.	3,100	49	38	L. L.	—	Yes	Nil	Yes	
Q.M.H.																			
BOOKED																			
109	33	7	41	Post maturity	25	27	18	—	25 m.	5 m.	3,416	—	37½	L. L.	8¾ hrs.	Yes	Nil	Nil	
128	25	5	39	Full Term	—	—	—	—	1¼ hrs.	10 m.	3,136	—	39	L. L.	12½ hrs.	Yes	Nil	Nil	
259	27	2	44	Post-maturity	24	27	20	—	1½ hrs.	20 m.	3,024	—	—	L. L.	?	Yes	Nil	Nil	
EMERGENCY																			
906	35	5	44	Post-maturity	25	26	17	—	38 hours		2,130	—	—	L. M.	38 hrs.	Yes	Nil	Nil	

FORCEPS DELIVERY: (a) Labour Induced.

There were 3 cases.

2 mothers died, a mortality of 66.6%.

2 babies were stillborn and 1 died, a mortality of 75%.

Reg. No.	Age	Gravida	Maturity	Indication For Induction	Indication For Forceps	I.S. cms.	I.C. cms.	E.C. cms.	T.O. cms.	Duration of Labour 1st St.	Duration of Labour 2nd. St.	Child Weight Grams.	Child Length cm.	Circum of Head	Method Drug	Method Instrumental	Morbid	Result M.	Result C.	I.D.I.	REMARKS
BOOKED																					
T.Y.H.																					
3284/39	27	1	39	Pre-eclampsia	P.O.P.	25.5	28.5	20	8	34¾ hrs.	2½ hrs.	3.500	49	—	Yes	Nil	Nil	L.	L.	19¾ hrs.	Manual Rotation.
EMERGENCY																					
2112	27	2	38	Eclampsia	Maternal distress ...	25	27	18.5	9	3¼ hrs.	45 m.	1,950 2,340	—	—	Yes	Nil	Nil	D.	S.B. S.B.	3¼ hrs.	Twin. See mortality tables.
2207	40	9	39	Pre-eclampsia	Maternal distress ...	24	26½	21	9	35 m.	45 m.	3.250	52	39	Yes	Nil	Nil	D.	N.D.	4 hrs.	See mortality tables.

ot Induced.

tality of 14.1%.

Circum. of Head	Result M.	C.	Morbid	REMARKS
—	L.	L.	Nil	P.O.P. Manual Rotation.
37.5	L.	S.B.	Nil	P.O.P. Manual Rotation.
31	L.	L.	Nil	
39	L.	L.	Nil	Prolonged 2nd stage.
48	L.	N.D.	Nil	P.O.P. Manual Rotation.
35.5	L.	L.	Nil	
32	L.	L.	Nil	Prolonged 2nd stage.
41	L.	L.	Nil	P.O.P.
33	L.	L.	Nil	
38.5	L.	L.	Nil	
34.5	L.	L.	Nil	Pre-eclampsia I.
34.5	L.	L.	Nil	P.O.P. Prolonged 2nd stage.
36	L.	M.	Yes	Prolonged 2nd stage.
34.2	L.	L.	Nil	
35.5	L.	L.	Nil	Pre-eclampsia. Avitaminosis B1.
37	L.	L.	Nil	1st of Twins.
35	L.	L.	Nil	P.O.P. Manual Rotation.
36	L.	L.	Nil	
43	L.	L.	Nil	
39.5	L.	L.	Nil	P.O.P. Manual Rotation.
41	L.	L.	Nil	Intra-partum (See E225 39).
36	L.	L.	Nil	P.O.P.
—	D.	M.	Nil	Pre-eclampsia.
37	L.	L.	Nil	P.O.P. Manual Rotation.
40	L.	L.	Nil	(P.O.P. Manual Rotation Fœtal distress.
30	L.	L.	Nil	
40	L.	L.	Nil	
38.5	L.	L.	Nil	
34	L.	L.	Nil	P.O.P. Manual Rotation.
34	L.	L.	Nil	
—	L.	S.B.	Nil	
30	L.	L.	Nil	P.O.P.
37	L.	L.	Nil	Uterine inertia.

FORCEPS DELIVERY: (b) Labour Not Induced.—*(Continued).*

Reg. No.	Age	Gravida	Maturity	Indication	I.S. cms.	I.C. cms.	E.C. cms.	T.O. cms.	Duration of Labour 1st St.	Duration of Labour 2nd St.	Child Weight Grams	Child Length cms.	Child Circum. of Head	Result M.	Result C.	Morbid	REMARKS
EMERGENCY																	
1028	21	1	39	Prolonged 2nd stage	24	26	20	9	14½ hrs.	3 hrs.	3,160	48	—	L.	L.	Nil	
1269	21	1	39	Prolonged 2nd stage	22	26	19	9.5	7¾ hrs.	3 hrs.	3,300	48	39	L.	L.	Nil	P.O.P. Manual Rotation.
1473	32	1	40	Prolonged 2nd stage	24.5	27	18.5	9.5	19 hrs.	3¼ hrs.	2,200	—	30	L.	L.	Nil	
1585	30	5	40	Prolonged 2nd stage	25	26.5	18	8.5	3 hrs.	3 hrs.	3,600	49	38	L.	L.	Nil	P.O.P.
1779	26	1	41	Prolonged 2nd stage	25.5	25.5	18.5	8.5	15 hrs.	4 hrs.	2,900	42	35	L.	L.	Nil	P.O.P. D.A.A.
1800	19	1	40	P.O.P.	24.5	25.5	18.5	9	41 hrs.	2 hrs.	3,150	49	33	L.	L.	Yes	
1808	28	1	39	Eclampsia	23.5	26	17.5	9	7¼ hrs.	1 hr.	2,200	49	30	L.	L.	Nil	Maternal and Foetal distress.
2228	26	1	39	Prolonged 2nd stage	24.5	28	19.5	9	10½ hrs.	3¾ hrs.	2,900	?	46	L.	L.	Nil	
2245	30	4	39	Foetal distress	24	26	19	9	6½ hrs.	1½ hrs.	2,500	44	35.5	L.	L.	Nil	P.O.P.
2362	29	1	38	Prolonged 2nd stage	24.5	26.5	21	8.5	18½ hrs.	4 hrs.	2,250	—	36	L.	L.	Nil	
2374	25	1	41	Prolonged 2nd stage	22.5	24.5	18.5	8	8 hrs.	3 hrs.	3,000	47	36.5	L.	L.	Yes	D.A.A.
2670	27	1	38	M. & F. distress	24	20	18.5	9	10 hrs.	2 hrs.	3,050	50	38	L.	L.	Nil	
2725	25	1	39	Prolonged 2nd stage	21.5	24.5	16.5	9	13½ hrs.	4 hrs.	2,700	49	39.5	L.	L.	Nil	P.O.P.
2784	27	1	40	Eclampsia	23	25	19	9	18½ hrs.	2½ hrs.	2,830	51	41	L.	L.	Nil	Prolonged 2nd stage D.A.A.
2932	22	1	40	Prolonged 2nd stage	25	27	19	8.5	20 hrs.	4 hrs.	2,910	51.5	39	L.	L.	Nil	P.O.P.
3174	18	1	38	Eclampsia	23	25	18	8	26 hrs.	1½ hrs.	3,000	47	37	L.	L.	Yes	Manual Rotation.
3332	24	1	38	Prolonged 2nd stage	22	22.5	18	8.5	10½ hrs.	3½ hrs.	2,550	43	36	L.	L.	Nil	
3489	33	4	?	Foetal distress	22	24	18	8	11¾ hrs.	3¼ hrs.	2,750	46	37.5	L.	L.	Nil	P.O.P. Prolonged 2nd stage.
3496	34	2	36	Maternal distress	21	25	19	8.5	7 hrs.	1 hr.	2,450	48	36	L.	M.	Nil	Pre-eclampsia D.A.A.
3584	24	1	42	Prolonged 2nd stage	24	25.5	18.5	9.5	43 hrs.	3½ hrs.	2,900	46.5	39	L.	L.	Nil	P.O.P.
3642	24	1	39	Eclampsia	22	24.5	19	9.5	40 hrs.	30 m.	2,900	48	36	L.	S.B.	Nil	
Q.M.H.																	
BOOKED																	
136	31	1	43	Prolonged 2nd stage	28	29	22	—	11 hrs.	2¾ hrs.	2,912	47	39	L.	N.D.	Nil	P.O.P. Manual Rotation.
179	24	1	38	Prolonged 2nd stage	24	27	20	—	8 hrs.	4 hrs.	2,996	47	37.5	D.	L.	Nil	P.P.H.
207	20	1	40	Eclampsia	24	25.5	18	—	6½ hrs.	2 hrs.	—	—	—	D.	S.B.	Nil	
262	33	1	40	Prolonged 2nd stage	23	26	20	—	13 hrs.	4½ hrs.	2,688	—	37.5	L.	L.	Nil	
289	21	1	39	Prolonged 2nd stage	22	25	18	—	10 hrs.	5½ hrs.	2,856	47	—	L.	L.	Nil	
463	31	1	40	Prolonged 2nd stage	22	24	18	—	23½ hrs.	3½ hrs.	3,472	50	—	L.	L.	Nil	P.O.P. Manual Rotation.
479	25	2	42	Prolonged 2nd stage	25	26	19	—	2½ hrs.	3 hrs.	2,688	47	—	L.	L.	Nil	P.O.P. Manual Rotation.
570	36	6	40	Maternal distress	24	28	21.5	—	8½ hrs.	1½ hrs.	3,360	50	—	L.	L.	Nil	
589	26	1	38	Prolonged 2nd stage	23	25	18.5	—	43 hrs.	3 hrs.	2,688	47	—	L.	L.	Nil	
630	27	1	40	Prolonged 2nd stage	—	—	—	—	4 hrs.	2¼ hrs.	2,296	47	—	L.	L.	Nil	
701	29	1	40	Maternal distress	23	25.5	20	—	7 hrs.	1½ hrs.	2,780	47	—	L.	L.	Nil	
726	25	1	39	Maternal distress	22	25	22	—	8 hrs.	55 m.	2,800	50	—	D.	S.B.	Nil	Pre-eclampsia, Avitaminosis B1.
750	21	1	?	Maternal distress	24	27	17.5	—	—	1 hr.	—	—	—	D.	L.	Nil	
854	23	1	38	Prolonged 2nd stage	23	25	17	—	12 hrs.	6 hrs.	2,860	47	—	L.	L.	Nil	
EMERGENCY																	
307	35	3	42	Prolonged 2nd stage	20	25	17	—	7 hrs.	3 hrs.	3,024	50	—	L.	S.B.	Nil	P.O.P. Manual Rotation.
408	23	1	?	Eclampsia	23	25	20	—	?	1½ hrs.	3,192	45	—	L.	L.	Nil	
442	22	1	39	Prolonged 2nd stage	21	25	17.5	—	8½ hrs.	6 hrs.	3,472	52	—	L.	L.	Nil	Manual Rotation.
478	21	1	40	Eclampsia	—	—	—	—	11 hrs.	40 m.	3,136	50	—	L.	L.	Nil	P.O.P. Manual Rotation.
497	24	3	40	Prolonged 2nd stage	22	24	17.5	—	4½ hrs.	4 hrs.	2,968	47	—	L.	L.	Nil	Manual Rotation.
563	24	1	40	Prolonged 2nd stage	—	—	—	—	29 hrs.	3½ hrs.	3,640	—	—	L.	L.	Yes	
583	22	1	38	Eclampsia	22	24.5	18.5	—	5 hrs.	2 hrs.	2,520	50	—	L.	L.	Nil	Maternal distress.
695	23	1	38	Foetal distress	—	—	—	—	13¾ hrs.	1½ hrs.	2,184	—	—	L.	L.	Nil	
706	24	1	40	Eclampsia	—	—	—	—	10 hrs.	10 hrs.	2,980	50	—	L.	L.	Nil	
809	27	1	40	Prolonged 2nd stage	25	27	19	—	24 hrs.	5½ hrs.	3,350	—	—	L.	L.	Nil	

VERSION (In Labour).

There were 19 cases.

No mother died.

10 babies were stillborn and 2 died, a mortality of 63.2%.

Reg. No.	*Age*	*Gravida*	*Maturity*	*Indication*	*Type*	*Weight of Child Grams*	*Result M.*	*Result C.*	*REMARKS*
T.Y.H.									
BOOKED									
2242	20	2	38	Transverse presentation ...	Internal	3,000	L.	S.B.	Marginal Placenta Praevia.
EMERGENCY									
17	26	3	39	Transverse presentation ...	Internal	3,400	L.	L.	
278	23	2	?	Transverse presentation ...	Internal	2,550	L.	S.B.	Prolapsed right elbow.
353	38	12	40	Transverse presentation ...	Internal	2,500	L.	N.D.	Prolapsed left arm.
772	25	3	39	Transverse presentation ...	External	1,850	L.	L.	
890	42	12	?	Central Placenta Praevia ...	Internal	2,150	L.	S.B.	
1040	29	3	38	Shoulder presentation ...	Internal	3,050	L.	L.	
1143	25	7	33	Transverse presentation ...	Bipolar	1,850	L.	S.B.	Prolapsed right hand and foot.
1353	38	9	42	Transverse presentation ...	Internal	3,000	L.	L.	
1406	30	6	36	Transverse presentation ...	Internal	1,550	L.	N.D.	Manual removal of placenta.
2274	29	5	33	Transverse presentation ...	Internal	1,140	L.	S.B.	Lateral Placenta Praevia.
2472	41	8	34	Transverse presentation ...	Internal	2,700	L.	S.B.	
2755	22	2	29	Transverse presentation ...	Bipolar	1,330	L.	S.B.	Marginal Placenta Praevia.
2964	28	7	39	Shoulder presentation ...	Internal	2,400	L.	L.	Prolapse of cord.
3013	33	4	39	Transverse presentation ...	Internal	2,850	L.	L.	Lateral Placenta Praevia.
3159	27	6	28	Transverse presentation ...	External	1,300	L.	S.B.	Marginal Placenta Praevia.
3370	33	4	39	Compound presentation ...	Internal	3,100	L.	L.	Prolapse of cord.
3450	24	2	34	Transverse presentation ...	Internal	1,800	L.	S.B.	Lateral Placenta Praevia.
3494	29	4	35	Transverse presentation ...	Internal	1,900	L.	S.B.	Bad Marginal Placenta Praevia.

EMBRYOTOMY AND CRANIOTOMY.

There were 6 cases.

1 mother died, a mortality of 16.6%.

Reg. No.	Age	Gravida	Maturity	Indication	Previous Treatment	I.S. cm.	I.C. cm.	E.C. cm.	T.O. cm.	Duration of Labour 1st St.	Duration of Labour 2nd St.	Weight of Child Grams	Result to Mother	Type of Operation	REMARKS
T.Y.H.															
BOOKED															
2136	24	3	31	Transverse lie	Nil	24	25	18	8.5	4 hrs.	30 m.	1,750	L.	Perforation	
2501	29	6	42	Hydrocephalus	Nil	27	29.5	18.5	8	14½ hrs.	25 m.	4,997	L.	Perforation	
EMERGENCY															
273	23	2	?	Delayed after coming head...	Internal Ver.	23.5	25.5	18	9.5	11 hrs. &	25 m.	2,550	L.	Perforation	
2449	20	1	37	Generally contracted pelvis...	Nil	22.5	24	18	8.5	—	—	2,550	D.	Perforation	
2683	41	9	36	Transverse lie	Nil	24	26	18	9	9½ hrs.	1½ hrs.	2,300	L.	Decapitation	
Q.M.H.															
BOOKED															
780	20	1	40	Contracted Pelvis. P.O.P....	Failed Forceps	20	22	18	—	11½ hrs.	4½ hrs.	3,150	L.	Perforation	

CAESAREAN SECTION.

There were 16 cases.

1 mother died, a mortality of 6.2%.

3 babies were stillborn and 3 died, a mortality of 37.5%.

Reg. No.	Age	Gravida	Maturity	Indication	I.S. cm.	I.C. cm.	E.C. cm.	T.O. cm.	Duration of Labour 1st St.	Duration of Labour 2nd St.	Child Weight Grams	Child Length cm.	Child Circum. of Head	Result M.	Result C.	Admitted for Trial Labour	Type of Operation	Morbid	REMARKS
T.Y.H.																			
BOOKED																			
3283/39	37	7	42	M. Placenta Praevia...	23	25	18	8.5	—	—	2,400	46	36	L.	L.	Nil	Classical	Yes	Previous Ovariectomy.
3351/39	24	3	39	Vesico-vaginal fistula...	25	26	20	9	—	—	3,170	50	31.5	L.	L.	Nil	Classical	Nil	
435	25	1	34	Contracted pelvis... ...	24	25.5	16	8	1 hour &	5 m.	3,200	49	34.5	L.	L.	Nil	Lower Segment	Nil	Old Tuberculous left hip joint.
2737	22	2	41	Contracted pelvis... ...	21.5	24.5	17	8	—	—	2,700	46	34	L.	L.	Nil	Lower Segment	Nil	Sterilisation.
EMERGENCY																			
3334/39	31	4	31	C. Placenta Praevia ...	23	27	18	—	—	—	1,030	36	27.5	L.	N.D.	Nil	Classical	Yes	
3302/39	24	2	38	C. Placenta Praevia ...	25	27.5	19.5	8.5	7 hrs. &	15 m.	2,150	40	26	L.	L.	Nil	Classical	Yes	
367	33	2	37	C. Placenta Praevia ...	23	24.5	18.5	8.5	—	—	—	—	—	L.	N.D.	Nil	Classical	Yes	
998	35	4	33	C. Placenta Praevia ...	23	26	18	9	—	—	2,000	46	—	L.	L.	Nil	Classical	Nil	
1097	36	1	35	Contracted pelvis... ...	20½	23	18	5	1 hour		2,500	49	36	L.	L.	Nil	Classical	Nil	Ankylosed right hip joint.
978	36	1	35	M. Placenta Praevia ...	25	28	18	10.5	—	—	2,680	47	30	L.	N.D.	Nil	Classical	Yes	
1253	34	6	35	Accidental Haemorrhage	23	26	18½	9½	1 hour		1,820	45	30	D.	S.B.	Nil	Classical	Nil	
2253	27	4	33	C. Placenta Praevia ...	—	—	—	—	1 hour		2,100	45	35.5	L.	L.	Nil	Lower Segment	Yes	
2821	25	4	40	Persistent Brow Present	23	26	18	9	55 minutes		3,150	41	41½	L.	S.B.	Nil	Lower Segment	Yes	
2968	40	7	38	Accidental Haemorrhage	22	24.5	18	9	1 hour &	5 m.	2,500	46	30	L.	S.B.	Nil	Classical	Nil	Subtotal hysterectomy.
Q.M.H.																			
BOOKED																			
201	26	3	39	Flat Pelvis	23	26	16.5	9	—	—	3,640	55	—	L.	L.	Nil	Classical	Nil	
202	25	2	41	Rigidity of Cervix ...	22	25	19.5	7.5	25 hours		2,740	49	—	L.	L.	Yes	Lower Segment	Nil	Cervix only 2 cm. dilated after 25 hours of labour.

