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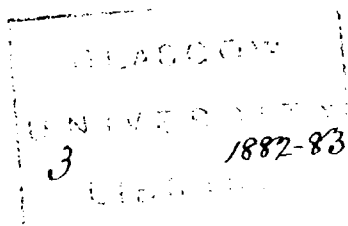
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In the following Thesis. I purpose
giving an account of one thousand
Consecutive Cases of Midwifery which
occurred in my private practice.

I have excluded those cases which
I saw with other medical men. and
those at which I assisted Midwives.
and have confined myself strictly to
the Cases for which I was, to use
the Common expression. "engaged".

With very few exceptions, they have all
occurred in the District of Anderston.
and within the last six years.

I shall first show the different

Presentations, giving them in ten
table of one hundred cases each.

Each table will also show the number
of operations performed: the number
of each sex: and the death rate.

In cases of twins, the presentation
will count as two, but only as one case.

I shall afterwards give
a short account of the principal
complications which were met with,
referring to their cause, symptoms, and
treatment.

I shall conclude by giving my
experience of the use of the Forceps,
and of the administration of the
Ergot of Rye.

Table I

One Hundred Cases.

Presentation.

Occipito Anterior	92
Occipito Posterior	3
<u>Breach</u>	4
Funis - (with occipito Posterior)	1
	100.

||

Operation.

Forceps used in 20 Cases.

Death-rate

One mother from Puerperal Peritonitis
One mother from exhaustion -
aggravated by head disease & Phlebotomy
One child - Funis presentation.

Sex -

Males	69.
Females	31. 100.

Table II

One Hundred Cases.

Presentation

Occipito Anterior	92	
occipito Posterior	1	
Breach	3	
Placenta Praevia (with Head)	1	
Hand	1	
Elbow	1	
Funis (occipito Anterior)	1	100.

Operation

Forceps used in twelve Cases.

Turning performed in three Cases.

Death Rate

Two Children - where turning was performed.
One Child with funis presentation.

Sex -

Males	54	
Females	46	100.

Table III

One Hundred Cases.

Presentation.

Occipito Anterior 96
Occipito Posterior 2
Breach 4 102

(2 Cases of twins.)

Operations.

Forceps used in 5 Cases.

Death rate.

One child in each case of twins.

Sex.

Males 64
Females 38 102.

Table IV

One Hundred Cases.

Presentations.

Occipito Anterior. 95
Occipito Posterior. 1
Breach. 3
Hand. 1 100.

Operations.

Forceps used in 7 Cases.
Turning performed in 1 Case.

Dead: Male

1 Child - Breach presentation.
1 do. Hand do.

Sex.

Males 62
Females 38 100.

Table V

One Hundred Cases.

Presentation.

Occipito Anterior	94	
Occipito Posterior	3	
<u>Breast</u>	2	
Foot.	1	
Hand.	1	101

(one case of twins)

Operations.

Forceps used in 7 cases.
Turning performed in one case.

Death rate

One Child from accidental Hemorrhage
in Mother.
One Child Syphilitic - and dead born.

Sex-

Male 58
Female 43 101.

Table VI

One Hundred Cases.

Presentation.

Occipito Anterior.	95	
Occipito Posterior	3	
<u>Face</u>	2	
Foot	2	
Knee	1	103

3 Cases of twins.

Operations.

Forceps used in 14 Cases.

Death rate

2 Children. owing to tedious labour
and contracted pelvis.

Sex

Males	57	
Females	46	103.

Table VII

One Hundred Cases.

Presentation.

Occipito Anterior 96
Occipito Posterior 2
Breach 4 102
(2 cases of twins.)

Operations

Forceps used in 9 Cases.
Turning performed in 1 Case.

Death rate

One mother from exhaustion.

Sex

Males 48
Females 54 102.

Table VIII

One Hundred Cases.

Presentation.

Occipito Anterior	98	
<u>Breach</u>	1	
Hand.	1	
Head & Hand.	1	
Face	1	102
2 Case of twins.		

Operations.

Forceps used in 12 Cases.
 Turning performed in 1 Case.

Death rate

1 Child from Accidental Hemorrhage
 in Mother.
 1 Child - Hand presentation.

Sex.

Males 53
 Females 49 102.

Table IX

One Hundred Cases.

Presentation.