PERINEAL LACERATION AND EPISIOTOMY.

345 Lacerations (of 2nd or 3rd Degree).

104 Episiotomies.

(Incidence of Laceration and Episiotomy – 10.3% of Total Deliveries).

A. LACERATION OF PERINEUM (of 2nd or 3rd degree)

TYPE OF LABOUR.	*2nd DEGREE*	*3rd DEGREE*
Natural Forces :—		
Vertex	306	—
Breech	4	—
Occipito - posterior - Spontaneous rotation	2	—
Face	1	—
Twins	3	—
Triplets	1	—
Forceps Delivery :—		
Vertex	11	1
Assisted Breech	6	—
Breech-Embryotomy	1	—
P.O.P. Manual Rotation	2	—
P.O.P.	6	—
Failed forceps-Perforation and extraction	1	—

B. EPISIOTOMY.

TYPE OF LABOUR.	*CENTRAL*	*LATERAL*	*BILATERAL*
Natural Forces :—			
Vertex	10	21	1
Occipito-posterior-Spontaneous rotation	—	1	—
P.O.P.	1	—	—
Twins	1	1	—
Forceps Delivery :—			
Vertex	2	17	2
Vertex-Perforation	—	1	—
Assisted Breech	1	21	—
P.O.P. Manual Rotation	—	14	1
P.O.P.	—	7	—
Face	—	—	1
Twins	—	1	—

ACCIDENTAL ANTE-PARTUM HAEMORRHAGE.

There were 12 cases.

3 mothers died, a mortality of 25%.

10 babies were stillborn, a mortality of 83.3%.

Reg. No.	Age	Gravida	Maturity	Condition on Admission	Pulse	Albumen	Size of Os	Treatment	Result M.	Result C.	Type	Amount	REMARKS.
T.Y.H.													
EMERGENCY													
256	30	2	40	Fair	90	†	Full	A.R.M.	D.	S.B.	Concealed	1710 c.c.	
571	25	2	36	Oedema	104	††	9 cm.	Nil	L.	S.B.	Combined	300 †c.c.	
876	33	3	32	Good	78	†	2 cm.	A.R.M.	L.	S.B.	Combined	600 c.c.	
1174	34	6	35	Good	80	†	10 cm.	Tight binder	L.	S.B.	Combined	600 c.c.	
1475	21	1	40	Good	72	Clear	3 cm.	A.R.M.	L.	L.	Revealed	180 c.c.	
1253	34	6	35	Oedema	122	†	2 cm.	Caesarean Section	D.	S.B.	Concealed	1050 c.c.	
1841	38	6	40	Fair	90	Clear	6 cm.	General	D.	S.B.	Concealed	1500 c.c.	
2968	40	7	38	Fair	50	†	2 cm.	Caesarean Hysterectomy ...	L.	S.B.	Concealed	1200 c.c.	
3157	27	2	32	Oedema	86	†††	8 cm.	A.R.M.	L.	M.	Mild	120 c.c.	
Q.M.H.													
BOOKED													
649	42	9	33	Fair	72	—	4 cm.	A.R.M.	L.	S.B.	Concealed	1500 c.c.	Tight binder applied.
EMERGENCY													
234	30	6	35	Fair	96	lClear	4 cm.	Nil	L.	S.B.	Mild	250 c.c.	
260	29	4	38	Good	70	Clear	8 cm.	Nil	L.	L.	Mild	800 c.c.	

PLACENTA PRAEVIA.

There were 37 cases.

No mother died.

12 babies were stillborn and 5 died, a mortality of 45.9%

Reg. No.	*Age*	*Gravida*	*Maturity*	*Condition on Admission*	*Variety*	*Pulse*	*Size of Os*	*Treatment*	*Result M.*	*Result C.*	*Amount of Bleeding*	*REMARKS*
T.Y.H.												
BOOKED												
3283/39	37	7	42	Good	Marginal	78	3 cm.	Caesarean Hysterectomy ...	L.	L.	?	Previous Ovariectomy.
224	32	3	38	Good	Central	84	2 cm.	Caesarean Section	L.	L.	1,500 c.c	
539	30	3	39	Good	Marginal	98	4 cm.	Willetts Forceps	L.	S.B.	1,500 c.c.	
2242	20	2	38	Good	Marginal	80	6 cm.	Internal Version	L.	S.B.	1,020 c.c.	
2709	33	6	36	Good	Marginal	86	4 cm.	Willetts Forceps	L.	N.D.	450 c.c.	
3198	23	2	34	Good	Lateral	80	3 cm.	Nil	L.	L.	300 c.c.	
EMERGENCY												
3334/39	31	4	31	Fair	Central	96	4 cm.	Caesarean Section	L.	N.D.	1,500 c.c.	
3302/39	24	2	38	Good	Central	84	2 cm.	Caesarean Section	L.	L.	1,500 c.c.	
366	23	1	34	Good	Marginal	84	10 cm.	Nil	L.	L.	?	
367	33	2	37	Fair	Central	136	3 cm.	Caesarean Section	L.	N.D.	360 c.c.	
890	42	12	?	Fair	Central	90	7 cm.	Internal Version	L.	S.B.	?	
998	35	4	33	Good	Central	92	—	Caesarean Section	L.	L.	?	
1080	20	1	31	Fair	Lateral	84	8 cm.	Willetts Forceps	L.	L.	?	
1141	29	4	37	Good	Marginal	75	4 cm.	Willetts Forceps	L.	S.B.	150 c.c.	
1143	25	7	33	Good	Marginal	?	4 cm.	Bipolar Version	L	S.B.	?	
978	36	1	35	Good	Marginal	80	2 cm.	Caesarean Section	L.	N.D.	150 c.c.	
1273	33	1	40	Good	Lateral	80	10 cm.	Nil	L.	L.	?	
1296	32	4	?	Good	Lateral	80	10 cm.	A. R. M.	L.	L.	?	
1326	27	5	34	Good	Lateral	108	3 cm.	Nil	L.	L.	?	
1725	31	3	37	Good	Lateral	92	4 cm.	Willetts Forceps	L.	L.	150 c.c.	
1761	34	5	37	Good	Marginal	88	4 cm.	Willetts Forceps	L.	L.	750 c.c.	
2274	29	5	33	Good	Lateral	96	Full	Internal Version	L.	S.B.	390 c.c.	
2253	27	4	33	Good	Central	90	4 cm.	Caesarean Section	L.	L.	630 c.c.	
2390	38	10	29	Good	Marginal	92	2 cm.	Nil	L.	S.B.	180 c.c.	
2433	24	2	37	Good	Lateral	82	6 cm.	Binder applied	L.	L.	420 c.c.	
2497	23	1	36	Good	Lateral	64	7 cm.	Nil	L.	L.	300 c.c.	
2755	22	2	29	Good	Marginal	126	2 cm.	Bipolar Version	L.	S.B.	810 c.c.	
2802	20	1	35	Anaemic ...	Lateral	140	5 cm.	A. R. M.	L.	L.	1,800 c.c.	D.A.A.
2809	28	6	37	Fair	Marginal	96	5 cm.	Willetts Forceps	L.	L.	540 c.c.	
3013	33	4	39	Oedema ...	Lateral	76	8 cm.	Internal Version	L.	L.	300 c.c.	
3159	27	6	28	Good	Marginal	90	4 cm.	External Version	L.	S.B.	900 c.c.	
3450	24	2	34	Good	Lateral	84	6 cm.	Internal Version	L.	S.B.	360 c.c.	
3489	33	4	?	Good	Lateral	78	10 cm.	Forceps delivery	L.	L.	?	
3491	29	4	35	Fair	Marginal	125	—	Internal Version	L.	S.B.	1,200 c.c.	
3497	31	7	37	Good	Lateral	70	6 cm.	A. R. M.	L.	N.D.	420 c.c.	
Q.M.H.												
EMERGENCY												
493	27	3	37	Good	Marginal	74	Full	Nil	L.	L.	?	
689	30	4	34	Shocked ...	Marginal	104	4 cm.	Willett's Forceps	L	S.B.	1,200 c.c.	

POST-PARTUM HAEMORRHAGE.

There were 46 cases.

4 mothers died, a mortality of 8.7%.

4 babies were stillborn and 3 died, a mortality of 14.9%.

Reg. No. T.Y.H	Age	Gravida	Maturity	Delivery	Predisposing Cause	Treatment	Result M.	Result C.	Amount of Bleeding	REMARKS.
BOOKED										
539	30	3	39	Normal...	Atony	General...	L.	S.B.	600 c.c.	
1991	31	1	40	Normal...	Atony	General...	L.	L.	1000 c.c.	
2406	26	4	37	Spontaneous	Retained placenta	Manual removal	L.	L.	1050 c.c.	
2676	26	2	34	Twins	Atony	General...	L.	L. L.	900 c.c.	
3428	27	5	39	Normal...	Retained placenta	Manual removal	L.	L.	1500 c.c.	D.A.A.
EMERGENCY										
3344/39	33	2	41	Normal...	Retained placenta	Manual removal	L.	L.	900 c.c.	
3366/39	26	1	40	Normal...	Adherent placenta	Manual removal	L.	L.	900 c.c.	
3372/39	27	4	39	Normal...	Atony	General...	L.	L.	600 c.c.	
296	30	4	35	Forceps...	Retained placenta	Manual removal	D.	M.	?	
353	38	12	40	Internal Version	Atony	Hot douche plugging	L.	N.D.	?	
470	23	2	40	Normal...	Atony	General...	L.	L.	600 c.c.	
541	26	7	35	Normal...	Incomplete membrane	General...	L.	L.	600 c.c.	
590	31	7	38	Normal...	Atony	Ergot and Pitocin	L.	L.	630 c.c.	
697	32	5	39	Normal...	Atony	General...	L.	L.	750 c.c.	
869	26	3	42	Normal...	Atony	General...	L.	L.	900 c.c.	
876	33	3	32	Normal...	Atony	General...	L.	S.B.	600 c.c.	
983	21	1	40	Normal...	Atony	General...	L.	L.	660 c.c.	
1080	20	1	30	Normal...	Atony	General...	L.	L.	600 c.c.	
1146	27	1	39	Normal...	Retained placenta	Fundal massage	L.	L.	1200 c.c.	
1198	23	3	?	Normal...	Retained placenta	Manual removal	L.	L.	1500 c.c.	
1265	33	8	40	Normal...	Atony	General...	L.	L.	900 c.c.	
1328	26	1	37	Normal...	Atony	General...	L.	L.	1200 c.c.	

POST-PARTUM HAEMORRHAGE.—*(Continued).*

Reg. No.	*Age*	*Gravida*	*Maturity*	*Delivery*	*Predisposing Cause*	*Treatment*	*Result M.*	*Result C.*	*Amount of Bleeding*	*REMARKS*
EMERGENCY										
1481	30	4	40	Normal...	Retained placenta	Manual removal	L.	L.	1800 c.c.	
1585	30	5	40	Forceps...	Atony	General...	L.	L.	?	
1592	27	3	38	Induced labour...	Atony	General...	L.	N.D.	1200 c.c.	D.A.A.
1689	31	11	35	Normal...	Retained placenta	Manual removal	L.	L.	630 c.c.	
1798	38	14	44	Normal...	Atony	Crede's Method...	L.	L.	900 c.c.	
1841	38	6	40	Normal...	Atony	General...	D.	S.B.	1500 c.c.	
1863	23	1	36	Normal...	Atony	General...	L.	L.	800 c.c.	
1935	32	5	39	Normal...	Atony	General...	L.	L.	800 c.c.	
1961	23	1	39	Normal...	Retained placenta	Manual removal	L.	L.	1000 c.c.	D.A.A.
1972	22	2	35	Normal...	Atony	Crede's Method...	L.	L.	1500 c.c.	
2164	20	1	35	Normal...	Atony	General...	L.	L.	700 c.c.	
2307	29	5	40	Normal...	Atony	General...	L.	L.	900 c.c.	
2459	30	2	39	Normal...	Atony	Pitocin Icc.	L.	L.	600 c.c.	
2571	23	1	38	Normal...	Atony	General...	L.	N.D.	800 c.c.	
2940	18	1	37	Normal...	Atony	General...	L.	L.	1500 c.c.	
2913	36	8	37	Normal...	Atony	Credes's Method	L.	L.	600 c.c.	
3093	24	1	39	Normal...	Atony	General...	L.	L.	1500 c.c.	
3170	24	1	38	Normal...	Atony	General...	L.	L.	1000 c.c.	D.A.A.
3605	24	3	41	Induced labour...	Retained placenta	Manual removal	L.	L.	1500 c.c.	D.A.A.
Q.M.H.										
BOOKED										
179	24	1	38	Forceps...	Traumatic	——	D.	L.	?	Due to Episiotomy wound.
381	31	3	39	Normal...	Retained placenta	Manual removal	L.	L.	500 c.c.	
EMERGENCY										
219	27	?	?	B.B.A.	Adherent placenta	Manual removal	D.	L.	?	Very shocked condition.
244	41	10	40	Normal...	Delayed separation of placenta	Spontaneous	L.	L.	1350 c.c.	
507	26	2	39	Normal...	Retained placenta	Manual removal	L.	L.	650 c.c.	

MANUAL REMOVAL OF PLACENTA.

There were 16 cases.

2 mothers died, a mortality of 12.5½.

2 babies were stillborn, and 1 died, a mortality of 18.7%.

Reg. No.	*Age*	*Gravida*	*Maturity*	*Method of Delivery*	*Length of 3rd Stage*	*Indication*	*Morbidity*	*Result M.*	*Result C.*	*Amount of Bleeding*	*REMARKS*
T.Y.H.											
BOOKED											
2406	26	4	37	Spontaneous...	1 hr.	Retained Placenta	Nil	L.	L.	1,050 c.c.	
3428	27	5	39	Normal	35 m.	Retained Placenta	Nil	L.	L.	1,500 c.c.	D.A.A.
EMERGENCY											
3344/39	33	2	41	Normal	2 hrs.	Retained Placenta	Nil	L.	L.	900 c.c.	
3366/39	26	1	40	Normal	2 hrs.	Adherent retained placenta	Nil	L.	L.	900 c.c.	
296	30	4	35	Forceps...	15 m.	Retained Placenta	Nil	D.	M.	?	
890	42	12	?	Internal Version ...	4¾ hrs.	C. Placenta Praevia	Nil	L.	S.B.	?	
1198	28	8	?	Normal	4 hrs.	Retained Placenta	Nil	L.	L.	1,500 c.c.	
1406	30	6	36	Internal Version ...	2 hrs.	Retained Placenta	Nil	L.	N.D.	600 c.c.	
1481	30	4	40	Normal	1 hr.	Retained Placenta	Nil	L.	L.	1,800 c.c.	
1689	31	11	35	Normal	2½ hrs.	Retained Placenta	Nil	L.	L.	630 c.c.	
1961	23	1	39	Normal	40 m.	Retained Placenta	Yes	L.	L.	1,000 c.c.	D.A.A.
2913	36	8	37	Normal	20 m.	P.P.H.	Yes	L.	L.	600 c.c.	
3605	24	3	41	Induced labour	40 m.	Retained Placenta	Yes	L.	L.	1,500 c.c.	D.A.A.
Q.M.H.											
BOOKED											
381	31	3	39	Normal	55 m.	Retained Placenta	Nil	L.	L.	500 c.c.	
EMERGENCY											
219	27	?	?	B.B.A.	3 hrs.	Adherent Placenta	Nil	D.	L.	?	Very shocked condition
507	26	2	39	Normal	2 hrs.	Retained Placenta	Yes	L.	L.	650 c.c.	

MATERNAL MORBIDITY.

176 Cases.

Morbidity Rate 4%.

All cases with pyrexia and all maternal deaths are included as morbid.

The definition of puerperal pyrexia, as adopted at this Clinic, is: "A temperature of 100.4 F. or over, occurring on two or more occasions during the puerperium, whilst the patient is under observation, not including the first twenty-four hours."

BOOKED CASES.

Number of Cases delivered	1199	
Cases of Pyrexia	46	
Maternal Deaths without Pyrexia	6	
Morbidity Rate	4·3%	

EMERGENCY CASES.

Number of Cases delivered	3174	
Cases of Pyrexia	100	
Maternal Deaths without Pyrexia	24	
Morbidity Rate	3·9%	

MORBIDITY RATE FOR WHOLE CLINIC 4.0%

DETAILS OF MORBID CASES.

BOOKED CASES.

Puerperal infection:		
Uterine	12	(H.S. 5)
Perineal	1	
Local Sepsis	1	
Breast engorgement	12	
Local wound sepsis-Gluteal abscess	1	
Pyelitis	4	
Respiratory tract infection	1	
Pulmonary Tuberculosis	3	
Influenza	3	
Bronchitis	5	
Bacillary dysentery	1	

Dysentery-dental abscess	1	
Gastri-enteritis	1	
Maternal Deaths without Pyrexia	6	
	52	

EMERGENCY CASES.