Occipito Anterior 96
Occipito Posterior 2
Hand. 2 100.

Operation.

Forceps used in 10 Cases.

Turning performed in 3 Cases.

Death rate

One Child - hand presentation.

Sex

Males 56
Females 44 100.

Table X

One Hundred Cases.

Presentation.

Occipito Anterior	92
Occipito Posterior	4
Foot.	2
Breach	2
<hr/>	
Funis - (with head.)	1
(1 case of twins.)	101.

11

Operations.

Forceps used in 3 Cases.

Death rate

1 Child. funis presentation.

Sex.

55	Males.
46	Females.
	101.

Table.

Showing the different presentations in one thousand cases of Archiving, including eleven cases of twins.

11

Scapulo- Anterior.	Scapulo- Posterior.	<u>Breach.</u>	Hand.	Foot.	Femur.	Head & Hand.	Elbow.	Knee.	Face.	Placenta Praevia.	Total.
946	21	25	6	5	3	1	1	1	1	1	1011.

Remarks regarding the eleven cases of twins.

Presentation : Both presentations . Occipit's Anterior . 7 Cases .
 - " - " - Breech . 1 .
 One presentation Occipit's anterior + one Breech . 1 - -
 One " " " - one foot . 1 -
 One " " " + one hand 1 .
 11 .

Sex -

When both Children were Males . 3 Cases .
 " " " " - females 4 " "
 When the Children were Male Female 4 .
 11 .

Placenta :

When the placentas were distinct but united 6 Cases
 When the placentas were separate 2 -
 When there was only one placenta 3 .
 11 .

Observations on the Maternal Death Rate.

Name.	Date of Confinement.	Date of Death.	Cause of death.
Miss Taylor. aged 34 years. (Puerperal).	7 th March 1877	21 st March 1877.	Puerperal Peritonitis. This case will be fully described later on.
Mrs Elliott aged 38 years.	21 st Sept. 1877	26 th Sept 1877.	Tuberculosis - aggravated by Heart disease. and pulmonary Consumption. There were no inflammatory symptoms.
Mrs Williams aged 26 years. Primipara.	10 th Sept. 1880	20 th Sept. 1880.	Tuberculosis; labor very tedious. Chloroform was given and the forceps used; very little inflammatory action.

Observations on the Symplocite Lepto-racto.

Out of the 1011 Children, 1000 were still born, as shown below

Head presentation, or exp.	Breach	Fetus	Placenta	Present	Accidental Hæmorrhage	Head presented. Hæmorrhage	Twins	Epiphora	Total
2	1.	3.	1	3	2	3.	3	1	16.

The two deaths under the first head were where there was very great difficulty in getting away the head, owing to contracted pelvis.

In the fetus cases, the Cord was pulseless on my arrival.

The three cases of turning were Children of the same Mother, the Waters were away, on each occasion, before Labour, and the womb firmly contracted.

In the three cases of twins, the presentations were dissimilar, there was a considerable interval between the birth of the two Children:

17

Case of Puerperal Peritonitis:

This affection, which might more correctly be called Hysteritis occurred in a Primipara -
Mary Anles, aged 34 years.

Labour began early on the 5th March 1877 - and was very protracted, owing to the rigidity of the Uteri, and the tension of the surrounding parts. She was delivered with Instruments - on the afternoon of the 7th March, and did well for the first two days.

9th March: Patient passed a restless night, being nervous and sleepless: Complains of being very hot.

Pulse 90. Strong and wiry: Tongue dry: Some tenderness at the lower part of the body.

The discharge, which has been pretty profuse, is much less this morning.

I prescribed hot fomentations: Spraying the Vagina: Dover's Powder - and a saline purgative.

11th March: This morning there was a discharge of blood.

described as like a flooding. and patient
feels very much better. Tacts of getting up.

Towards evening she became nervous and excited
and sometimes delirious.

When I saw her next morning she said she could
not see me - as there was something before her
eyes which kept her from seeing. but that it
would pass away in a short time.

She afterwards explained to me that their attacks
came on like a "fit": that they did not last
long: that while they lasted she was in great dread
that she did not lose consciousness, but could
hear all that was being said:

She also complained of always "seeing the Sun".

13th March: Patient has remained in much the
same state: the abdomen is very tender on
pressure, and markedly tympanitic all over.
She complains very much of "Wind"; and a
dry cough, which she has had for some time
previous to her Confinement. Gives her much pain.