Puerperal infection:		
Uterine	19	(H.S. 9)
Perineal	4	(H.S. 1)
Local sepsis	6	
Septic skin stitches	2	
Wound infection	1	
Urinary tract infection	1	
Staph. albus infection	1	
Strep. Veridans	1	
Pyelitis	13	
Pyelo-nephritis	1	
Septicaemia	2	
Toxaemia	1	
Breast engorgement	13	
Respiratory tract infection	1	
Breast abscess	1	
Pulmonary Tuberculosis	1	
Pneumonia	6	
Influenza	1	
Bronchitis	7	
Chronic bronchitic asthma	1	
Diarrhoea	1	
Bacillary dysentery	3	
Constipation	1	
Cerebral malaria	1	
Malaria	2	
Acute cardiac beri beri	1	
Subacute bacterial endocarditis	1	
Lymphangitis	1	
Thrombosis of femoral vein	1	

Gastro Enteritis	1
Fever of unknown origin	4
Maternal Deaths without Pyrexia	24
	124

Monthly distribution of cases with pyrexia, showing incidence of Haemolytic Streptococcus infection.

	CASES OF PYREXIA	*H.S.*		*CASES OF PYREXIA*	*H.S.*
January	8	2	July	15	—
February	10	1	August	16	—
March	13	2	September	14	1
April	12	3	October	10	—
May	6	—	November	14	2
June	13	—	December	15	4

The parity of the cases was as follows:—

Para	1	2	3	4	5	6	7	8	9	10 (or over)
BOOKED	25	10	3	3	1	2	1	—	—	1
EMERGENCY	50	14	10	12	5	2	3	2	1	1

MATERNAL MORTALITY.

There were 41 deaths (24 in the Tsan Yuk Hospital and 17 in the Queen Mary Hospital)

Mortality rate 0.86%

T.Y.H. BOOKED:

Case No. 1—Reg. No. 961. Cerebral malaria (? Landry's Paralysis).

Primipara aet. 19, 37 weeks pregnant.

Patient was admitted to Hospital for uncomplicated oedema on two occasions from the ante-natal clinic. Finally she was admitted in labour. Gave history of rigor and fever at home for 2 days. Patient had past history of chronic malaria with attacks of rigors for one year. There was oedema of legs with absent K.J. B.P. was 100/80 and urine + albumen. Patient delivered of premature live baby vertex II. Labour lasted 3¾ hours.

On second day after delivery patient had temperature 102.8° F. and pulse rose to 128/m. Blood smear and urine examination provided no positive findings. Quinine was given. Vaginal swab and urine cultures on the 3rd day gave negative results. There was an ascending flaccid paralysis with incontinence of urine and faces. On the 4th day, patient's temperature still remained high, and patient became dyspnoeic and semi-comatose. Lumbar puncture revealed clear C.S.F. and negative culture but increased cell count of 110 lymphocytes per c.mm. Cardatone and intravenous quinine bi-hydrochloride were given, but condition did not improve. Patient died of respiratory paralysis on the 4th day of puerperium. Permission for post mortem examination could not be obtained.

Case No. 2—Reg. No. 1162. Acute cardiac beri-beri.

Para 2, aet. 36, 35 weeks pregnant.

Admitted with massive solid oedema of legs and hands. Tender calf muscles, absent knee jerks. B.P. 120/75. Urine clear. 3 days after admission, oedema of eye lids appeared, and patient began to have difficulty in breathing. Patient was treated with massive doses of vitasin, but died from cardiac failure, undelivered, 5 days after admission. No P.M. was done.

T.Y.H. EMERGENCY:

Case No. 3—Reg. No. 256. Concealed Accidental Haemorrhage. Para 2, aet. 30, 40 weeks pregnant, admitted with history of 1 hour's bleeding accompanied by severe pain in the abdomen.

Abdomen tense and tender, foetal heart not heard, foetal parts not palpable. Pulse 90, temperature 98 F., os 2 cms dilated, no placenta presenting. Pitocin was administered, tight binder applied, and pulse taken every 15 minutes. No bleeding per vaginam but 1 hour later pulse rose to 118, abdomen very tense and uterus contracting, o.s. 8 cms. dilated, membranes ruptured. Pulse rose in rate and weakened in quality during the next 1¼ hours when patient was delivered of a stillborn male infant. Delivery of the child was followed immediately by the loss of 40 ozs. of blood and 17 ozs. more were lost after delivery of the placenta. Saline injections were given along with cardatone 4 ccs. and usual treatment for shock but patient became worse and died 1 hour after delivery.

Post-mortem examination showed, besides evidence of uterine haemorrhage, some myocardial degeneration along with chronic hepatitis with focal areas of necrosis, parenchymatous degenerative changes of the cells in the tubules and glomeruli of the kidneys.

Case No. 4—Reg. No. 296. Pre-eclampsia Grade II, Forceps Delivery, Cardiac Failure.

Para 4, aet. 30, pregnant 35 weeks. Admitted complaining of oedema of legs for 2 weeks and dimness of vision for 4 days. Pulse 100. B.P. 170/130. Albumin †††. Oedema of legs marked. Blood examination showed Uric acid 2.25 mgs. and Blood urea 53 mgs. per 100 ccs. Labour commenced 24 hours after admission. Brow presentation. Pains weak during 1st stage which lasted 14 hours. Second stage 4 hours. Head flexed to L.O.P. and delivered by forceps, difficulty with body due to foetal ascites, placenta removed manually on account of bleeding. Placenta unusually large and very friable. Foetus macerated. Patient's pulse very irregular and weak at times but appeared to improve after delivery, 3½ hours later had sudden collapse and died at once.

Case No. 5—Reg. No. 1092. Post-partum Eclampsia. Avitaminosis B1.

Primipara, aet. 24 years. Admitted 39 weeks pregnant suffering from oedema of legs, hands and abdomen for 15 days, headache and disturbed vision for 2 days, weakness, numbness and inability to walk for 3 days. B.P. 150/100 and urine showed trace of albumin. K.J. absent with other signs of Avitaminosis B1. She was given Vitamin B1 injections. Vertex presentation, R.O.A. Labour lasted 8½ hours when a stillborn infant was delivered. There was no improve-

ment in the patient's condition after delivery and on the 4th day of the puerperium, the B.P. rose to 180/100, and she sustained 7 convulsions with coma in the periods between and died 42½ hours after the 1st fit.

Case No. 6—Reg. No. 1253. Concealed Accidental Haemorrhage, Classical Caesarean Section. Paralytic Ileus.

Para 6, aet. 34, 36 weeks pregnant. Admitted complaining of slight painless bleeding per vagina ½ hour before admission. On examination, pulse was 122 and temperature 99.8° F. There was oedema of legs. B.P. 152/124 and urine † albumin. Abdomen was found to be tense and tender with no foetal parts felt, and no foetal heart heard. On vaginal examination vertex was presenting and external os admitted about 1 finger. Morphia was given. Classical Caesarean Section was performed. From the 2nd day after operation, patient had distension of the abdomen. Turpentine enema followed by flatus tube and pitressin injections were given. On the 4th day, the temperature rose to 102° F., and on the 5th day to 103° F. with positive signs in the bases of both lungs. Streptocide and digitalin were given. Acetyl choline and prostigmin injections were given for the abdominal distension with fairly good results. On the 6th day, abdomen became very distended again with attacks of cyanosis. Oxygen inhalations, prostigmin injections and submammary saline were administered. Patient died on the 7th day of puerperium. Post mortem examination confirmed the death to be due to paralytic ileus.

Case No. 7—Reg. No. 1380. Chronic Bronchitic Asthma, Heart Failure.

Para 4, aet. 30, 40 weeks of pregnancy. Admitted in labour with history of periodical asthmatic attacks every month for 10 years. On examination, temperature was 103° F. and pulse 100/m. There were signs of chronic asthma with bronchitis. Presentation vertex I, normal delivery, labour lasting 17½ hours. Treatment for bronchitis was given after birth. On the 3rd day of puerperium, patient had an asthmatic attack. Pulse was 130, and temperature 100.4° F. Adrenaline, and digitalin injections were given. On the 4th day, venesection was done, and oxygen inhalations, cardatone and ephedrine injections were administrated, but patient died in the afternoon of heart failure.

Case No. 8—Reg. No. 1527. Avitaminosis B_1, Cardiac Failure.

Para 2, aet. 27, 38½ weeks pregnant. Admitted with oedema, headache, dimness of vision and nausea. B.P.

142/94. Absent knee jerks. Urine †† albumin. Baby was delivered on 2nd day after admission. Patient began to show signs of cardiac failure the next day. In spite of treatment, the cardiac condition became worse and patient died from cardiac failure 2 days later. No. P.M. done.

Case No. 9—Reg. No. 1558. Post-partum Eclampsia, Avitaminosis B_1.

Primipara, aet. 20 years. Weeks of maturity not known. Admitted with history of oedema of the legs for 5½ months. Examination revealed massive oedema of the lower extremities, abdomen and vulva, absent knee jerks, extreme weakness and tenderness of the calf muscles. B.P. 140/85, urine showed trace of albumin. Injections of Vitasin were started at once (total 80 mgm). Labour commenced 3 days after admission when a still-born premature infant was delivered, labour lasting 16 hours. Condition not improved after delivery, and she developed headache, dimness of vision and vomiting the next day. On the 5th day of puerperium the B.P. rose to 164/90. She had 3 convulsive attacks, lapsed into coma and died 25 hours later..

Case No. 10—Reg. No. 1667. Ante-partum Eclampsia.

Primipara, aet. 28 years. Twin pregnancy at 32 weeks. Admitted complaining of massive oedema of the upper and lower extremities for 1½ months. B.P. 118/68. Urine showed trace of albumin. K.J. absent with some weakness of the legs. Treated for 9 days, but the condition did not seem to improve, and she developed headache and repeated vomiting and diarrhoea, and in spite of sedative treatment, sustained 16 fits within 12 hours, lapsed into coma and died undelivered.

Post-mortem examination showed focal areas of haemorrhagic necrosis with subcapsular haemorrhage in the liver, and signs of cardiac failure.

Case No. 11—Reg. No. 1730. Post-partum Eclampsia, Avitaminosis B_1.

Primipara, aet. 25, 40 weeks pregnant. Admitted with history of oedema, weakness and numbness of lower extremities. B.P. 128/68, absent K. J. Moderate albuminuria with hyaline and granular casts. There was no improvement after 6 days in hospital and B.P. rose to 160/80. Medical induction failed to bring on labour and artificial rupture of membranes was carried out. Child was deliverel 9 hours later with no complications. On the 2nd day of her puerperium, she developed severe headache, dimness of vision and vomit-

ing. In spite of sedative treatment she had an eclamptic fit on the 5th day, and died 35 minutes later. No. P.M. done.

Case No. 12—*Reg. No. 1841. Concealed accidental Haemorrhage and post-partum haemorrhage.*

Para 6, aet. 38 years, 40 weeks pregnant. Admitted in labour. Patient had slight oedema of legs, K. J. present. B.P. was 126/84 and urine clear. Abdominal examination revealed an L.O.A. presentation, but no foetal heart heard. By rectal examination, os was found to be 6 cms. dilated. One hour after admission, a stillborn baby was delivered. The whole placenta was expelled at the same time. There was a large retro-placental clot measuring 14 × 12 cm. There was oozing of blood from the vagina, and uterus was found to be soft. Ergometrine and pitocin injections were given intramuscularly in addition to intravenous ergometrine .125 mgm. Uterus became contracted to a certain extent. The blood loss was estimated to be about 2½ pints. The pulse was rather feeble, but slow. The patient was given 2 pints submammary saline and 2 c.c. cardatone. 15 minutes after delivery the uterus was again found to be very soft with oozing per vaginam. A hot intra-uterine douche was given and plugging of the uterus was resorted to. At the same time 1 pint of normal saline was given intravenously, and morphia was given for the restlessness. 4½ hours after delivery, the patient took a turn for the worse. The pulse became feeble and rapid. The uterus was very soft with slight oozing of blood. Ergometrine, cardatone, and oxygen were administrated, but patient died despite treatment.

Case No. 13—*Reg. No. 1971. Hydronephrosis, Uraemia complicating pregnancy.*

Primipara, aet. 28, 37 weeks pregnant. Admitted with history of oedema, weakness and numbness of lower extremities, abdominal wall and hands for 3-4 months. Headache, giddiness, dimness of vision, epigastric pain and vomiting for 4 days. B.P. 164/108, Urine + + albumin with hyaline and granular casts. No improvement after 2 days in hospital. Labour was induced. She had an attack of acute cardiac failure on 3rd day of her puerperium. Symptoms were relieved by venesection. 2nd attack of cardiac failure took place few hours later followed by 6 fits in 4 hours. She died from cardiac failure the next day. Clinical diagnosis—Acute cardiac beri beri and eclampsia. P.M. showed signs of cardiac beri-beri together with hydro-

nephrosis of right kidney due to a large calculus lodged in the pelvis. The left kidney was normal. Pathological diagnosis, death from uraemia.

Case No. 14—*Reg. No. 2004. Post-partum Eclampsia, Avitaminosis* B_1.

Para 2, aet. 24, 40 weeks pregnant. Admitted with history of oedema, weakness and numbness of lower extremities for 1½ months, headache, and dimness of vision for 4 days. B.P. 122/74. Absent knee jerks. Urine—trace of albumin with hyaline and granular casts. Child was born 3 hours after admission. The above symptoms became worse on the 4th day of her puerperium and B.P. rose to 190/110. She had an acute attack of cardiac failure the next morning and developed a fit at noon. She died from cardiac failure 3 hours later.

Post mortem examination showed dilatation of heart.

Liver—multiple areas of necrosis and haemorrhages.

Kidney—cloudy and fatty degeneration of tubules.

Case No. 15—*Reg. No. 2075. Post-partum Eclampsia, Avitaminosis* B_1.

Primipara, aet. 22 years, 38th week of pregnancy. Admitted in labour, with a history of massive oedema of the upper and lower extremities and abdomen for 1½ weeks, weakness and numbness of the legs, absent knee jerks and other signs of Avitaminosis B_1. B.P. 128/90. Urine showed + + albumin, granular casts, w.b.c. and r.b.c. Vertex I, spontaneous normal delivery 2 hours after admission, labour lasting 8¾ hours. She had 40 mgm. of Vitasin injection. The B.P. rose gradually to 194/122 though the oedema lessened, and the patient developed on the 3rd day of puerperium 4 convulsions and died 4 hours after the 1st fit from cardiac failure. Post-mortem examination showed an area of superficial haemorrhage on the left frontal lobe, and signs of cardiac failure.

Case No. 16—*Reg. No. 2112. Ante-partum Eclampsia.*

Para 2, aet. 27 years, 39th week of pregnancy. Admitted suffering from marked oedema of the lower extremities and abdominal wall, weakness and numbness of the legs and slight right sided dilatation of the heart. K.J. absent. B.P. 152/104. Urine showed + albumin with granular casts. For 3 days, she showed no improvement. The B.P. rose to 164/110. Medical induction was carried out. Labour pains were brought on, but the patient developed 5 convulsions.

Patient 3¼ hours in labour, delivered by forceps of a uniovular still-born twin, no foetal heart being heard after the 4th fit. She remained comatose after the delivery and died 14½ hours after the 1st attack of convulsion in spite of the usual treatment.

Permission for post-mortem examination could not be obtained.

Case No. 17—*Reg. No. 2207. Avitaminosis B,, Cardiac Failure.* Para 9, aet. 40, 39 weeks pregnant. Admitted with history of oedema of legs, weakness and numbness. B.P. 170/110, absent K.J. + +albumin with hyaline and granular casts. No improvement after 3 days in hospital and B.P. rose to 178/102. Medical induction was resorted to and labour pains began after hot bath and enema. 12 hours later, patient began to show signs of distress. B.P. rose to 210/120. Forceps delivery was decided upon and patient was anaesthetised with ether, after a dose of atropine gr. 1/100. Patient died from cardac failure during insertion of forceps.

Post-mortem showed dilatation of heart with cloudy swelling of liver and degeneration of tubules of kidney.

Case No. 18—*Reg. No. 2400. Mitral Stenosis, Cardiac Failure.*

Primipara, aet. 20, 39 weeks pregnant. Admitted with oedema of lower extremities and signs of beri beri. She was delivered 1 hour after admission. 2 minutes after 2nd stage completed patient suddenly died of cardiac failure. Post-mortem showed right side of heart dilated. Mitral orifice just admitted 1 finger. Other organs showed venous congestion.

Case No. 19—*Reg. No. 2449. Pelvic disproportion, Craniotomy, Puerperal infection.*

Para 1, aet. 20, 37 weeks pregnant. Patient was in labour on admission. Presenting part was high and pelvic measurements on the small side (I.S. = 22.5, I.C. = 24, E.C = 18.25, T.O. = 8.5). Presenting part was at the mid level during 2nd stage. Forceps were applied on account of foetal and maternal distress. Owing to some degree of disproportion, baby's head was not delivered until after perforation. Patient developed general peritonitis and died 4 days later. P.M. showed general peritonitis and septic torn cervix.

Case No. 20—*Reg. No. 2859. Avitaminosis B_1, Puerperal infection.*

Para 2, aet. 27, ? full term pregnancy. Patient was delivered by an untrained midwife at home and admitted on 5th day of puerperium with signs and symptoms of toxaemia of pregnancy, beri beri and puerperal infection. Massive oedema, headache, dimness of vision, epigastric pain, jaundice, trace of albumin in urine, B.P. 136/50. Absent K. J. and tender calf muscles. There was no growth obtained in blood culture but B. Coli was isolated in urine and cervical swabs. Patient did not respond to streptocide treatment and died 2 days after admission.

P.M. showed extreme anaemia of all organs and myocardium showed fatty degeneration; evidence of puerperal infection.

Case No. 21—*Reg. No. 3057. Bacillery Dysentery.*

Para 3 aet. 30, 26 weeks pregnant. Admitted with a history of diarrhoea with blood and mucus in stools for 10 days. She was emaciated on admission. Temperature 101° F. Pulse 120. Abortion took place the next day. Stooi culture negative except for B. Coli. Her condition got worse in spite of treatment and she died 5 days after admission. No permission for P.M.