Hot fomentation Cloths wet Turpentine, were
applied. and Turpentine and the whole of egg
administered externally.

This had the effect of bringing away the wind
"like the bursting of a boiler" - to use her Mother's expression -
the feces and urine coming along with it.

Beef tea and Mince in large quantities
were given her: and free doses of the
Bromide of Potassium.

15th March: all the bad symptoms are aggravated.

The swelling increased, and visible through the
bed clothes. The abdomen is tympanitic all
over. Pain comes on in paroxysms -
arising in the left side - and rushing all
round.

Pulse 120: weak. Skin very dry: Tongue
much furred and swollen.

16th March: Found patient delirious, and picking
the bedclothes - yet, on being spoken to, she
understood what was said:

At times she became quite conscious,
and could speak to her friends: she knew perfectly
well she was dying, but never complained.
Her face was like that of one dying of
Consumption - thin, hollow, and pale:

18th - Black spots are making their appearance
over the body, and there is a peculiar
smell perceptible - what her friends called
a cold water smell:

Patient layed till the morning of the
21st March, when she died.

She had always been a strong woman - and
lived in the Country. She was well
connected - and was a Sabbath School teacher.

As she was unmarried, her condition pressed
greatly on her mind: and being of a very
sensitive nature, she was no doubt, predisposed
to this form of inflammation.

Case of Mrs. Adamson; March 1879:

This case in many respects, was similar to the previous one, but of a less serious nature.

The patient was a primipara: 34 years of age: labour was very protracted, and the Forceps were used. There was considerable hemorrhage after the birth of the child, but it was arrested.

In a few hours after delivery the pulse was 140.

However, she did well till the fourth day, when I was called hurriedly, being told she had taken a 'Nervous turn'. I found her with a wild look: flushed face: delirium, and the pulse 140.

The pulse had not the hard feeling of the previous case, there was marked tenderness over the left flank, and the lower part of the abdomen.

I learned on enquiry that the patient was a very hysterical person: easily excited, and easily suggestible: that she had all along a great dread of her

Confinement. that her sister had died during her first Confinement - and that she had a presentiment, that a like fate would befall her.

She took a great dislike to her husband and her child. and would not let them near her.

By and by. the abdomen became greatly distended: the tenderness increased, especially on the left side. the glands of the left groin were enlarged: and there was well marked typhoiditis all over the abdomen.

The discharge was stopped. although there was much. She had a very haggard look. and said she was dying. Hot fomentations with turpentine were applied: and a Mixture containing Bromide of Potassium. and tincture of opoponax. was given.

The Uterus was Syringed twice a day with a weak solution of Carbol fluid: and Morphia suppositories were freely used. a fly blister was put over the left ovary.

Beef tea was given in large quantities, and also milk and soda water. as there had been considerable vomiting.

These remedies had the effect of greatly abating the symptoms. Altho' after the fly blister, her urine had to be taken away for a few days.

It was scanty: highly alkaline: had a heavy deposit of urates. but contained no albumen.

With liberal diet: port wine. and quinine. She made steady progress. and was able to rise. and walk about her room. sixteen days after her confinement.

Case of Mrs Crawford.

This patient - who was 38 years of age. was
Confin'd on the 20th Jan'y/80. It was her
Sixth Confinement. The previous one was premature.

Two days before her Confinement, she had a
discharge of blood, almost amounting to a
flooding. but it was arrested.

When labour properly began. it was rapid -
but the Child was still-born.

The Mother did well for the first three
Days, when she had a pleurisy, accompanied
by some fever. but she appears to have got
over that.

A few days later. I was hurriedly called.
as she had become very much worse: I found
her gasping like one in an apnoea - in a
profuse perspiration. and in great fear.

When the attack passed away. She was greatly prostrated.

For the next few days (she did well, and had hope of a speedy recovery, but again the reflux came on, leaving her weaker than before. She complained of pain in the left side, just above the hip bone - extending some distance down the thigh. The part appeared to be hard, swollen - and tender to the touch.

During the paroxysms - the temperature used to range from 103° to 105° . and the pulse from 140 to 150.

Between the paroxysms - the temperature would be from 102° to 103° . and the pulse from 120 to 130.