Case No. 22—*Reg. No. 3100. Avitaminosis B_1, Post-partum Eclampsia.*

Para 4, aet. 28, 43½ weeks pregnant. Admitted with signs and symptoms of mild pre-eclampsia with beri beri. Marked oedema, urine clear, B.P. 130/84. She was put on 20 mgms. of Vitamin B_1 daily. She was delivered the next day. 2 days later, the toxaemic symptoms became worse and B.P. rose to 150/90, urine showed trace of albumin with granular casts. She suddenly developed fits and died of pulmonary oedema and cardiac failure after 6 fits. No permission for P.M.

Case No. 23—*Reg. No. 3272. Ante-partum Eclampsia, Avitaminosis B_1.*

Para 5, aet. 36, 34½ weeks pregnant. Admitted with signs and symptoms of toxaemia of pregnancy and beri beri. Massive oedema of lower extremities, urine trace of albumin wth granular casts. B.P. 140/90. Oedema was subsiding but B.P. was rising during her stay in hospital. She developed a fit 6 days after admission. Induction of labour was resorted to, and mother's condition was fairly good after delivery. She was restless the next evening under morphia.

B.P. rose to 198/110 and she developed a second fit. B.P. was 210/134. She was comatosed after second fit and died 3 days later.

P.M. not done.

Case No. 24—*Reg. No. 3558. Intra-partum Eclampsia, Avitaminosis* B_1.

Para 3, aet. 23, 37 weeks pregnant. Admitted with signs and symptoms of beri beri and toxaemia of pregnancy. Massive oedema of lower extremities, urine + albumin with granular casts. B.P. 170/110. She was given 20 mgms. of B_1 on admission and was put on routine pre-eclampsia treatment. Labour pains began the next morning and she suddenly lapsed into the tonic stage of an eclamptic fit. Respiration stopped before the commencement of convulsive stage. She died undelivered.

No P.M. done.

Q.M.H. BOOKED:

Case No. 25—*Reg. No. 179. Post-partum Haemorrhage.*

Para 1, aet. 24, Maturity 38½ weeks. Delayed 2nd stage in Vertex III presentation, lasting for 3 hours with failure of internal rotation of foetal head. Manual rotation to bring occiput to anterior position failed and foetus was extracted with forceps, face to pubes. A live baby was delivered. Right lateral episiotomy performed, rather severe haemorrhage from episiotomy wound being difficult to control and patient lost much blood. Symptoms of acute shock supervened. Treated by intravenous saline, etc., but after showing initial improvement, patient finally succumbed to it. No evidence of laceration of cervix.

Case No. 26—*Reg. No. 207. Intra-partum Eclampsia, anuria.*

Para 1, aet. 20, 40 weeks pregnant. Admitted with symptoms of severe pre-eclampsia. B.P. 190/110 Albumin + + and a history of oedema of lower limbs for 14 days and headache. First fit occurred 3 hours later followed by 2 more fits in the next 4½ hours. First fit occurred coincidently with onset of labour. Vertex I presentation, delivery being assisted with forceps, and right lateral episiotomy. Blue asphyxia of baby with failure of resuscitation. Mother's condition improved after birth of child. Suppression of urine quickly followed, patient passing only 2 ozs. of urine at 5.30 the day following delivery. Treated without avail and died from uraemia on the morning of 3rd day of puerperium.

Post mortem examination revealed rather typical eclamptic pathological findings.

Case No. 27—*Reg. No. 726. Pre-eclampsia (Grade II), Avitaminosis* B_1.

Para 1, aet. 25, Maturity 39 weeks. Patient was admitted for treatment of oedema of legs. Had 30 mgms. of Vitamin B_1 and was discharged against medical advice one week later as she still had extensive oedema and B.P. 136/82. Two weeks later she was readmitted with extensive oedema of legs. No foetal heart present. After the os was fully dilated for 1½ hours the mother was very distressed and forceps was applied to deliver the baby (R.O.P. manual rotation to R.O.A.) On the next day she started to have bad dyspnoea at 7.30 p.m. Chest full of moist rales. B.P. 220/30. Condition gradually deteriorated and at 11 p.m. venesection of about 20 ozs. was done. Patient showed no improvement in spite of treatment and died next day.

Case No. 28—*Reg. No. 729. Avitaminosis* B_1, *Cardiac failure.*

Para 5, aet. 28, Maturity 40 weeks. Went to ante-natal clinic 3 times with oedema of legs. On last visit B.P. 105/75. Urine clear. Was advised to come into hospital. On 22/10/40 came into hospital and Vitamin B_1 10 mgm. daily was given. On 24/10/40 delivered a normal baby. On 5th day after delivery patient suddenly had an attack of cardiac failure at 5.15 p.m. Vitamin B_1, 50 mgm. I.V.I., was given with Digitalin and Oxygen, Venesection of 10 ozs. done. Patient died at 6.50 p.m. Total dosage of Vitamin B_1 was 140 mgm.

Case No. 29—*Reg. No. 750. Intra-partum Eclampsia, Avitaminosis* B_1.

Para 1, aet. 21. Patient came to the ante-natal clinic and was immediately admitted for treatment of extensive oedema of legs, abdominal wall and vulva for 3 months, and other signs of beri beri accompanied by signs of pre-eclampsia Grade II. B.P. 170/120 albumin † in urine. Whilst in hospital had total of 60 mgm. Vitamin B_1 I.M.I. and routine treatment of toxaemia. On the 3rd day in hospital she started labour at 1 a.m. At 5.40 a.m. had a short fit with os only 4 cms. Morphia was at once given and modified Strogroff treatment for eclampsia instituted. At about 10 a.m. patient became semiconscious and her condition deteriorated. At 1 p.m. os was found to be fully dilated,

forceps was applied and a live baby was extracted. Patient died at 2 p.m.

Case No. 30—Reg. No. 758. Avitaminosis B_1, Cardiac Failure.

Para 1, aet. 30. First seen in ante-natal clinic, complaining of severe oedema and shortness of breath, patient was immediately admitted into hospital. Examination showed evidences of acute cardiac beri-beri with a failing heart. Oedema was almost generalised and moist rales were heard in the lungs. Dilatation of right heart. Marked orphthopnoea and palpitation, pulse 140. Anaesthesia of legs and hands and severe weakness of calf muscles. B.P. 194/124. Albumin ††. Blood pyruvic acid 3.5 mg./100 g. Condition was critical. Treatment consisted of digitalin, oxygen inhalation, Mag. Sulph. and Pot. Cit. and Vitamin B_1 preparation (60 mgms.). Patient did not respond to treatment and died 20 hours later.

Q.M.H. EMERGENCY:

Case No. 31—Reg. No. 6. Ante-partum Eclampsia.

Para 5, aet. 38, maturity 40 weeks. Admitted with a history of 3 fits before admission and oedema for 1 month. B.P. 182/114. Urine-albumin ††. Blood urea nitrogen 27 mgm./100 c.c. blood. Knee jerks absent. Oedema was marked and headache was present. Vomitted twice. Presentation R.O.A. Foetal heart rate 160/m. Chest showed rales and rhonchi. Heart not enlarged. A still-born baby was delivered 8 hours after admission and patient died 26 hours later in spite of treatment.

Case No. 32—Reg. No. 38. Puerperal Septicaemia.

Para 1, aet. 22, maturity 40 weeks. Normal delivery without perineal tear. Forty eight hours after delivery temperature went up to 102.4° F. with slightly offensive lochia. Temperature came down to 99° F. on the morning of 6th day without treatment, but went up to 100.6° F. in the evening. Examination of urine showed albumin trace, pus cells ††† and streptocide 3 grams daily for 6 days was given, but temperature still remained at 101° F. Blood culture negative, widal reaction negative. Vaginal swab only showed presence of diphtheroids B.S. no M.P. On the 28th day after delivery temperature still remained at 101° F. and patient started to complain of epigastric pain. Examination showed liver enlarged 3 fingers below xyphoid process and tender to palpation. Patient gradually deteriorated and died 35 days after delivery.

Case No. 33—Reg. No. 124. Ante-partum Eclampsia.

Para 1, aet. 25, maturity 40 weeks. Admitted in a comatose condition with a history of 2 previous fits and marked oedema for 2 months. On examination — very severe oedema of both lower limbs and abdomen. Also very marked oedema of conjunctiva. Albumin in urine 3.8 Gm./litre. Many casts and some red cells in urine. Blood chemistry not done. Had one more fit after admission. Slight improvement the next day but condition gradually deteriorated after that, foetal heart disappeared on the 4th day after admission. Patient then became more comatose, vomiting dark coloured fluid from time to time and evidence of hypostatic pneumonia appeared. Induction of labour was carried out with pituitrin and artificial rupture of membranes, but patient died undelivered.

Case No. 34—Reg. No. 199. Lobar Pneumonia, Pneumococcal Peritonitis.

Para 3, aet. 34, maturity 40 weeks. Admitted with cough and fever 101° F. for 4 days. Examination showed signs of pneumonia with considerable pleural effusion at the right base. X-ray was taken and diagnosis was confirmed. Normal delivery took place on day after admission and patient was given conservative treatment. Patient died 50 hours after delivery with signs of Pneumococcal Peritonitis.

Case No. 35—Reg. No. 219. Post-partum Haemorrhage.

Age 27. Brought in by midwife after delivery of a normal baby in Aberdeen village with a history of retained placenta and post-partum haemorrhage. Patient was admitted in a very shocked condition—pulse irregular about 90/m with very poor volume. Placenta was still inside the uterus, though haemorrhage had almost stopped. Patient was treated by intravenous gum acacia saline solution, morphia and cardatone. Respiration gradually failed and patient died 30 minutes after admission.

Case No. 36—Reg. No. 411. Bacillary dysentery complicating pregnancy and puerperium.

Para 5, aet. 29, maturity 33 weeks. Admitted with a history of diarrhoea and blood mucus in stools for 10 days. Normal delivery of a male chid weighing 4 lbs. and 8 ozs. Patient was later treated in Isolation Ward where she gradually weakened and died 8 days after admission. Treatment with sodium sulphate and subcutaneous saline gave no improvement. Culture of stool proved to be negative. Clinically evidence suggested bacillary dysentery.

Case No. 37—Reg. No. 500. Ante-partum Eclampsia, Avitaminosis B_1.

Para 1, aet. 22, maturity 33 weeks. Admitted with a history of 2 fits, oedema for 2 months and vomitting. On admission-knee jerks absent. B.P. 140/104. Urine + + albumin. Foetal heart heard in R.O.A. position. Blood pyruvic acid 0.6 mg. Blood urea—18 mgm and uric aced 2.4 mgm. Very slight improvement with treatment and patient had a 3rd fit in the afternoon of admission. Delivered on the 3rd day after admission of a still-born baby. Condition became much worse after labour. Pulse 160 and temperature 103.4°F. Was given digitalin and tepid sponging and intravenous glucose. Died on 1st day of puerperium.

Case No. 38—Reg. No. 564. Toxaemia, Avitaminosis B_1 cardiac failure.

Para 5, aet. 36, maturity 38 weeks. Marked oedema of hands, legs, and vulva for 1 month. Cyanosis of lips for 7 days. Cough with frothy sputum for 3 days. Examination showed lungs water-logged. B.P. 148/80. No urine for examination. Normal delivery of a live baby 25 minutes after admission (L.O.A.). Condition became worse after delivery in spite of treatment (Vitamin B_1 20 mgm. I.V.I., atropine gr. 1/100, continuous $Oxygen_2$, venesection 12 ozs.). Patient died 2½ hours after admission.

Case No. 39—Reg. No. 613. Acute Pulmonary Tuberculosis.

Para 2, aet. 27, maturity 37 weeks. History of cough for 2 weeks. Shortness of breath for same period. Was delivered 15 minutes after admission. Examination showed chest water-logged with much frothy sputum coming. B.P. 120/80. K.J. present on both sides. No oedema of legs. No urine for examination. About half an hour after delivery patient's condition deteriorated in spite of treatment, supplemented by artificial respiration and oxygen. About 8 ozs. of frothy sputum was brought up by patient. Patient died 1¼ hours after admission. Tubercle Bacillus present in sputum.

Case No. 40—Reg. No. 686. Avitaminosis B_1, cardiac failure.

Para 1, aet. 28, maturity 32 weeks. Transferred from Medical Ward, and delivered of a macerated foetus on 8/10/40. History of inability to walk for 1½ months. Anaesthesia of hands and legs. K.J. absent. 8 mgm Vitamin B_1 given I.V.I. on 8/10/40. On 10/10/40 started to have shortness of breath, and examination showed chest

water logged, atropine was given with digitalin 1/100 gr. 4 hourly 4 doses. Patient died on 12/10/40.

Case No. 41—Reg. No. 824. Avitaminosis B_1, cardiac failure.

Para 9, aet. 34, maturity about 29 weeks. Admitted with a history of oedema of legs for 2 months, numbness of legs for 1 month and inability to walk and shortness of breath for 15 days. There was extensive oedema involving legs, hands and vulva. Knee jerks were absent. B.P. 177/90. Urine albumin +. Patient was very dyspnoeic. 4 hours after delivery patient developed acute cardiac failure and died. Treatment consisted of B_1 preparation (70 mgs.), digitalin, venesection and cardatone.

INFANTS REPORT.

During the year 1940, 4,410 infants were delivered in the Tsan Yuk and Queen Mary Hospitals, of whom 400 were premature. There was a stillbirth rate of 3.3% and a neo-natal death rate of 2.4% making a combined stillbirth and neo-natal mortality rate of 5.7%. The following two tables summarise the results in the two hospitals during the year, and the remaining tables show the combined results.

TSAN YUK HOSPITAL INFANTS'S REPORT.

MATURE INFANTS:

	Booked	*Emergency*	*Total*
Born alive and survived	597	2,538	3,135
Stillbirths	6	29	35
Macerated foetus	2	15	17
Neo-natal Deaths	10	24	34
Total	615	2,606	3,221

PREMATURE INFANTS:

	Booked	*Emergency*	*Total*
(Birth weight 2,300 grams, or 5 lb. and under):			
Born alive and survived	40	171	211
Stillbirths	3	24	27
Macerated foetus	2	25	27
Neo-natal Deaths	7	44	51
Total	52	264	316
Total number of Infants delivered:	667	2,870	3,537
Stillbirth rate (including macerated foetus):	1.9%	3.2%	3.0%
Neo-natal Death Rate:	2.5%	2.4%	2.4%
Combined Stillbirth and Neo-natal Mortality Rate:	4.4%	5.6%	5.4%

QUEEN MARY HOSPITAL INFANTS'S REPORT.

MATURE INFANTS:

	Booked	*Emergency*	*Total*
Born alive and survived	507	251	758
Stillbirths	8	10	18
Macerated foetus	2	5	7
Neo-natal Deaths	3	3	6
Total	520	269	789

PREMATURE INFANTS:			
(Birth weight 2,300 grams, or 5 lbs. and under):			
Born alive and survived	20	35	55
Stillbirths	1	5	6
Macerated foetus	1	6	7
Neo-natal Deaths	4	12	16
Total	26	58	84
Total number of Infants delivered:	546	327	873
Stillbirth rate (including macerated foetus):	2.2%	8.0%	4.3%
Neo-natal Death Rate:	1.3%	4.6%	2.5%
Combined Stillbirth and Neo-natal Mortality Rate	3.5%	12.5%	6.9%

STILL BIRTHS.

There were 144 stillbirths (including 58 cases of Macerated foetus).
Stillbirth rate—3.3%.

Reg. No.	*Sex*	*Weight*	*Maturity*	*Method of Delivery*	*Maternal Complication*	*Cause of Death*	*REMARKS*
T.Y.H. BOOKED							
59	F.	3,000	33	Normal	Syphilis	Macerated foetus	
323	M.	1,900	29	Spontaneous	Nil	Macerated foetus	
364	M.	3,200	39	Forceps	Nil	Asphyxia	
401	F.	2,830	42	Assisted	Nil	Delayed after coming head	
467	F.	3,400	?	Assisted	Oedema	Asphyxia	
1443	M.	750	34	Normal	Nil	Prematurity	
1538	F.	1,100	28	Transverse lie	Nil	Prematurity	
1690	F.	1,500	36	Breech	Nil	Macerated foetus	
2136	F.	1,750	31	Embryotomy	Nil	Prematurity	
2242	F.	3,000	38	Internal Version	Placenta Praevia	White Asphyxia	
2452	M.	3,200	47	Assisted	Oedema	Blue Asphyxia	
2501	F.	4.997	42	Embryotomy	Nil	Hydrocephalus	
3232	M.	2,800	39	Forceps	Pre-eclampsia	Macerated foetus	
EMERGENCY							
3333/39	M.	1,700	37	Breech	Nil	Prematurity	
22	F.	3,300	39	Assisted breech	Nil	Macerated foetus	
119	M.	3,600	40	Breech	Nil	Unknown	Twins—both babies dead on admission.
119	F.	3,500	40	Normal	Nil	Unknown	Twins—both babies dead on admission.
154	M.	3,400	40	Spontaneous	Nil	Unknown	
236	M.	1,250	29	Normal	Nil	Macerated foetus	
256	M.	2,720	40	Normal	Accidental haemorrhage	Asphyxia	
273	M.	2,550	?	Internal Version	Nil	Asphyxia	Perforation of after coming head.
296	F.	?	?	Forceps	Pre-eclampsia	Macerated foetus	
337	M.	2,000	31	Normal	Pre-eclampsia	Macerated foetus	
498	M.	1,100	31	Normal	Nil	Macerated foetus	
513	F.	3,000	39	Normal	Nil	Macerated foetus	
539	M.	2,720	39	Normal	Marginal Placenta Praevia	Marginal insertion of cord	
569	M.	2,100	35	Normal	Nil	Macerated foetus	
571	M.	2,780	36	Normal	Accidental haemorrhage	Accidental haemorrhage	
641	F.	1,946	36	Normal	Syphilis	Prematurity	Generalised oedema with ascites.
647	M.	2,360	37	Normal	Avitaminosis B1	Pre-eclampsia	
714	F.	3,200	39	Forceps	Nil	Asphyxia	
803	F.	1,000	33	Normal	Syphilis	Macerated foetus	
836	M.	1,500	33	Normal	Syphilis	Macerated foetus	
865	M.	2,850	44	Face	Nil	Unknown	
873	F.	750	28	Breech	Nil	Prematurity	
876	F.	1,900	32	Normal	Accidental haemorrhage	Prematurity	
890	F.	2,150	?	Internal Version	C. Placenta Praevia	Prematurity	
900	F.	956	?	Normal	Nil	Macerated foetus	
977	F.	600	36	Normal	Nil	Macerated foetus	
1000	M.	1,050	30	Normal	Nil	Macerated foetus	
1052	M.	1,700	32	Normal	Nil	Macerated foetus	
1141	M.	3,300	37	Willett's Forceps	Marginal Placenta Praevia	Ante-partum haemorrhage	
1145	M.	1,850	33	Bipolar Version	Marginal Placenta Praevia	Ante-partum haemorrhage	

STILL BIRTHS.— (*Continued 1*).