For some time the "fits" - as they were called, came on about every third day but they afterwards came on often.

26.
They were always accompanied with profuse
perspiration - and followed by great prostration.
They generally lasted about half an hour.

Ice and milk: Strong beef tea - Brandy.
and large doses of Quinine were given.
but still the spas continued, and the
patient became very emaciated.

She also suffered from severe vomiting.
and milk and soda water were given for that
with some good effect.

Aromatic Sulphuric Acid was freely used to
check the perspiration.

This condition of affairs lasted for two
Months, and her friends had given up all
hope of her recovery, when all at once
the fever and pain left her, and I found
her quite cheerful.

27

On examining her urine I found it thick and
milky, and loaded with pus.

After that she made gradual progress towards
recovery, but for a long time she had no
power with her left leg, and when she got
up - she had to use crutches - and to keep the
leg bandaged from the foot, to keep down oedema.

About the middle of May, she was removed
to Rothsay, where she speedily regained her
strength - and she returned to Glasgow in better
health than she had had for several years before.

Exactly one year after her return, she was
again confined, and both mother and child
did very well.

In this case there must have been extensive
suppuration within the pelvis.

None of the pus escaped by the bowels.

23.
Local Inflammation ending in Resolution.

There were two cases of the above Complication, both occurring in *Spinesperia*, and both brought on by indiscretion on the part of the patients. In each case there was high fever, great weakness, tenderness over the lower part of the abdomen, and confinement to bed for about two months. There was no suppuration, and both patients enjoyed good health afterwards.

Case of Puerperal Convulsions.

Mr. Cox - Plumber - Confined 10th Jan'y /77.

There had been great delay in sending for me - for when I arrived I found the patient unconscious, struggling violently in bed, and had to be forcibly kept down.

The pains were strong - and the struggling was worse during the pains.

Labour was far advanced - and I delivered her at once - after which she became much more quiet, although she still raved a good deal.

I gave her 30 grains of Chloral Hydrate - and that gave her a good night's rest.

For three days she remained unconscious - occasionally threatening to become violent, but by means of small doses of Chloral she was kept quiet.

30
On the fourth day she became Conscious, but could not bear the sight of the Child, crying out to take it away - as it was not hers.

No amount of persuasion could get her to put the Child to the breast.

As her strength came back, her reason returned, and ten days after her Confinement she had quite recovered, although very weak. On enquiry I learned that she had never been in that place before; but that she had been in very reduced circumstances, and that her husband had been removed to Dartmoor Asylum, both of which circumstances had pressed heavily on her mind.

On March 4th 1878, she was again Confin'd.

I was called early, and waited with her.

Nervous Symptoms threatening, I gave Chloroform, and delivered her with the Forceps.

She made a good recovery.

Case of Mrs. Money.

Mrs. Money. aged 38 years. Paripetia - Confinement of twins 7th Feby. 1880. She was attended, in my absence by a Medical friend, and the labor was natural. When I saw her the next day I found her very febrile, but she knew me quite well, and talked quite rationally.

A few hours later she was seized with violent Convulsions, and when I saw her she was struggling violently to get out of the bed, and was shouting as loud as she could. It took the united efforts of three or four men to keep her down. After administering a large dose of Chloral without effect, I gave Chloroform - which had the effect of quietening her. Still the Convulsions were renewed again and again, and she has to be constantly watched.

Her head was shaved. Ice applied, and Chloral
Given at regular intervals.

Tea and beef tea were given in large quantities.

She lay unconscious for six days, and after
that consciousness gradually returned.

She was exceedingly weak, and made a good
recovery, and has since been confined, without
any bad symptoms.

A very remarkable circumstance in this case
was, that after her recovery she had no
recollection whatever of being ^{confined} of the twins,

and did not remember my calling to see her.

As in the previous ^{case}, Mrs. Money was
in very reduced circumstances, owing to her husband
being idle. She was also very much exposed to the
weather, as she kept a fish barrow.

Twelve, or a year previous to her confinement,

her husband gave her a very bad dose

of Syphilis - which entirely ruined her
Constitution - and a fine healthy child
which she was nursing at the time. Con-
tracted the disease - and died.

These causes, working together, no doubt
brought on this serious complication:

36

Cases of Puerperal Insanity.

M^{rs} Johnstone, aged 24 years. Confined 20th April 1860.

This was her second Confinement: After her first Confinement, which took place two years previous in Saltcoats, she became insane and was removed to Glasgow to her father's house.

As she was getting no better, I was sent to certify her for Woodlee Asylum.

She was at that time in good bodily health, and could speak rationally on many subjects, but she had the idea she was to marry the Doctor who attended her, and nothing could get that out of her mind.

She had no interest or care for the baby.

She was removed to the Asylum and detained one month, when she was discharged cured.

During her stay there, one of her breasts suppurated, and this was thought to have had some good effect.

I read to some of her for two years
 when she came to engage me for her
 Second Confinement, which took place - on
 the 2^d August 1880.

The presentation was natural, labor good - and
 delivery speedy.

Knowing her previous condition I took every
 precaution to avoid noise or excitement in
 any form.

Everything went well for six days: She was
 able to sit up in bed, nurse the child, and
 take her food well. On the morning of the
 seventh day I found her not so well. Some
 feverish: a puffed look in her face - and
 as tho she had passed a restless night. I presented
 a draught of Chloral Hydrate which had
 a good effect.

The next day I was sent for hurriedly, I found the patient sitting on a chair, very excited, and with a wild look in his face. She had quarrelled with her Nurse, and was insisting on her leaving the house. I tried to calm her and to get her to take some one of her draughts, but she stoutly refused: At last, a being threatened, she promised to take it, but after putting it to her lips, she threw it over her shoulder.

All that night she was very excited, and after undressing - she got out of the window, and ran a considerable distance, before she was caught. I then advised her removal to the Asylum, whither she was taken ten days after being confined.

She was taken first to Woodlee - and afterwards to her own park in Ayrshire.

Her incarceration, on this occasion, lasted four months.

A greater degree of excitement, the absence of the Countess-irritant effects of a suppurating breast - and her removal to Ayrshire - where she was very much afraid. may have contributed to make her recovery slower than on the previous occasion.

I saw her after her liberation, and she appeared in every respect - quite well, both in body and mind. She was able to do all the household duties, and look after her two children: and no one by seeing her, a broken creature to her, would ever suspect she had been twice in an Asylum.

A very peculiar Circumstance occurred with regard to her sister, the one who attended her during her illness, that sister some months later, was attacked with Pneumonia, and in four days was a Mummy.

She was cursing and swearing, getting up in bed and making wild gestures. Was talking incoherently, and had to be forcibly restrained. After vainly trying to get her attended to at home. She was removed to the Asylum - where she was kept for six weeks - and afterwards discharged cured.

After the Crisis of the Pneumonia, her reason returned:

So far as I could discover, none of their friends had been affected with Insanity.

Their father, whom I also attended, died of Chronic Bronchitis:

Care of Mrs. Aitchison.

This patient was a primipara, nineteen years of age. She was confined on the 24th Jan'y/79. The presentation was natural, and labor speedy. She made a good recovery. Although when I saw her for the last time, on the eighth day, her pulse was faster than usual. She was then up - and going about her household duties.

Two days later I was sent for. As her manner had become very strange. I found her very quiet but in good spirits - and her talk and manner were like that of a child.

She was always smiling. The after-pains commenced to blow upon a tin whistle. Saying she was a good player, and that the baby liked to hear her play.

A few hours previous she was found holding the

body close to the fire, saying it was cold. and required warming.

She was removed to the Asylum at Woodville. and detained till 20th Sept. 1799.

I saw her after she was discharged. She was quite sensible, but very churlish in her manner. She would laugh when spoken to. and any one could easily see there was a "want" about her.

She has since been twice confined. once prematurely, without any recurrence of the Insanity.

I could discover no account of Insanity in any of her relations.

When she got up after being confined. She said a great many articles had been stolen by her Nurse. and that excited her greatly. I also discovered that she had been drinking a good deal of whiskey after I left her. and that no doubt would amnt in making her ill.

Case of Mrs. Caedon.

The patient was a primipara, and was confined on the 4th Feb/79.

The presentation and labour were natural, and she was apparently quite well when I stopped my attendance.

A few days later she was sent for, as she had become very excited, and strange in her manner.

She imagined she was going to die - that there was no hope for her, and took a great deal of nausea.

She became, at times, very excited, and dangerous, and was removed to Woodilee on the 22nd Feb 1879.