Reg. No.	*Sex*	*Weight*	*Maturity*	*Method of Delivery*	*Maternal Complication*	*Cause of Death*	*REMARKS*
EMERGENCY							
1174	F.	2,300	35	Normal	Accidental haemorrhage	Accidental haemorrhage	
1092	F.	2,700	39	Normal	Pre-eclampsia, P.P. Eclampsia	Dilated heart	
1407	F.	1,950	36	Normal	Nil	Macerated foetus	
1477	F.	2,700	38	Normal	Nil	Macerated foetus	Ascites.
1253	F.	1,820	35	Caesarean Section	Int. Accidental haemorrhage	Prematurity	
1558	F.	2,000	?	Normal	Nil	Prematurity	
1604	F.	2,000	30	Breech	Nil	Macerated foetus	
1706	M.	2,420	32	Normal	Syphilis	Macerated foetus	
1723	F.	1,600	34	Assisted breech	Nil	Macerated foetus	Prolapsed cord.
1841	F.	?	40	Normal	Accidental haemorrhage	Accidental haemorrhage	
2052	F.	2,700	39	Normal	Nil	White Asphyxia	
2107	M.	2,050	?	Normal	Nil	Macerated foetus	
2112	F.	1,950	38	Forceps	Eclampsia	Toxaemia	Twins.
2112	F.	2,340	38	Forceps	Eclampsia	Toxaemia	Twins.
2137	F.	1,750	38	Normal	Nil	Macerated foetus	
2166	M.	1,730	32	Normal	Nil	Prematurity	
2174	M.	2,000	33	Normal	Nil	Prematurity	Prolapse of cord.
2194	F.	1,720	33	Normal	Oedema	Prematurity	
2274	?	1,140	33	Internal Version	Placenta Praevia	Prematurity	Absence of external genitalia.
2342	F.	1,030	31	Normal	Syphilis	Prematurity	Macerated foetus.
2337	M.	2,000	33	Normal	Avitaminosis B1	Prematurity	
2390	F.	1,010	29	Normal	Placenta Praevia	Prematurity	
2472	M.	2,700	34	Internal Version	Nil	Unknown	
2473	M.	1,800	32	Normal	Nil	Macerated foetus	
2552	M.	3,400	41	Normal	Nil	Unknown	
2363	F.	1,000	29	Normal	Nil	Macerated foetus	
2449	M.	2,550	37	Perforation	Nil	Asphyxia	
2636	F.	3,500	39	Normal	Nil	Cerebral haemorrhage	Tentorial tear.
2683	F.	2,300	36	Embryotomy	Nil	Prematurity	
2691	M.	3,000	49	Spontaneous	Nil	Anencephaly	Face presentation.
2713	M.	2,200	36	Normal	Pre-eclampsia	Prematurity	
2748	F.	1,000	39	Breech	Nil	Macerated foetus	
2755	F.	1,330	29	Bipolar Version	Marginal Placenta Praevia	Prematurity	
2777	M.	1,000	32	Normal	Nil	Macerated foetus	
2798	F.	2,000	33	Normal	Pre-eclampsia	Prematurity	
2951	F.	2,500	36	Normal	Syphilis	Macerated foetus	
2967	M.	3,000	35	Normal	Nil	Macerated foetus	
2990	M.	2,950	39	Normal	Oedema	Asphyxia	
3009	M.	2,950	39	Normal	Nil	Unknown	
3020	M.	500	28	Breech	Syphilis	Macerated foetus	
2968	M.	2,500	38	Caesarean Section	Accidental haemorrhage	Accidental haemorrhage	
3157	F.	2,300	32	Normal	Accidental haemorrhage	Marked Ascites	
3159	M.	1,900	28	External Version	Marginal Placenta Praevia	Prematurity	
2821	F.	3,150	40	Caesarean Section	Avitaminosis B1	Achondroplasia	
3216	F.	2,400	34	Normal	Avitaminosis B1	Macerated foetus	
3266	F.	2,800	40	Normal	Nil	Macerated foetus	
3273	M.	2,600	33	Normal	Syphilis	Macerated foetus	
3274	M.	1,200	32	Normal	Syphilis	Macerated foetus	
3212	M.	2,800	39	Breech	Nil	Macerated foetus	
2911	M.	2,500	34	Normal	Pre-eclampsia	Rigor Mortis	
3300	F.	2,800	38	Normal	Post-partum Eclampsia	Macerated foetus	
3450	F.	1,800	34	Internal Version	Placenta Praevia	Prematurity	

STILL BIRTHS.—(*Continued 2*).

Reg. No.	*Sex*	*Weight*	*Maturity*	*Method of Delivery*	*Maternal Complication*	*Cause of Death*	*REMARKS*
EMERGENCY							
3491	M.	1,900	35	Internal Version ...	Avitaminosis B1	Prematurity	
3504	F.	2,860	34	Normal	Nil	Foetal Ascites	
3531	M.	1,600	35	Normal	Nil	Macerated foetus	} Twins.
3531	M.	2,700	35	Normal	Nil	Macerated foetus	
3490	F.	2,450	36	Forceps	Pre-eclampsia	Macerated foetus	
3582	M.	2,450	39	Normal	Syphilis	Foetal Ascites	
3642	M.	2,900	39	Forceps	Eclampsia	Asphyxia	
3661	F.	1,250	31	Normal	Nil	Macerated foetus	
3712	M.	2,250	37	Normal	Hydramnios	Macerated foetus	Ascites.
3700	F.	2,450	35	Normal	Nil	Macerated foetus	
3748	M.	2,800	36	Normal	Nil	Asphyxia	
Q.M.H. BOOKED							
49	F.	1,344	30	Normal	Nil	Macerated foetus	2nd of Triplets.
200	M.	2,576	38	Assisted breech... ...	Nil	Asphyxia	
207	M.	—	40	Forceps	Eclampsia	Blue asphyxia	
223	M.	3,360	35	Assisted breech... ...	Nil	Asphyxia	
337	M.	3,136	39	Spontaneous...	Nil	Macerated foetus	P.O.P.
450	F.	3,136	40	Assisted breech... ...	Nil	Delayed coming head	
461	M.	2,912	38	Normal	Syphilis	White Asphyxia	
505	M.	3,248	40	Assisted breech... ...	Nil	Asphyxia	
518	M.	2,688	40	Normal	Nil	Macerated foetus	
649	M.	2,128	33	Normal	Accidental Haemorrhage	Prematurity	
726	F.	2,800	39	Forceps	Pre-eclampsia	Toxaemia	
780	M.	3,150	40	Perforation	Nil	Moulding of head	
EMERGENCY							
6	F.	—	43	Normal	Eclampsia	White Asphyxia	
127	M.	1,736	33	Breech	Smallpox	Prematurity	
132	F.	2,016	?	Normal	Eclampsia	Macerated foetus	
186	M.	2,576	?	Breech	Eclampsia	Asphyxia	
213	F.	2,212	41	Breech	Syphilis	Macerated foetus	
234	F.	2,240	35	Normal	Accidental haemorrhage	Accidental haemorrhage	
301	F.	2,296	33	Normal	Nil	Macerated foetus	
307	M.	3,024	42	Forceps	Nil	Cerebral haemorrhage	P.O.P.
378	M.	1,792	34	Normal	Syphilis	Macerated foetus	
383	F.	2,016	32	Normal	Nil	Prematurity	
385	F.	2,912	35	Normal	Nil	Macerated foetus	
462	M.	2,632	38	Normal	Nil	Blue Asphyxia	
480	M.	1,400	37	Normal	Nil	Macerated foetus	
482	F.	3,248	37	Normal	Nil	Intra-cranial haemorrhage	
500	M.	2,912	33	Normal	Eclampsia	Toxaemia	
537	M.	3,080	38	Normal	Pre-eclampsia	Toxaemia	
616	F.	2,520	36	Normal	Hydramnios	Macerated foetus	
581	F.	1,848	33	Normal	Mumps	Prematurity	
622	M.	2,352	40	Normal	Nil	Macerated foetus	
637	F.	1,008	32	Normal	Eclampsia	Prematurity	
639	F.	1,176	29	Normal	Nil	Prematurity	
686	M.	954	32	Normal	Avitaminosis B1	Macerated foetus	
689	F.	3,136	34	Willett's Forceps ...	Nil	Placenta Praevia	
690	M.	1,008	34	Normal	Nil	Macerated foetus	
694	F.	2,800	40	Normal	Nil	Asphyxia	
906	M.	2,130	44	Induced	Nil	Macerated foetus	

NEO-NATAL DEATHS.

There were 107 infant deaths (including 67 premature babies).

Neo-natal death rate—2.4%.

Reg. No.	*Sex*	*Birth Weight*	*Maturity*	*Method of Delivery*	*Maternal Complication*	*Cause of Death*	*Age*	*Method of Feeding*	*REMARKS*
T.Y.H. BOOKED									
48	F.	1800	35	Normal	Pre-eclampsia	Prematurity	17 hrs.	—	Twins
48	M.	1750	35	Normal	Pre-eclampsia	Prematurity	36 hrs.	Dropper	Twins
196	M.	1670	36	Normal	Nil	Prematurity	31¼ hrs.	Breast	
656	M.	2950	39	Forceps	Maternal distress	Intracranial haemorrhage	30½ hrs.	Breast	
832	F.	2700	42	Normal	Nil	Intracranial haemorrhage	4¾ days	Breast	
1183	M.	1310	29	Normal	Nil	Prematurity	2½ days	Dropper	Twins
1183	M.	1300	29	Normal	Nil	Prematurity	3 days	Dropper	Twins
1366	M.	2600	39	Induction	Pre-eclampsia	Icterus Neonatorum	9 days	Breast	
1371	F.	2050	32	Normal	Nil	Prematurity	8 days	Breast	
1701	M.	2800	45	Normal	Nil	Broncho-pneumonia	3½ days	Breast	
2054	F.	2440	38	Normal	Syphilis	Congenital Syphilis	2 days	Breast	
2407	M.	1080	28	Normal	Avitaminosis B1	Prematurity	1 hr.	Breast	
2709	F.	2900	36	Willet's Forceps	M. Placenta Praevia	Congenital debility	71 hrs.	Breast	
2837	F.	2900	40	Normal	Nil	Intracranial haemorrhage	3 days	Breast	
2561	F.	3500	39	Normal	Pre-eclampsia	Intracranial haemorrhage	5 days	Breast	2nd of Twins
3337	F.	2450	38	Induced	P. P. Eclampsia	Labour Pneumonia	7 days	Condensed Milk	
3552	M.	2900	33	Normal	Nil	Broncho-pneumonia	4 days	Breast	
EMERGENCY									
3310/39	F.	2000	35	Normal	Nil	Broncho-pneumonia	7 days	Breast	
3334/39	F.	1030	31	Caesarean Section	C. Placenta Praevia	Prematurity	3 days	Dropper	
3342/39	F.	1950	35	Normal	Nil	Prematurity	3 days	Dropper	
3350/39	M.	1900	35	Normal	Nil	Prematurity	3¼ days	Dropper	
24	F.	1200	?	Normal	Nil	Prematurity	24 days	Dropper	
28	M.	3550	38	Normal	Nil	Intracranial haemorrhage	4 days	Breast	
139	M.	1520	32	Normal	Nil	Prematurity	27 hrs.	Dropper	Twins
139	M.	1440	32	Normal	Nil	Prematurity	27 hrs.	Dropper	Twins
166	M.	2000	33	Normal	Nil	Broncho-pneumonia	4 days	Breast	
188	F.	1300	31	Normal	Nil	Prematurity	41½ hrs.	Dropper	
197	M.	2400	34	Normal	Nil	Atelectasis	55 hrs.	Breast	
241	M.	1900	38	Normal	Post-partum Eclampsia	Prematurity	1½ hrs.	—	
332	M.	2050	38	Normal	Pre-eclampsia	Prematurity	3½ days	Breast	1st of Twins
353	F.	2500	40	Internal Version	P.P.H.	Icterus Neonatorum	8½ days	Breast	
433	M.	2000	35	Normal	Nil	Prematurity	2 days	Breast	
348	F.	1150	37	Normal	Nil	Prematurity	21 days	Dropper	Twins
348	F.	1000	37	Normal	Nil	Prematurity	15 days	Dropper	Twins
367	M.	?	37	Caesarean Section	C. Placenta Praevia	Asphyxia	13 hrs.	—	
456	M.	1600	36	Normal	Syphilis	Prematurity	6 days	Dropper	
492	M.	1600	?	Normal	Nil	Prematurity	5 days	Dropper	
546	F.	1450	34	Breech	Nil	Prematurity	11 hrs.	—	

NEO-NATAL DEATHS.— (*Continued 1*).

Reg. No.	*Sex*	*Birth Weight*	*Maturity*	*Method of Delivery*	*Maternal Complication*	*Cause of Death*	*Age*	*Method of Feeding*	*REMARKS*
EMERGENCY									
723	F.	2950	40	Normal	Nil	Unknown	54 hrs.	Breast	
827	F.	530	38	Normal	Nil	Prematurity	8½ hrs.	—	
866	M.	1700	34	Breech	Nil	Prematurity	26¼ hrs.	Dropper	
886	M.	1600	32	Breech	Nil	Prematurity	28 hrs.	Dropper	
931	M.	1400	28	Normal	Nil	Prematurity	29 hrs.	Dropper	
1132	F.	3000	38	Normal	Nil	Cyanosis	3 days	Breast	
978	M.	2680	35	Caesarean Section	M. Placenta Praevia	Broncho-pneumonia	37 days	Breast	
1224	M.	2450	38	Normal	Pre-eclampsia	Unknown	2 days	Breast	
1399	F.	1750	37	Normal	Nil	Prematurity	3 days	Dropper	
1406	M.	1550	36	Internal Version	Oedema	Prematurity	32½ hrs.	Dropper	
1527	F.	2200	38	Normal	Pre-eclampsia	Prematurity	4½ days	—	
1546	M.	2600	38	Normal	Nil	Broncho-pneumonia	11 days	Breast	
1559	M.	1750	37	Normal	Oedema	Prematurity	2½ days	Dropper	
1562	F.	2600	36	Normal	Nil	Ascites	2 days	Dropper	
1592	M.	2700	38	Induced	Pre-eclampsia	Broncho-pneumonia	5 days	Breast	
1635	M.	1700	34	Normal	Nil	Prematurity	15 min.	—	
1647	F.	1000	31	Normal	Nil	Prematurity	2 hrs.	—	
1711	F.	1300	35	Normal	Syphilis	Prematurity	10½ hrs.	—	Ascites
1749	F.	2600	37	Normal	Nil	Broncho-pneumonia	2 days	Breast	
1904	F.	2600	39	Normal	Syphilis	Congenital Syphilis	3 days	Breast	
1912	M.	2100	34	Normal	Nil	Prematurity	3½ days	Breast	
1931	M.	2540	37	Normal	Nil	Atelectasis	3 days	Breast	
2025	M.	3050	39	Breech	Pre-eclampsia	Beri-beri	3 days	Breast	
2026	F.	1700	33	Normal	Nil	Prematurity	4½ hrs.	—	
2086	M.	2450	38	Normal	Nil	Unknown	6 days	Breast	
2207	F.	3250	39	Forceps	Pre-eclampsia	Intracranial haemorrhage	3 days	Condensed Milk	
2223	F.	1250	34	Breech	Nil	Prematurity	4½ hrs.	—	
2229	M.	2850	38	Normal	Nil	Intracranial haemorrhage	3 days	Breast	
2251	M.	1550	31	Normal	Nil	Prematurity	4½ hrs.	Dropper	
2294	M.	1900	29	Normal	Nil	Prematurity	46¾ hrs.	—	
2325	F.	1200	30	Breech	Nil	Prematurity	7⅛ hrs.	—	
2327	M.	1820	35	Breech	Syphilis	Prematurity	9½ hrs.	—	
2340	M.	2210	33	Normal	Avitaminosis B1	Prematurity	3 days	Breast	
2370	F.	1420	30	Normal	Nil	Prematurity	10 hrs.	—	
2481	M.	1860	38	Normal	Syphilis	Prematurity	3½ hrs.	—	
2571	M.	1800	38	Normal	Avitaminosis B1	Prematurity	4 days	Breast	
2633	F.	2000	31	Normal	Nil	Congenital debility	9½ hrs.	—	
2681	M.	2470	39	Normal	Nil	Unknown	4 days	Breast	
2798	M.	2900	39	Spontaneous	Nil	Unknown	51 hrs.	Breast	
3021	M.	1950	35	Breech	Syphilis	Prematurity	2 days	Breast	
3201	F.	2300	38	Normal	Nil	Prematurity	4½ days	Breast	
3231	M.	650	30	Normal	Nil	Prematurity	3 days	Breast	B.B.A.
3272	M.	2870	35	Induced	Eclampsia	Toxaemia	¾ hr.	—	
3346	M.	3050	39	Normal	Nil	Unknown	2 days	Breast	

NEO-NATAL DEATHS.—(*Continued* 2).