She was detained there till 15th May/79.

When she was removed to the Stirling
District Asylum.

The progress towards recovery, in this case,
was much less satisfactory than in the two
previous cases.

Excess in drinking was the alleged cause
of the Insanity, and, as in the other cases,
there was no history of hereditary predisposition
to it.

Case of Palsy.

M^{rs}. Arbuckle - aged 27 years - primipara -
was Confin'd on the 11th Feby 1881.

The presentation was natural - but the
labour tedious, lasting two days. The forceps
were not required.

She made a very fair recovery, and was
up and attending to some of her duties, when
I saw her on the 12th Feby.

At 4 a.m. on the 14th Feby. I was called hurriedly,
her husband stating she had taken a fit,
when rising to sit on the Chamber stool.

I found her totally unconscious, Speechless,
and paralysed on her right side.

I blistered the back of the Neck - administered
a strong purgative - and afterwards prescribed
the Iodide of Potassium.

414
On examining the urine, I found it
highly albuminous.

Two days later she was Coma, knew what
was said to her, but although she attempted
to speak she could not utter a single word.
She had no power whatever, over her right side.

She remained in this state for about three
weeks. Coma irritant, and the Iodide of Potassium
being continued.

When I saw her on the 6th March, she was in
great spirits, being able to say the word "Better".
She made several attempts to say other words, but
all her attempts ended by her saying "Better".
She was also able to move her leg a little,
but the arm was still powerless.

A fortnight later she was able to sit up a
little, and also to stand, but she could not walk
one step.

She could also pronounce a few more words, but could not put two words together.

On the 10th April she could walk across her room without help, and could talk so as to make herself understood, although she often could not pronounce the word she wished to say. In her attempts to speak she was very like a child learning to talk. She was always smiling, and childish in her manner. At that date albumen was still present in the urine, but in a much less quantity.

She could raise her arm slightly.

She was removed to the Country on 24 April 1871.

The next time I saw her was in August. She appeared in perfect health. Could walk a mile, although slowly, and drawing her leg after her.

She could raise her arm, but could not

Close her hand.

She had improved greatly in speaking, but always hesitated between each word. And could not always say the word she meant.

She is able to do some housework. And to walk a walk every day.

Galenium was tried to her arm and leg. but this was no apparent benefit.

She has since gradually improved, although she has not yet recovered the entire power of her arm. Neither can she walk fast without a visible halt.

Although she can say most words. And can make herself thoroughly understood. She cannot speak a complete sentence.

there is now no albumen in the urine.

She is in excellent health. and has been menstruating regularly, but has never been pregnant again.

Case of Placenta Praevia.

M^{rs} McLean - aged 36 years. Plunketts, Cupped
23rd February 1878.

I was sent for two days before that date, owing
to there being a discharge of blood.

She said that the day previous, she had been coming
out of a Car, and fell - and she ascribed
the bleeding to that.

She had no labour pains.

On examining her, I could not make
out any presentation, owing to the OS
being closed. I prescribed astringents, and
advised her being kept in bed.

I saw her next day - the bleeding had stopped.
Early in the morning of the 23rd I was sent
for: the bleeding had returned in much
greater quantity, and there were some

Slight pains - such as one might expect
at the beginning of labor.

When the Os was sufficiently dilated to admit
of the finger I discovered the presentation
to be Placenta Praevia - the Placenta being
attached right round the Os - as far as the
finger could reach.

There being considerable bleeding, and the
patient becoming very weak. I determined
to act at once. Fortunately, a Medical
friend of mine was at hand - and he gave
Elixir of Iron. While the Elixir was being
administered, I had inserted the tip of his
finger into the Os - and gently dilated it.

Owing to the Placenta being completely round
the Os. I had some difficulty in reaching
the Membranes - but at last succeeded,
ruptured them, and turned the Child.

During this time there were very few pains.

but the bleeding was going on to a considerable extent. The child was still-born.

When the patient recovered from the effects of the Chloroform. She had one or two fainting turns, and said she could not see.

I remained with her - and gave her small but frequent doses of Brandy - and of Ergot.

On two occasions there was a recurrence of the bleeding: but it was easily checked.

Her recovery was slow. but at no time were there any alarming symptoms.

I saw her for the last time on the 8th April - She was up. and able to walk about - but was very weak.

She also complained of her eyesight being impaired.

She enjoyed pretty good health afterwards,
and menstruated regularly - but she had
much less discharge than formerly.

She never again became pregnant.

Towards the end of 1881 she fell into
Consumption, and died.

The children she had were stammerers,
and she had, no doubt, a predisposition
to Phthisis.

Post-partum Hemorrhage.

There were four cases of a very serious nature - but none of them were fatal.

In the first case, that of Mr. Oriel, the flooding came on after I had put on the bandage, but before I had left.

She fainted, and remained unconscious for a considerable time. She had a bad cough which aggravated matters, and when I gave small quantities of Spirits or of Ergot it always caused vomiting.

I plugged the Vagina with Cold Water Cloths, and applied Cold over the uterus. I then applied flannel, wrung out of boiling water, over her heart, to restore the circulation, but for one hour she lay as one dead. My aid by she rallied.

She afterward informed me that at a previous Confinement she nearly died from a similar cause.

At her next Confinement. I administered Epsom both before and after the birth of the Child - and there was no flooding.

Two other cases were those of primiparae, where the forceps were used - and the fourth was a breach presentation, but neither of them call for any special remarks.

Accidental Hemorrhage.

There were several cases of hemorrhage occurring a day or two before the birth of the child. amounting in some cases to what would be called a flooding.

There were four cases where the child was still born. owing, in my opinion, to Accidental Hemorrhage.

In one case where there was very severe bleeding at the 6th month of pregnancy, the woman carried it to the full time - and it was born alive. I took the precaution, however, of keeping her confined strictly to bed for six weeks.

While on the subject of Hemorrhage, I
must relate the following incident:

A lady, whom I was to attend, had been left
during the night by her nurse - and during
her absence the Child was born on the floor.
and no one was in the house but her husband.
In his alarm, he cut the Cord without lifing
it, got his wife into bed - and ran for me.

It must have been nearly half an hour before
I got to the house - and strange to say, the
Child was quite the worse. The bleeding
had stopped, and the Child was pale, but
quite lively - and it afterwards did well.

Operations.

The only operations performed were that of turning - and the application of the Forceps.

Turning was performed where the presentation was Hand-Elbow, or Shoulder. and in one case where the Head presented, but was obstructed by prolapse of the walls of the Vagina.

This operation was generally performed while the patient was under the influence of Chloroform.

The Forceps were used in 99 cases - nearly ten per cent. of the whole number, this is, no doubt, a large percentage, but it is partly explained by the very

large number of primipera cases which
I attended. Thus, for example, during
the year 1881. I used the Forceps in
twenty nine cases - and of these, seven
were primiperae.

Besides, three fourths of the Occipito Posterior
cases, had to be delivered with the Forceps.

In no case were the Forceps used merely
to hasten delivery, or to please the Patient,
but only when urgent symptoms appeared,
or when, from protracted labor, the
Patient's strength was giving way, and
the pains were making no appreciable
progress.

In only ~~one~~ ^{two} cases, however, had I to use
the Forceps on two consecutive occasions.

The Long Forceps were used on only one occasion. It was the patient's second Confinement. During her previous one she was in constant labour for three days and nights, and was delivered with Instruments. The child was still-born and the Medical Man in attendance advised that should she be pregnant again, it would be better to induce premature labour than to incur the same risk again.

When I saw her first, she had been in labour for several hours, but I could not make out the presentation, owing to the head being so high in the pelvis. It was some hours later before I could feel the head.

As the woman was strong and healthy.
I allowed labor to go on for two days.

I then gave Chloroform, and applied,
without the least difficulty, the Forceps.

It took the united strength of another
Medical man and myself to bring away
the child. It was apparently lifeless,
but we managed to bring it round.

The side of its head was very much pressed
in, but that gradually improved, and now
three years after, it cannot be detected.

As before stated, only
three children were still-born where the
Forceps were used. One of these was attended
by a Medical friend in my absence. The other
two were where there was great difficulty.

in getting away the head, owing to a
Contracted State of the outlet of the pelvis.

Still I believe, that had I been furnished of greater strength, or been assisted, both Children might have been saved.

As far as my Experience goes, the Forceps never injured any of the Mothers, nor any of the Children, with the Exception of the one - where the Long Forceps were used.

On the other hand, their use undoubtedly saved many lives.