Reg. No.	*Sex*	*Birth Weight*	*Maturity*	*Method of Delivery*	*Maternal Complication*	*Cause of Death*	*Age*	*Method of Feeding*	*REMARKS*
EMERGENCY									
3497	M.	2800	37	Normal	L. Placenta Praevia	Intracranial haemorrhage	6 days	—	
3445	M.	2500	38	Normal	Pre-eclampsia	Unknown	4 days	Condensed Milk	
3618	M.	2700	38	Normal	Nil	Broncho-pneumonia	4 days	Breast	
Q.M.H.									
BOOKED									
136	F.	2912	43	Forceps	Nil	Congenital heart	4 days	Breast	
152	F.	1792	37	Normal	Tuberculosis	Prematurity	24 hrs.	—	
369	M.	2464	41	Normal	Nil	Partial Atelectasis	40 m.	—	
481	F.	1512	30	Normal	Nil	Prematurity	¼ ?	—	
496	M.	2688	39	Normal	Nil	Unknown	3 days	Breast	
540	M.	1624	?	Normal	Nil	Prematurity	10 m.	—	
747	F.	1232	31	Normal	Pre-eclampsia	Prematurity	3½ days	Breast	1st of Twins
EMERGENCY									
63	F.	2856	?	Normal	Nil	Broncho-pneumonia	7¼ days	Breast	B.B.A. in Head Ward
97	F.	1680	36	Normal	Nil	Prematurity	5⅔ hrs.	—	
184	M.	—	33	Normal	Nil	Prematurity	3½ hrs.	—	
233	F.	1260	37	Breech	Nil	Prematurity	13¼ hrs.	—	2nd of Twins
332	M.	672	28	Normal	Nil	Prematurity	1 hr.	—	
357	M.	1288	29	Normal	Nil	Prematurity	2⅙ hrs.	—	
377	F.	1792	32	Normal	Nil	Prematurity	2 hrs.	—	
568	F.	1344	38	Normal	Nil	Prematurity	10½ hrs.	—	
600	F.	1848	34	Normal	Nil	Prematurity	3¾ days	Breast	
619	F.	2352	35	Normal	Nil	Prematurity	20 hrs.	—	
621	F.	2072	39	Brow	Nil	Prematurity	5 days	Breast	
674	F.	1904	34	Breech	Syphilis	Prematurity	4½ hrs.	—	
681	M.	1120	28	Normal	Nil	Prematurity	3 days	Breast	B.B.A.
775	F.	1750	?	Normal	Nil	Prematurity	3¼ days	Breast	
824	F.	1140	28	Normal	Nil	Prematurity	2 hrs.	—	

T.Y.H.

FOETAL ABNORMALITIES.

Reg. No.	*REMARKS.*
BOOKED	
2501	Hydrocephalus.
2867	Harelip and cleft palate (left side).
EMERGENCY	
54	Bilateral Talipes equino-varus.
289	Talipes Calcaneo Valgus of left foot.
450	Left harelip complete cleft palate.
930	Complete right harelip and cleft palate.
7886	Imperforate anus.
2181	Congenital heart disease.
2267	Unilateral harelip and cleft palate.
2274	Absence of anterior abdominal wall, external genitalia, anus. Rudimentary kidneys. Meningocele at sacrococcygeal region. Talipes equino-varus.
2909	Cephal-haematoma.
2425	Left harelip and cleft palate.
2821	Achondroplasia.

OPHTHALMIA.

T.Y.H.

Reg. No.	*No. of days Treated*	*REMARKS.*
BOOKED		
3406	5	Streptocide treatment, total 2 gms. Good result.
EMERGENCY		
3315/39	12	Streptocide treatment, total 1.5 gms. Not cured.
3370/39	27	Streptocide treatment, total 4.5 gms. Good result.
31	37	Streptocide treatment, total 1.5 gms. Good result.
1967	4	Streptocide treatment, total 3 gsm. Good result.
2745	4	Streptocide treatment, total 4 gms. Good result.
3053	4	Streptocide treatment, total 4 gms. Good result.
Q.M.H.		
BOOKED		
220	4	Streptocide treatment, total 1.5 gms. Good result.
365	6	Streptocide treatment, total 1.5 gms. Good result.

REPORT OF THE GYNAECOLOGICAL UNIT.

During the year 1940 the following numbers of cases were treated :—

Gynaecological Out-Patients :—

New Cases	1,973
Old Cases	2,520
Sterility Clinic	95

Gynaecological In-Patients :—

Admissions to Queen Mary Hospital	404
Number of operations performed	293
Number of cases subjected to Deep X-Ray or Radium Therapy	23
Deaths	10

CLASSIFICATION OF DISEASES.

Vulva :—

Fibroma of vulva	1
Elephantiasis vulvae	1
Carcinoma of clitoris	1
Bartholinitis	1

Perineum :—

Laceration	3

Urethra :—

Urethral caruncle	4
Urethritis, Gonococcal	2
Carcinoma	1

Vagina :—

Laceration	1
Atresia	1
Stricture	1
Chronic vaginitis	2
Recto-vaginal fistula	1
Vesico-vaginal fistula	4
Cicatricial stenosis	1
Rigid hymen	1
Imperforate hymen	1
Fibroma of anterior wall	1
Granuloma of fornix	1
Neglected pessary	1

Uterus:—

Congenital	—Uterus Bicornis Unicollis	1
	Pubescent uterus	1
	Rudimentary uterus	2
Displacements	—Retro-dispacement	1
	Retroverted gravid uterus	2
	Utero-vaginal prolapse	15
	Prolapse and ventral hernia	1
	Cystocele	1

Disorders of menstruation—

	Amenorrhoea	1
	Dysmenorrhoea	1
	Metropathia haemorrhagica	17
	Hyperplasia of endometrium	7
	Interval bleeding (ovulatory)	1
Inflammatory	—Endometritis	7
	Subinvolution	2
	Tuberculous endocervicitis	2
	Chronic endocervicitis	82
Neoplasms	—Fibroid polyp	23
	Uterine fibroid	36
	Endometrioma	3
	Adeno-carcinoma of body	7
	Carcinoma of cervix	22
	Chorion-epithelioma	2

Tubes and ovaries:—

Inflammation—

	Acute salpingo-oophoritis	4
	Chronic salpingo-oophoritis	19
	Hydrosalpinx	9
	Pyosalpinx	2
	Tubo-ovarian cyst	5
Ectopic gestation		7

Neoplasms—

	Multilocular cyst	22
	Papilliferous cyst	7
	Torsion of ovarian cyst	1
	Malignant ovarian cyst	3
	Fimbrial cyst	1
	Parovarian cyst	2
	Dermoid cyst	4
	Broad ligament cyst	1

Endometriosis	1
Carcinoma of ovary	1
Sterility	5

Pregnancy, normal and abnormal:—

Normal pregnancy	3
Threatened abortion	2
Inevitable abortion	8
Incomplete abortion	4
Hydatidiform mole	3
Hyperemesis gravidarum	2
Pregnancy with pulmonary tuberculosis	1
Pregnancy with chronic nephritis	1
Pregnancy with severe secondary anaemia	2
Pregnancy with torsion of ovarian cyst	1
Prepnancy with cervical polyp	1
Pregnancy with parovarian cyst	1

General pelvic conditions:—

Pelvic tuberculosis	2

General abdominal conditions:—

Retro-peritoneal fibro-sarcoma	1
Carcinoma of bladder	1
Floating kidney	1
Hydronephrosis	2
Chronic nephritis uraemia	1

Miscellaneous:—

Pseudo-hermaphroditism	1
Pulmonary tuberculosis	1
Malarial splenomegaly	1
Syphilis	1
Observation	2

NATURE AND NUMBER OF CASES TREATED BY OPERATION INCLUDING CASES OF RADIO-THERAPY.

Vulva:—

Fibroma, removal of	1
Vulvectomy	1
Carcinoma of clitoris (electrical coagulation)	1

Perineum:—

Perineorrhaphy	2

Urethra :—

Urethral caruncle, excision of	3

Vagina :—

Fibroma, enucleation	1
Vesico-vaginal fistula, repair of	2
Neglected pessary, removal of	1
Imperforate hymen, incision	1

Uterus :—

Simple curettage	38
Curettage for abortion	4
Curettage for mole	2
Hysterectomy (Subtotal)	39
Hysterectomy (Total)	6
Hysterotomy	2
Vaginal myomectomy	10
Manchester operation	9
Ventral suspension	2
Prolapse and ventral hernia, repair of	1

Cervix :—

Cauterization	80
Amputation	2
Cervical polyp. removal of	9
Carcinoma (Deep X-Ray therapy)	5
Carcinoma (Radium treatment)	18

Tubes and ovaries :—

Ovariotomy	30
Salpingo-oophorectomy	15
Salpingectomy	11
Tubal insufflation	8

Miscellaneous :—

Exploratory Laparotomy	9
Retro-peritoneal fibro-sarcoma	1
Nephrectomy	2

NATURE AND NUMBER OF CASES TREATED WITHOUT OPERATION.

Vulva :—

Bartholinitis	1

Perineum :—

Laceration	1

Urethra :—

Urethritis—Gonorrhoea	2

Vagina :—

Laceration	1
Atresia	1
Chronic vaginitis	2
Vesico-vaginal fistula	1
Rigid hymen	1
Granuloma of fornix	1

Uterus :—

Retroverted gravid uterus	2
Prolapse	5
Sterility	1
Threatened abortion	2
Complete abortion	7
Incomplete abortion	1
Hydatidiform mole	1
Normal pregnancy	3
Hyperemesis gravidarum	2
Pregnancy with pulmonary tuberculosis	1
Pregnancy with severe secondary anaemia	1
Metropathia haemorrhagica	1
Fibroid of uterus	1
Adeno-carcinoma of body of uterus	1
Pubescent uterus	1
Rudimentary uterus	1

Cervix :—

Chronic endocervicitis	3
Carcinoma	4

Tubes and ovaries :—

Salpingitis	12
Hydrosalpinx	5
Ovarian cyst	1
Malignant ovarian tumour	1
Carcinoma of ovary	1

General pelvic conditions :—

Pelvic tuberculosis	1

General abdominal conditions:—

Carcinoma of bladder	1
Right floating kidney	1
Chronic nephritis—uraemia	1

Miscellaneous:—

Pulmonary tuberculosis	1
Syphilis	1
Observation	2
Inoperable	4
Refused operation	7

MORTALITY.

There were 10 deaths:—

1. Carcinoma of ovary, general carcinomatosis.
2. Retro-peritoneal fibro-sarcoma.
3. Chronic nephritis, uraemia.
4. Chorion-epithelioma following hydatidiform mole.
5. Malignant ovarian cyst.
6. Carcinoma of body of uterus with secondary deposits in peritoneal cavity.
7. Torsion of ovarian cyst.
8. Malignant papilliferous ovarian cyst.
9. Acute miliary tuberculosis.
10. Fibroid of uterus, post-operative shock and cardiac failure.

TABLE OF CONTENTS.

ABBREVIATIONS.

A.R.M.	Artificial rupture of membranes.
B.B.A.	Born before arrival.
B.P.	Blood pressure.
C.	Child.
D.	Died.
D.A.A.	Discharged against advice.
E.C.	External conjugate.
G.	Good.
H.S.	Haemolytic streptococcus.
I.C.	Inter-cristal.
I.S.	Inter-spinous.
I.D.I.	Induction-delivery interval.
L.	Living.
M.	Macerated foetus.
M.	Mother.
N.D.	Neo-natal death.
N.I.L.	Not in labour.
P.P.H.	Post-partum haemorrhage.
Q.M.H.	Queen Mary Hospital.
S.B.	Still-born.
T.	Transferred.
T.O.	Transverse outlet.
T.Y.H.	Tsan Yuk Hospital.
W.R.	Wassermann reaction.

SARCOMA OF THE OESOPHAGUS.

by

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We are reporting this case because of the extreme rarity of sarcoma of the oesophagus. The patient was a Chinese male aged 61, and he was admitted to hospital for dysphagia of eighteen months duration. The difficulty in swallowing was noted with solids first of all, and he said it felt "as though some obstruction were present." Occasionally he had pain after eating a meal, which radiated along the 4th and 5th right intercostal spaces. He was unable to localise the point of obstruction accurately on the chest wall.

Six months before admission he had been compelled to take to a semi-solid and fluid diet, and this he managed to swallow more easily. If he attempted to swallow solid food he vomited, the vomit consisting of unchanged food, but vomiting was not a conspicuous symptom. He had had some vague pain in the lumbar and epigastric regions during the six weeks preceding admisson, but it was evident that the pain had never been very severe.

During this illness he had wasted very markedly; to use his own expression "he had lost half his former weight" and on admission he weighed only 77¾ lbs. The course of the disease had been afebrile.

PHYSICAL AND LABORATORY EXAMINATIONS.

On examination he was found to be grossly emaciated and the whole body was pigmented, the colour being a rich brown with a trace of olive green in it. Dehydration was conspicuous by its absence. Physical examination revealed no abnormalities beyond one enlarged gland in the right jugular chain and a low blood pressure, the figures being $\frac{86}{68}$.

Laboratory investigations yielded little of note. The blood Kahn test was negative. The blood picture showed a hypochromic anaemia.

Haemoglobin	8.8 gm.	
Red blood corpuscles	3,540,000/c.mm.	
White blood corpuscles...	9,700/c.mm.	
Differential. Polymorphonuclears		68%
Lymphocytes		27%
Large mononuclears		4%
Basophils		1%

The faeces contained no ova, but the urine was alkaline and contained calcium oxalate crystals.

A fractional test meal was undertaken and at the fifth attempt a Ryle's tube was passed into the stomach. 40 c.c. of resting juice were obtained, and some squamous epithelial cells and pus cells were found in the deposit. The meal showed complete achlorhydria.

Screening revealed an obstruction in the oesophagus just below the level of the aortic arch. The radiologist reported "a very large neoplasm of the oesophagus, fungating inside the lumen and even now not completely blocking it." Screening was repeated a few days later, with the same results, and various photographs were taken, two of which are reproduced here.

CLINICAL FEATURES OF THE CASE.

The course of the disease was inexorably downhill, and after ten weeks in hospital the man died. Low grade fever was a feature of the illness throughout his stay in hospital but vomiting was inconspicuous as long as he kept to a fluid diet.

There were numerous points about the case which were unusual. The first was the duration of the dysphagia. Clinically it is unusual to find a patient with a squamous celled epithelioma of the oesophagus whose history of dysphagia is so long. The second point was the inability of the man to localise with a finger tip where he felt the obstruction. Most patients suffering from carcinoma of the oesophagus localise the obstruction with the utmost nicety. The third point was that despite the length of the history it was quite clear that the obstruction was by no means complete even when he was admitted to hospital. The infrequency of vomiting, the lack of dehydration, the fact that a Ryle's tube could be passed into the stomach and finally screening all confirmed this belief which was shown to be true at autopsy.

A diagnosis of neoplasm of the oesophagus was made although some doubt was felt as to whether the neoplasm could be the usual squamous celled epithelioma commonly found in the oesophagus.

AUTOPSY FINDINGS.

The postmortem examination showed a thin and emaciated adult male. The oesophagus appeared solid and dilated. On cutting into it, a large polypoid growth was seen extending for about 8 inches of the length of the tube and nearly covering the whole of its inner surface. The lumen of the oesophagus was almost occluded by this growth except for a small passage which just admitted a wire probe, and its wall was thickened. There were no metastases, and the other viscera were normal. The photograph of the tumour illustrates these points.

Histological examination of the tumour showed that it consisted chiefly of oval or spindle shaped cells lying in a stroma of fibrous connective tissue. In places, the cells showed variation in size and

shape and some multinucleated giant cells were seen. The blood supply was moderate and occasionally mitotic figures were noticed. The type of cell found can be well seen in the microphotographs.

DISCUSSION.

Sarcoma of the oesophagus appears to be very rare, as a review of the available literature shows that fewer than 50 cases of this nature have been reported since 1877. Like carcinoma, the disease attacks men more often than women. The average age incidence appears to be 60 years, although a case has been reported in a child aged 4 years, and another in an old man of 84 years. The growth may occur either in the upper or lower segment of the oesophagus, usually in the latter. It may appear in one of two forms:—(1) An ulcerating or cauliflower-like form, consisting chiefly of round or polyhedral cells, which shows a tendency to metastasise early and diffusely. (2) A polypoid form, the cells of which are mainly spindle-shaped. This type of growth does not give rise to secondary deposits. Ewing thinks that the round celled growths are embryonal carcinomata and the spindle cell tumours true sarcomata.

From the clinical point of view it is apparently impossible to distinguish with certainty between carcinoma and sarcoma of the oesophagus during life. Dysphagia may occur early in both conditions though complete stenosis seems to be rarer in sarcoma. The vomiting of blood and pus, on the other hand, occurs more frequently in sarcoma. Pain as a rule occurs early in sarcoma and may be characteristically located between the shoulder blades. It tends to radiate and is not so closely associated with the taking of food as is the pain of carcinoma. On the whole pain appears to be a much more prominent symptom of sarcoma than of carcinoma of the oesophagus, and it may lead to early emaciation owing to loss of sleep.

On screening cases of sarcoma of the oesophagus Dvorak states that "the stream of contrast medium runs unimpeded down to the tumour and here divides into two separate streams which unite on reaching the stomach." This phenomenon was not observed in our case and cannot therefore be considered pathognomonic of sarcoma. Lüdin comments on the wavy outline of the oesophagus on screening in the presence of a sarcoma of the polypoid type. This wavy outline can be well seen in one of our skiagrams.

SUMMARY.

1. The clinical course of an oesophageal neoplasm is described.
2. The tumour was found to be a spindle celled sarcoma.

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REPORT OF A CASE OF BLACKWATER FEVER,

by

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Three cases of blackwater fever have been reported in the Kowloon Peninsula, Hong Kong, during the last two years.

In view of the rarity of the disease in China a further case is now recorded in order to augment the few reports which have appeared thus far in the Chinese literature.

CASE HISTORY.

The patient, who was a Chinese male student, aged 17, was admitted on the 23rd October 1940 with the following history. He was a native of Amoy and first came to Hong Kong at the age of four. He contracted malaria for the first time in October 1939 in Macao, but not until the end of December, after a prolonged and intense course of treatment totalling about 20 injections together with 200 tablets of 5 grains each of quinine, was he free from symptoms. Towards the evening of the 17th of October 1940 he had another malarial paroxysm. This was controlled with "two tablets" of quinine. Five days later at 7.00 p.m. he felt violent headache and a chill along his spine. Hoping to relieve the headache he took two tablets of 'Aspro.' By 9.00 p.m. the chill developed into a frank rigor, followed by fever and sweating. During the attack he vomited a little yellowish fluid on three occasions. There was some discomfort in the epigastrium. He was alarmed to find his urine blood-red next morning. He also emphasised that prostration had never been so marked before. At no time had he pain in the loins, nor frequency of micturition or dysuria.

He was admitted to hospital on 23rd October, 1940, and on admission his temperature was 102.8° pulse 112 and respiration 26. Apart from his slightly jaundiced sclerae and a barely palpable spleen, the physical examination was negative.

Urinary examination: The urine was dark red in colour and its reaction was acid. The specific gravity was 1018, and on examination it was found to contain albumen but no sugar. Bile pigment, blood and urobilin were present.

The deposit showed numerous red blood corpuscles, epithelial cells and some débris. Spectroscopic examination showed absorption bands of oxyhaemoglobin.

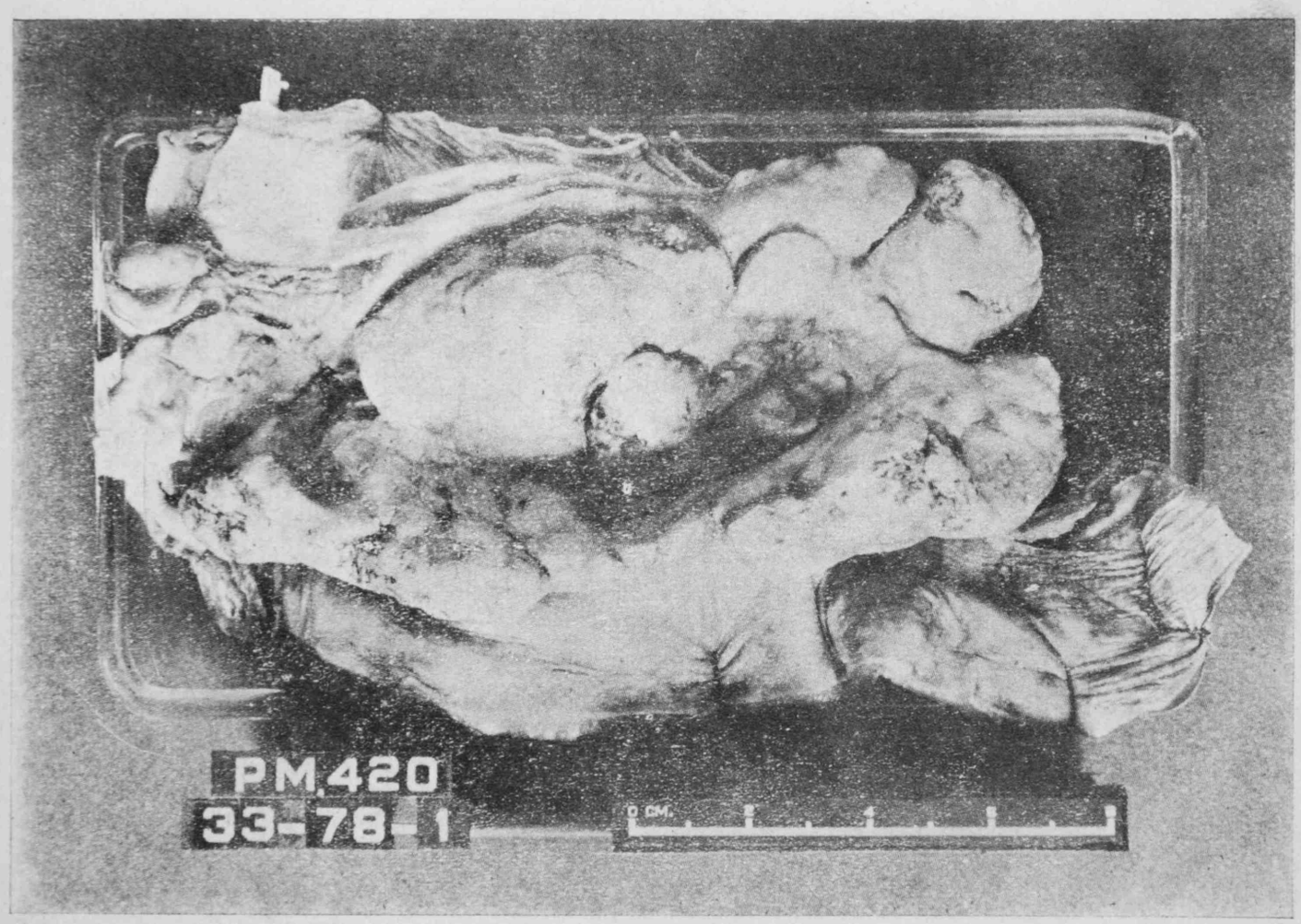


Fig. 1. Showing the large tumour in the oesophagus, the lumen of which would just admit the passage of a wire probe.

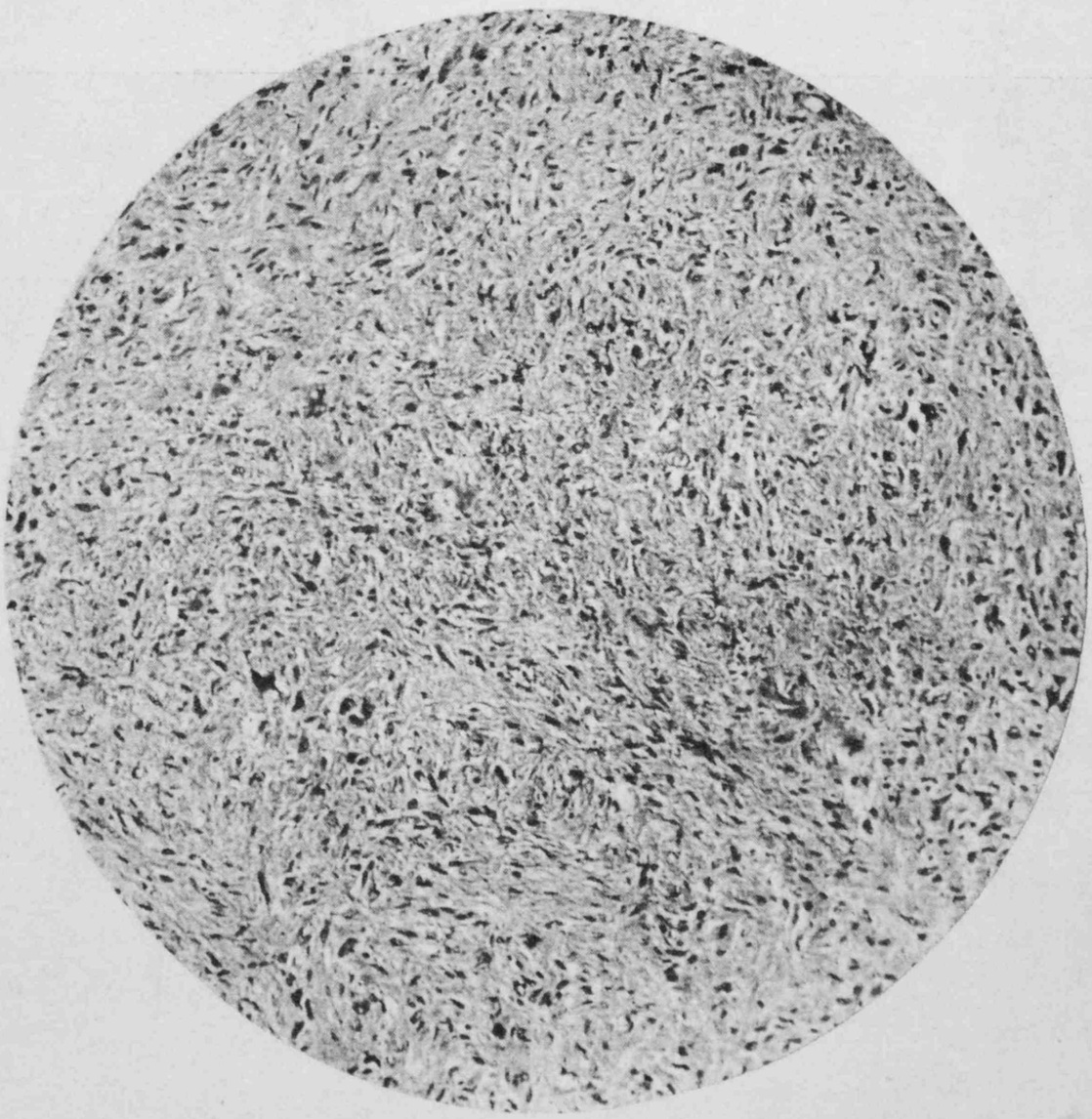


Fig. 2. Section of tumour showing chiefly oval or spindle-shaped cells lying in a stroma of connective tissue. ×90.

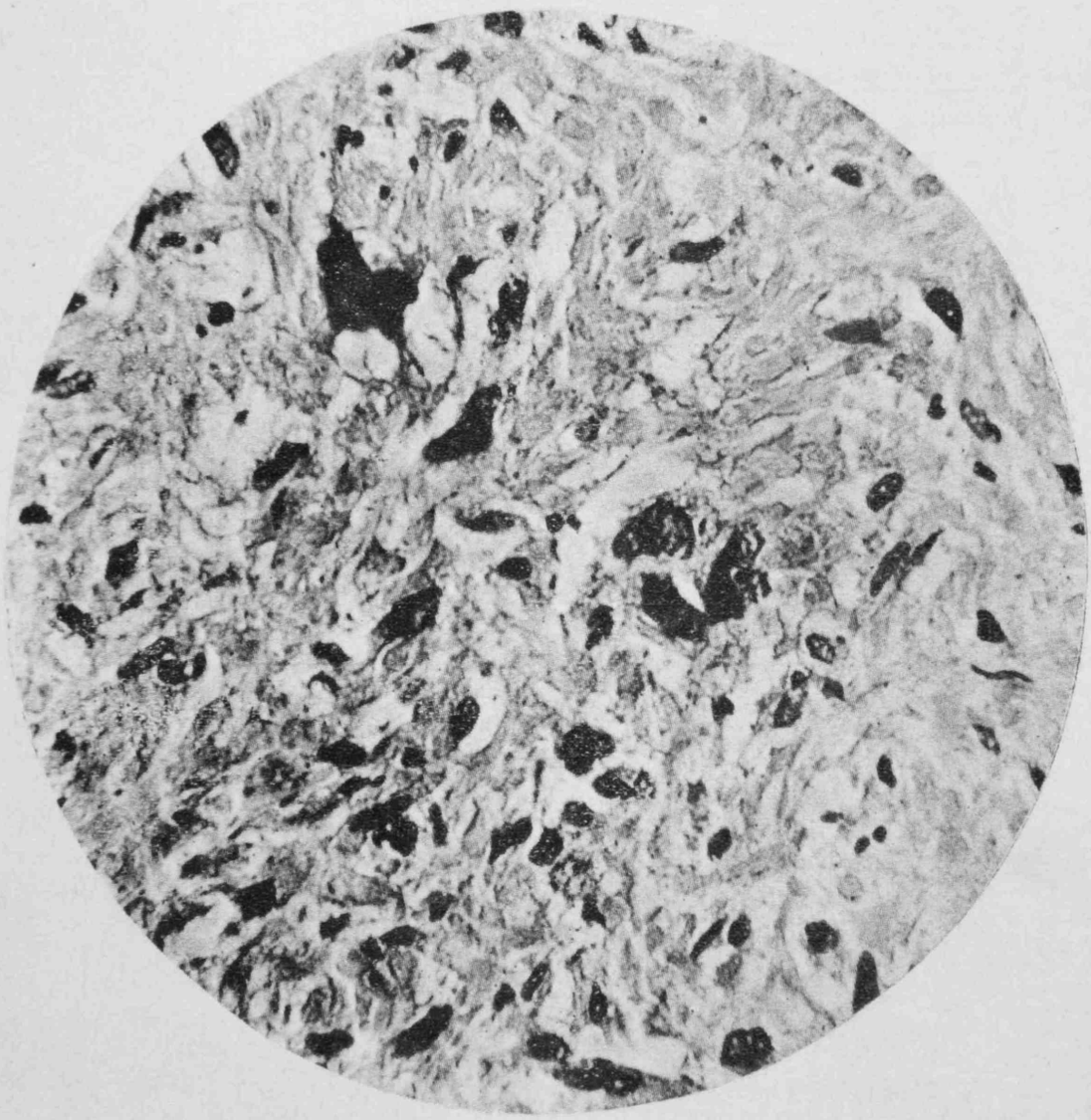
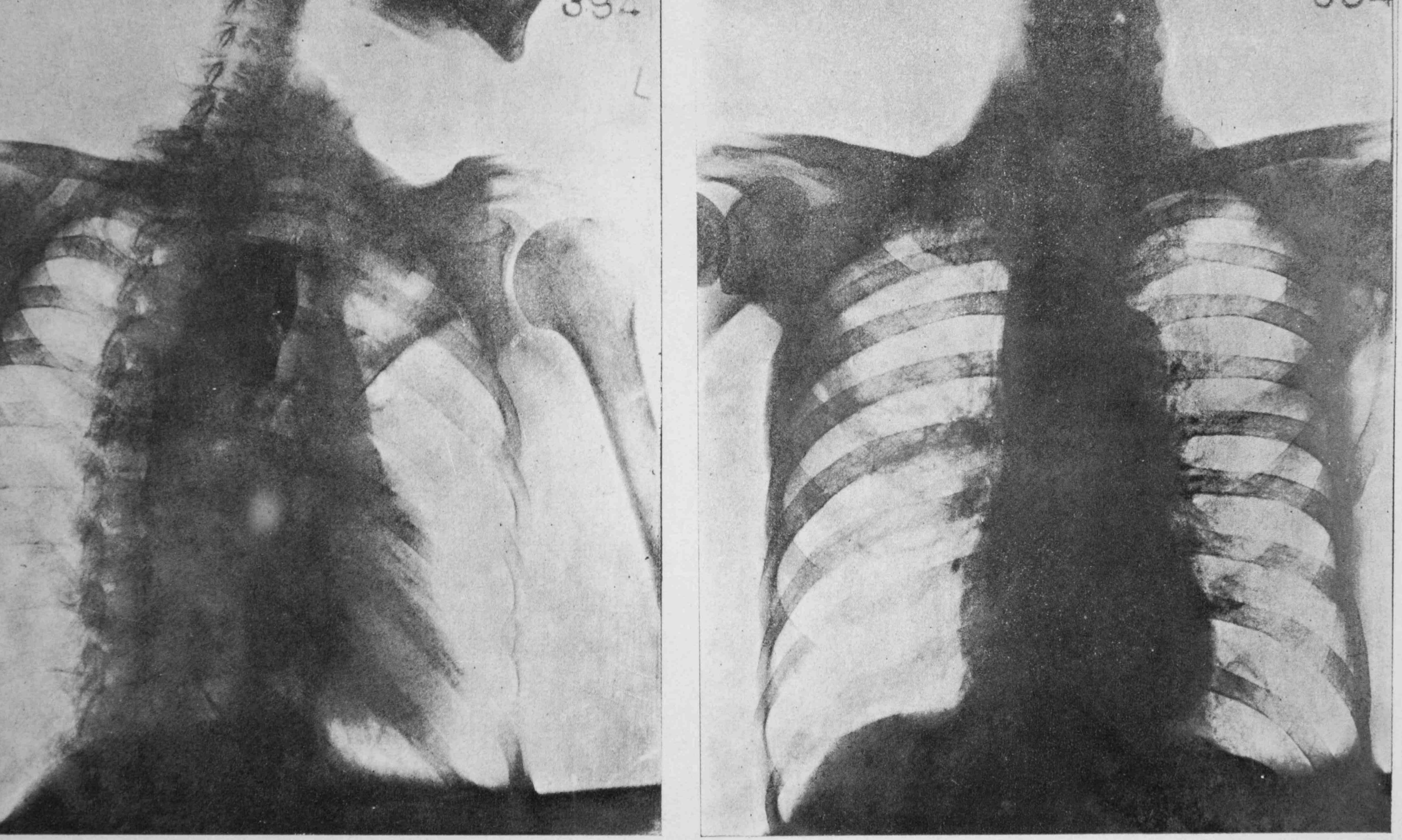


Fig. 3. Showing anaplastic appearance of tumour cells. Mitotic figures and giant forms consisting of several nuclei fused together are seen. × 360.



ero-posterior and oblique views of the thorax to show the dilatation of oesphagus above the large filling defect caused by the tumour. The polypoid outline of the our can be seen in the right hand skiagram.

The blood picture on admission was:—

Haemoglobin	12.5 gm.%
Red blood corpuscles	4,320,000/c. mm.
White blood corpuscles	3,900/c. mm.
Differential Count:—	
Polymorphonuclears	67%
Lymphocytes	25%
Mononuclears	10%
Recticulocytes	0.1%
Platelets	312,000
Clothing time	3 minutes
Bleeding time	2 minutes
Fragility	complete at 0.35 begins at 0.45
Icterus index	5
Van den Bergh reaction	indirect positive.

One malarial ring, probably falciparum in type, was found in blood smears after forty minutes searching. Sternal puncture showed one amoeboid form of the benign tertian parasite.

The biochemical investigations made on the 24th of October 1940 were as follows:—

Blood urea	22.8 mgm. per 100 c.c.
Cholesterol	120.0 mgm. per 100 c.c.
Creatinine	1.5 mgm. per 100 c.c.
Uric acid	2.2 mgm. per 100 c.c.

Kahn test—negative.

The blood picture on the 4th November, 1940 by which time recovery was assured, showed:—

Haemoglobin	11 gm.%
Red blood corpuscles	4,490,000/c. mm.
White blood corpuscles	10,300/c. mm.
Differential Count:—	
Polymorphonuclears	81%
Lymphocytes	9%
Mononuclears	9%
Eosinophils	1%
Recticulocytes	1.2%
Platelets	289,000.