The use of the Forceps is not so much objected to by the Patients, as one might imagine.

Before Labour, or during the early Part of it - the Mention of the Instruments excites them greatly, and I have always avoided mentioning their Name, till I was forc'd to use them.

In all my Experience, only one Woman -

a primipera refused to let me use them. And
it was only on the advice of some of her friends
in the house. An hour afterwards, however,
she begged me to use them. which I did - and
both mother and child did well.

It is a significant fact that at her next
two confinements, when she was attended
by midwives, both children were still-born.

Still, although I fully appreciate
the good to be got from the judicious use
of the Forceps. I am very unwilling to use
them unless it is clear to my mind that
delay would be superior to either Mother
or Child.

On the use of Ergot of Rye.

The preparations used were the liquid extract and the powdered Ergot.

I must say that I found its use very disappointing. In the first place the women had a great repugnance to it; it very often caused vomiting, and I have sometimes observed that what little pain there was, were entirely stopped after it was given.

In those cases where I thought it advisable to give Ergot. I had afterwards, with a few exceptions, to use the Forceps.

I have found Ergot beneficial in cases of short-statured women, when the head of the child was high - the parts thoroughly open, and where the pains were very slight. I have also found it effective in preventing a Choking Hemorrhage.

I have never tried the Hypodermic Injection of Erythine, as I am certain it would be looked upon as an objectionable innovation, especially by the lower classes.

I may also state here, that I have never seen any injury done to the child by Eryth.

Cases of Adherent Placenta.

There were just cases of Adherent Placenta.

The adhesions were extensive in them all, and the hand had to be inserted as far as the Fundus - in each case. before the Placenta could be removed.

In one case the adhesions were so firm - and the Placenta so soft - that it had literally to be scraped off - and removed in small pieces. All the patients recovered; and in no instance were there any bad symptoms.

66

Rupture of the Perineum.

There was no case serious enough to require surgical interference.

When there were so many primipara cases, and when the Forceps were used so often, it was impossible but that the Perineum would be ruptured more or less in some cases: but by keeping the patient a little longer in bed: having the part dressed night & morning, and telling her to keep the ~~the~~ Anus close together, the rupture always healed, and left no bad effects.

Occasional Notes.

Deformities: There was one case of Club-foot -
 - in both feet - successfully Operated upon.

One case of Spina Bifida: Child died
 when it was a week old from Convulsions.

One very bad case of Hare Lip -
 there was no upper palate in this
 case - no structure intervening between
 the tongue - and the ridge of the Nose.

It was sent to the Western Infirmary
 for Operation, but died of Pneumonia
 before the Operation was completed.

The only other deformity was that
 in a child born on the 9th August/81.
 The left half of the face was
 well formed: but the right side of
 the Nose was wanting - and the right
 eye was situated on the side of the

Child's head, towards its right ear.

There was also a deficiency in the right side of the Mouth.

Above the right eye there was a horny protuberance, about half an inch in length. Which was removed by operation - but it grew again. although it did not become quite so large as at first.

In all other respects the Child was well formed. and appeared quite healthy. Of late it has been feeling very much - and nervous symptoms have been threatening - so that I have not much hope of the Child growing up.

In this case. and also in that of the Non-formation of the roof of the Mouth. the parents had been drinking heavily - and often quarrelling and fighting for some time before the birth of the Children.

In both families all the other Children were well formed.

I have observed, that in some of the worst cases of Mal-presentation, there had been, at some previous time, a peculiar state of Matter. Thus, one patient - a Mr. Thomson - had, on three successive occasions, a Head presentation: Another - had a Face presentation, and afterwards a Shoulder: In the Case where the Face presented, the woman told me that at her three previous Confinements all the Children came the wrong way - and were still born. and another Woman, had, on three occasions, adherent Placentae.

There were also several cases where the presentation was Breech on two occasions.

In bringing this Thesis to a close. I am deeply sensible that I have not made of it what I might, and what I would have done, had time and opportunity permitted.

Occupied, as I am, in a very large practice amongst the poorer classes, it was on very rare occasions when I could devote even half an hour to it at one time.

It has been written entirely from notes made at the time each case took place - and without reference to any authority on the subject.

George Hackett M.D.

17, Berkeley Terrace. 2
Glasgow 19th June, 1882. 1