TREATMENT AND COURSE.

Atebrin 1½ grains three times daily was ordered at once. Other measures were absolute rest, liberal fluids and alkalies coupled with 20 grains of potassium citrate four hourly, while his vomiting was controlled with a chloroform and sugar mixture.

His temperature continued to rise after admission and reached 105° in the afternoon. Towards midnight, the night after admission, his temperature rose to 102°, but from then on his fever abated and he remained afebrile until the day of discharge. His haemoglobinuria continued for four days after admission but abruptly ceased on the fifth day. On that day his urine became clear, with a specific gravity if 1012, and the total 24 hourly output which had been 6 oz. on the day of admission rose to 107 oz. From then on made an uneventful recovery.

DISCUSSION.

It is of interest to note that the patient was an immigrant to a place where malignant tertian infection is common, a point in common with the other cases recorded in China.

There was an interval of five days between the quinine administration and haemoglobinuria, so it is doubtful whether quinine had precipitated the attack as it had done in the previous cases. It is to be recalled that six out of seven of Seaton's cases showed no definite time relationship between quinine administration and haemoglobinuria. It is, therefore reasonable to infer that the exciting factor here was the lowering of the body resistance by another malarial paroxysm which had occurred as a result of inadequate quinine treatment in a relapse of chronic malaria.

In contrast to the other recorded cases numerous red blood corpuscles were seen in the microscopic examination of the urinary deposit, but methaemoglobin was absent on spectroscopic examinaton of the urine and the anaema was never very intense.

This clearly illustrates the importance of adequate quinine treatment of chronic malaria, a point which has been stressed by Dr. Hua and Dr. Cheng.

I wish to express my indebtedness to Professor P. B. Wilkinson for encouragement and guidance in reporting this case.

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HUA, T. J. and CHENG, S. Y. ... (1940) *The Caduceus. Vol. 19, No. 2, pp. 96-99.* Clinical report of two cases of Blackwater fever from Chun Wan, New Territories (H.K.).

THE OCCURRENCE OF RENAL COMPLICATIONS DURING THE ADMINISTRATION OF SULPHAPYRIDINE,

by

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and

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Sulphapyridine is so widely used that any serious complication associated with it becomes of considerable importance. For that reason three cases of haematuria are now being reported all of which occurred within a few days of each other.

CASE 1. H.K., a Chinese boy of seven was admitted to hospital on 30.8.40 with a history of a cut on the foot three weeks previously and the clinical picture of tetanus. He was treated with anti-tetanic serum and sedatives. He had also on admission a discharge from the ear for which he was given the following course of streptocide:—four days at 4 gm. a day followed by one day's intermission; two days at 3 gm. a day followed by one day's intermission; five days at 4 gm. a day followed by two days' intermission and then 2 gm. for one day. In all, he had 44 gm. of streptocide. Two days after the completion of this course signs of meningitis appeared and he was put on a course of sulphapyridine. This consisted of one day at 5 grammes daily and six days at 4 grammes daily.

On the second day of the sulphapyridine treatment he developed haematuria which was fairly copious but rapidly lessened in amount and consisted of only a trace of blood eight days later. Examination of the urine at this time showed a trace of sugar, an abundance of albumen, no casts, pus cells and numerous red blood corpuscles.

The recurrence of the ear discharge necessitated a further course of streptocide for four and a half days at 4 grammes a day.

Seven and a half weeks after admission the child was up and about the ward apparently well.

CASE 2. C.N., a Chinese girl of eight was admitted to the hospital on 16.9.40 with a ruptured diaphragm on the left side, the result of a bus accident. On 20.9.40 she developed a right sided broncho-pneumonia and it was decided to exhibit sulphapyridine. 4 grammes of sulphapyridine were given on 20.9.40 and 3 grammes on 21.9.40. 2 grammes were given on 22.9.40 and during the afternoon she developed microscopic haematuria. From 23.9.40 to 26.9.40 inclusive one gram was given daily. On 25.9.40 the urine was clear of blood and remained clear. The diagnosis of ruptured diaphragm with herniation of the stomach into the thorax was confirmed radiologically and we hope to publish notes on this case later. The case has made a good recovery.

CASE 3. L.K.H., a Chinese boy of twelve, was admitted to hospital on 20.9.40 for the treatment of spreading ulcers of the left leg secondary to the multiple sinus of a chronic osteomyelitis. 5 grammes of sulphapyridine were given on the day of admission and 4, 4 and 3 grammes on the three subsequent days. On 25.9.40 the patient vomited a round worm and was given 2½ grains of Pulv. Santonin Co. This was repeated on the two subsequent nights. On the afternoon of 28.9.40 the patient passed about 2 oz. of blood stained urine which was the total output for 12 hours. Two convulsions occurred during the evening. The blood urea was 198 mgm.% and blood nitrogen 92 mgm. The urine on 1.10.40 was loaded with albumen, and contained hyaline casts, pus cells and many red blood corpuscles. The Wassermann reaction was negative. On 5.10.40 the urine was clear and on 19.10.40 the blood urea was 29 mgm, and blood nitrogen 14 mgm.

DISCUSSION.

Numerous reports have appeared about this complication of sulphapyridine therapy and the picture described in Case 3 has already proved fatal in one recorded case.

During sulphapyridine therapy most of the drug which is absorbed is finally excreted by the kidneys, and it has been shown by many observers that crystals of the drug may be precipitated in the renal pelves and tubules during excretion.

In 1939 Antopol and Robinson demonstrated uroliths in experimental animals receiving the drug by mouth, and they found that in the milder cases sulphapyridine set up a calculous ureteritis and pyelitis leading to haematuria whereas in the severer cases an actual pyelonephritis was established which led to nitrogen retention. The calculi were non-opaque to X rays and tended to be redissolved if the animal survived.

Gross (1939) analysed the sulphapyridine calculi occurring in rats and found they consisted of 6.4% of free sulphapyridine and 64.1% of acetylsulphapyridine. Numerous reports have been made of haematuria in men following the exhibition of the drug, and the renal changes thus far described comprise haematuria, renal colic and nitrogen retention. Tsao and his fellow workers (1939) have reported the case of a child who died of uraemia following sulphapyridine treatment. Plummer (1939) described the renal complications noted in 323 patients treated with sulphapyridine. In this series he found three cases of nitrogen retention, four cases of haematuria without proved calculi and two cases of haematuria in which sulphapyridine calculi had formed. In one of these the stones were demonstrated at autopsy, in the other by a pyelogram.

All our three patients were children, who would appear to be more susceptible than adults, a fact to which attention has been drawn by Y. F. Tsao (1939).

In Cases 1 and 2 the sulphapyridine treatment was continued in spite of the haematuria owing to the urgency of the clinical condition and the doubt in our mind as to the causal agent. In both cases the haematuria decreased during the treatment but in the light of more recent knowledge it is doubtful whether the continued administration of the drug in spite of haematuria would ever be justifiable.

In Case 3 the onset of haematuria five days after the cessation of administration of the drug was curious and it may be that the Pulv. Santonin Co. played some part in it. The normal excretion of urine and the normal blood urea and nitrogen three weeks after the onset of the symptoms make it unlikely that renal disease was the cause of the convulsion.

There are two other points that merit consideration. In none of these cases was the pneumococcus definitely incriminated whereas in a number of cases of proved pneumococcal infection in children sulphapyridine has not caused haematuria. This, of course, may well be a coincidence. The second point is that these cases all occurred at a time when the daily atmospheric temperature was rising to a higher maximum than usual in the summer and the resulting decrease in the quantity of urine secreted and the increase in concentration may perhaps have played some part.

The cases reported in this note appear to conform in every respect to the pictures already seen and described by numerous observers.

ACKNOWLEDGMENT.

We are indebted to Dr. Uttley for the notes of Case 1, and to the Hon. Director of Medical Services for permission to publish this note.

SUMMARY.

1. Three case reports are given of renal complications occurring during sulphapyridine therapy.
2. Two of the cases showed frank haematuria, the third developed uraemia with oliguria and convulsions.
3. Children who are being treated with sulphapyridine should have their urine examined daily for microscopic haematuria and the drug should be discontinued as soon as blood is found in the urinary deposit.

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POST GRADUATE COURSE IN TROPICAL MEDICINE & HYGIENE

Particulars of newly inaugurated Diploma of D.T..M & H. (Hong Kong).

A post-graduate course in Tropical Medicine and Hygiene will be instituted in the Hong Kong University under the auspices of the Faculty of Medicine of the University in the Academic Year 1941—1942.

The University Council has decided to make a commencement with the Diploma Course with the ultimate object of founding in connection with the University a School of Tropical Medicine and Hygiene which will be fully organised to undertake post-graduate instruction in Public Health. At a later stage in the development of the scheme it may be possible to offer the full courses of instruction necessary for the Diploma of Public Health.

The main reasons which have influenced the University Council in making a commencement with the Diploma Course are that it is becoming increasingly necessary to stress the importance of Tropical Medicine and Hygiene as subjects of instruction in this part of the Far East and to provide recognised graduates in Medicine with facilities for Post-Graduate Study and a Diploma in these subjects.

Hong Kong is favourably situated for the development of a School of Tropical Medicine and Hygiene. Excellent facilities exist for the study and development of Public Health. Modern methods for the control of epidemic diseases can be studied in action. Clinical material is abundant, unique opportunities for the study of the morbid pathology of disease are to be found and materials for the study of Parasitology, Malariology, etc., are readily obtainable.

British medical science has in the past contributed notably to progress and research in China. The work of Sir Patrick Manson, Sir James Cantlie and others need only be mentioned to indicate that such traditions should stimulate further development of the study in this University of disease conditions peculiar to China.

The University of Hong Kong maintains a close relationship with the Henry Lester Institute of Medical Research in Shanghai, having sponsored the establishment of this Institute eleven years ago. Since then the two British Institutes in the Far East have benefited by interchange of staff. The collections of materials in Parasitology and Bacteriology which have been made for research purposes in the Lester Institute afford useful material for teaching and study. Such specimens will be available in the laboratories of Hong Kong University for the purposes of the Course. Personal relationships exist between certain members of the University Staff responsible for the course of instruction and the National Health Administration of the Government of China.

Also these members have had experience in the interior of China of problems of epidemiology and medical reconstruction in rural hygiene. This ensures that the teaching will have a strong practical outlook in connection with current medical and sanitary conditions peculiar to China.

Chinese graduates in medicine and others, who have in the past taken up post-graduate instruction for a Diploma of Tropical Medicine and Hygiene, have done so at either Liverpool University School of Tropical Medicine or the London School of Tropical Medicine and Hygiene. Under present war conditions of travel and finance it is no longer possible for candidates to go to Europe. The Course designed for Hong Kong University is modelled on that given in the British Universities and is of comparable standard.

Nature of Course of Study.

The Course is of twenty-four weeks, commencing on 6th October, 1941. There will be approximately twenty weeks of instruction, two weeks for examinations and two weeks for vacation at Christmas. The examinations will be held at a date to be arranged before Easter in 1942.

Examinations.

These will be held at the end of the Second University Term 1942.
The Examinations will consist of written papers on :—

(*a*) Medicine.
(*b*) Bacteriology and Pathology.
(*c*) Medical Entomology and Parasitology.
(*d*) Hygiene.

Practical Examinations including Orals will be held on :—

(*a*) Bacteriology.
(*b*) Parasitology.

Clinical Examinations and Orals will be held on :—

(*a*) Clinical Medicine.
(*b*) Hygiene.

Regulations for the Examinations.

An Examination Board will be appointed by the Faculty of Medicine. The necessary number of external examiners will be appointed to assist in the examinations. The results of the examinations will be reported to the Senate of the University. The Senate will make the necessary recommendations on approval of the examination results. The Diploma (D.T.M. & H. Hong Kong) will be conferred on the recommendation of the Senate by the Chancellor of the University.

Fees.

Inclusive fee for the course	$150
Examination fee	50

Candidates who fail to pass the examination will be required to pay a further examination fee of $50 for re-examination. The Senate may

require unsuccessful candidates to undertake further study in the University before presenting themselves for re-examination.

Regulations for Registration for the Diploma Courses.

The D.T.M. & H. Course is open to :—

(*a*) Graduates registered by the General Medical Council of Great Britain and Ireland, including all graduates of Hong Kong University and the King Edward VII College of Medicine, Singapore.

(*b*) Graduates of recognised Universities and Colleges of Medicine in China.

(*c*) Graduates of such other Schools of Medicine as the Senate shall decide, as The Chulalankarana University, Bangkok, The College of Medicine, Manila, etc.

It should be noted in this connection that the Diploma of Tropical Medicine is not a registrable qualification and its possession does not entile a graduate of medicine who is not already registered under the General Medical Council to any additional privileges.

General Regulation.

Post-graduates taking the Course are recommended to devote their whole time to the course of study, and not to engage in medical practice or take up part-time clinical or other appointments. The University rules for the minimum attendance required are laid down by the Board of the Faculty of Medicine as 70% of the total possible attendances. Graduates of Hong Kong University are expected to be members of the Hong Kong University Alumni Association and thus have the various privileges of membership of the University automatically extended to them during their post-graduate study.

Visiting graduates of other Universities or Medical Schools will have the following facilities extended to them by special arrangement :—

The University Library and Laboratories $10

Membership of the Union .....
(Subscription for 6 months) $10

Hostel Accommodation .....
(per week) $10

Candidates in their letters of application should state if they desire hostel accommodation, or if they will make their own arrangements for residence during the Course. This information is essential as hostel reservations are very limited. Owing to the cost of living in Hong Kong for graduates from China special consideration will be given to such in making reservations. Residence in the University Hostels is understood to imply conformance with the usual Hostel Regulations.

Full particulars regarding the Course may be obtained by those interested from The Dean, Faculty of Medicine, Hong Kong University.

ACKNOWLEDGMENTS.

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UNIVERSITY OF HONG KONG.

FACULTY OF MEDICINE.

The University affords complete courses of instruction for its own examinations and confers the following degrees, which are recognised by the General Medical Council for registration in Great Britain.

Bachelor of Medicine and Bachelor of Surgery	M.B., B.S.
Doctor of Medicine	M.D.
Master of Surgery	M.S.

The University is residential and there are hostels for men and women.

The Academic Year which commences in September is divided into three sessions:—

First session	September to December
Second session	January to March.
Third session	April and May.

The next session opens on *Monday, September 8th, 1941.*

Medical School Buildings.—The buildings of the Medical School are:—

School of Anatomy, erected in 1913.
School of Physiology, erected in 1917.
School of Pathology, erected in 1919.
School of Tropical Medicine, erected in 1919.
School of Surgery, erected in 1934.

Appointments.—Appointments as House Physicians, House Surgeons, and House Obstetricians, and Clinical Assistants, are available at the Queen Mary Hospital for students when they have passed their final examination. These appointments afford unrivalled opportunities for clinical experience.

Scholarships.—A number of scholarships are tenable at the University. Scholarships open for competition and awarded annually are:—

1. Ng Li Hing Scholarship for Anatomy.
2. Chan Kai Ming Scholarship for Anatomy, Physiology, General Pathology and Pharmacology.
3. Blake Scholarship for Ophthalmology.

For further particulars, apply to

The Dean,
Faculty of Medicine.

HONG KONG UNIVERSITY MEDICAL SOCIETY.

CONSTITUTION.

Article 1—Name and Object of the Society.

(*a*)—The society shall be called the Hong Kong University Medical Society.

(*b*)—The object of the society shall be to hold meetings at which papers shall be read, or discussions held, on medical and general subjects; and to foster a spirit of comradeship and professional unity among its members.

(*c*)—The society shall produce a journal at least once a year, to be called *The Caduceus* as a record of the proceedings of the Society, and for the publication of original articles in medical science.

Article 2—Membership.

(*a*)—All undergraduates, graduates, past and present members of the teaching staff of the Medical Faculty of the Hong Kong University, local medical practitioners, members of the army and naval medical service, shall be eligible for membership of the society.

(*b*)—Other persons may be elected associate members at the discretion of the Executive Committee.

Article 3—Officers.

There shall be a Patron, a President, Vice-Presidents, a Chairman of Committee, an Honorary Secretary, and a Graduate Honorary Treasurer.

Article 4—The Executive Committee.

The management of the society shall be vested in an Executive Committee consisting of the Chairman, the Honorary Secretary, the Graduate Hon. Treasurer, six undergraduate representatives, and a graduate representative, all of whom shall be elected annually by members of the society. Five members shall form a quorum.

Article 5—The Journal.

(*a*)—There shall be a Caduceus Finance Committee.

(*b*)—The Caduceus shall be controlled by the Caduceus Finance Committee to be appointed by the Society annually. It shall consist of:—

The President
The Chairman
The Secretary
The Treasurer
The Editor

of the Executive Committee.

One of the Associate Editors.
A member of the Medical Professional Staff.
A junior member of the Medical Teaching Staff.

Article 6—Amendments of Constitution.

No alteration of this Constitution, nor any addition thereto, shall be made except at a general meeting of which not less than seven days notice shall be given.

BYE-LAWS.

1.—Election of Officers and Members of the Executive Committee.

(*a*) The officers and members of the Executive Committee shall be elected by ballot at the first general meeting of the academic year. Vacancies occurring between such meetings may be filled by the Committee.

(*b*) The six undergraduate representatives, one for each year, are to be elected by the members of the year represented.

2.—Representation on the University Union Council.

The Chairman of the Committee and the Hon. Secretary shall be the society's representatives on the University Union Council.

3.—Conduct of Meetings.

The President, a Vice-President, or the Chairman of the Executive Committee shall preside at general meetings; or in their absence, a Chairman may be elected from among the members present.

4.—Subscriptions.

(*a*) Members shall pay an annual subscription of $5/- payable at the commencement of the academic year.

(*b*) That the subscription for Life Membership be $30/-.

(*c*) Post graduates who have before 1935, paid ttheir subscription to the sum of $30/- shall be Life Members.

5.—Amendment of Bye-laws.

No alteration of these bye-laws, nor any addition thereto, shall be made except at general meeting of which not less than seven days' notice shall be given.

HONG KONG UNIVERSITY

Medical Society (1940-41)

Patron.

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