Nov. 1909 (10

John McVittie

THESIS "SEVERAL UNUSUAL COMPLICATIONS OF PREGNANCY AND LABOUR"

The following cases occurred during my first 10 months experience in general practice immediately after taking M B degree December 1907- October 1908. As it is rare to meet with such uncommon cases immediately after qualifying and all within a year I thought that I might endeavour to record them. I may say at the outset that I had no further training in midwifery and diseases of women than the excellent teaching I received at Glasgow University which has given me confidence in treating difficult cases

I took out my maternity cases in private under Dr Holms High St Paisley

All these cases I can truly say came under my care either while acting 6 weeks locum for Dr Hagerty Clydebank or in Dailly Ayrshire while in practice on my own account for 8½ months

In none of these cases had I medical assistance except in the Placenta Praevia case in which a doctor gave chloroform

During 10 months I attended 49 confinements and 8 abortions

I have detailed those in the following list

	No of cases
(1) Prolapsus Uteri complicating (a) Pregnancy (b) Labour	1
(2) Abortion with Eclampsia in a latero-flexed uterus	1

No of cases

(3) Concealed Haemorrhage & Eclampsia - - - - - - - - - - - - 1

(4) Unruptured Hymen - 1

(5) Placenta Praevia at 5th month - - - - - - - - - - - - - 1

(6) Jaundice at 6th month - - - - - - - - - - - - - - - - - 1

(7) Ischio-Rectal abscess - - - - - - - - - - - - - - - - - 1

(8) Adherent Placenta - - - - - - - - - - - - - - - - - - - 1

(9) Retained Placenta - - - - - - - - - - - - - - - - - - - 1

(10) Breech presentations - - - - - - - - - - - - - - - - - 3

(11) Practically normal - - - - - - - - - - - - - - - - - - 38

(12) Abortions Normal - - - - - - - - - - - - - - - - - - - 7

TOTAL 57

DEATHS:- Out of this list the deaths were 1 mother and 3 children

The case of concealed Haemorrhage with Eclampsia was the one in which the mother died

Of the 3 children who died 2 were twins prematurely born of a mother who had had 8 children in 4 years seven of whom were prematurely born and died

She had 1st twins died (born at 7 months)

She had 2nd one alive (born at full time)
" " 3rd triplets died (born at 6½ months)
" " 4th twins died (born at 7 months)
(Her name is Mrs McKellar, Dailly)
The other child who died was the sixth of a Syphilitic mother, It lived about 4 hours. The other 5 had all died immediately after birth, I put both the wife & husband on specific treatment; but I do not Know the result as I left for Australia shortly afterwards

(10) BREECH CASES:- Strange to say the first case I had to attend in p--- practice was a breech in a primipara & 3 days after I had another in a primipara both in Clydebank, The other was a 3rd child at Dailly, I delivered all the after coming heads with forceps & got all 3 children alive without any trained assistance.

(8th) Case 12-2-08

ADHERENT PLACENTA:- In this case there was a history of a fall & slight bleeding about 7th month I waited for nearly 1 hour after the birth of the child during which there was very little haemorrhage I then introduced my hand into the uterus & took the Placenta off the uterine wall starting at one edge like taking a "postage stamp off a letter"
The Placenta was also adherent in the Prolapsus uteri which I shall detail later

(9)

RETAINED PLACENTA:- In a case I had of retained Placenta when I introduced

my hand to remove it I found a firmly contracted Bandel's ring with about 1/3 of the Placenta on the os side and 2/3 on the ---- fundus side I delated the ring in the intervals of pain and easily removed the Placenta

Case (7) 18/1/08

ISCHIO-RECTAL ABSCESS:- I had never seen this patient before & she made no complaint of the abscess. I felt when making a P V examination fluid trickling over my hand. On inspecting the parts I found an abscess on the right side of Perinaeum quite near to the vaginal opening I evacuated the pus & stuffed the abscess cavity. All surrounding ---- tissue was infiltrated. I delivered with forceps & had no tear She made a good recovery

Case (1) PROLAPSUS UTERI complicating (a) PREGNANCY.

(This was the last case (1 Labour) I attended in Scotland before leaving for Australia. It is in several ways an extremely interesting one as it comes as a rare climax to such an interesting 10 months midwifery experience)

NAME OF PATIENT:- Mrs Taylor, "Whitehill." Dailly aged 29 One of the most surprising things is that she was such a small spare built woman

HISTORY OF CASE :- (I have learned from this case never to ---- treat any one which is not always easy in the country without first seeing the patient) One afternoon a little girl about 8

years old called on me with a note which read as follows " Dear Doctor:- I have a very bad cough, & I have not been able to sleep for about a week as it has been so severe. Kindly send me up something to stop the cough and help me to sleep"

I had never seen this woman ~~before~~ at all & she stayed about 3 miles away. Thinking she might be suffering from an Influenza cold I treated her for such, and sent some medicine. Two days --- after the girl reappeared with another note, which said "that the medicine was not "strong" enough, & asking me to make it "stronger" In this second note she said "that she had omitted to mention at first that she had a very severe pain in the back and had some dificulty in passing water and in fact she had passed none to-day at all." I wrote a note saying that it would be more satisfactory to see her, & I would call in the afternoon. She however appeared at my surgery in the afternoon. She was coughing almost continuously & looked pale & haggard. She had walked all the distance although with great difficulty (nearly 3 miles) owing to weakness, inconvenience in walking & pain from retention of urine. It was quite obvious from the appearance of her that she was pregnant, & she reckoned about 6 months.

It then occured to me, that the coughing might have some connection with the pregnancy. On questioning her she said she thought her bowels had come down and had been so for about a week but gradually getting worse. She had had 3 children and had no ----- trouble in her previous pregnancies. Since her last confinement about 18 months ago her womb had come down a little, but she had

never consulted a doctor about it. She had been confined by a woman at that time.

CLINICAL PHENOMENA :- On proceeding to make a P. V. examination my fingers encountered a large somewhat globular mass protruding from the Vagina between patient's legs for about 5 or 6 inches. It was dark red, dish in ~~appearance~~ colour and the surface slightly abraided. It was quite evident it was a prolapse of uterus
The cervical & uterine divisions were quite distinct. The os appeared buried in the Cervix which was much congested.
On palpation distinct pitting was got in the Oedematous Cervix which readily disappeared when the fingers were removed.
The firmer outline of the cervix extended for not more than 1 inch upwards
On taking the uterine division between the finger & thumb a distinct elasticity was felt and when patient coughed it became more tense & a distinct impulse like a hernia impulse was imparted to the fingers. On careful examination and deep pressure I made out what I think was a foot in the prolapse
On separating the labia when patient coughed the entire prolapse descended for about ½ inch & then receded when cough passed off again. The Perinaeum had evidently been badly torn at the previous confinement extending nearly into the rectum. Also when parts were well separated & patient coughed a distinct rectocele & also cystocele protruded from the vagina for about ½ inch
The rectum was quite empty as patient had had diarrhoea the day

before. Her pulse was quite feeble 100 per minute & she seemed quite exhausted from the severe coughing.

ABDOMINAL EXAMINATION showed that the abdomen was very much distended more like a full time pregnancy I conjectured that this might be due to excess of amniotic fluid as the parts could not be easily made out

CHEST EXAMINATION:- showed very generalised bronchitis of a dry nature & her throat was also very much inflamed. No doubt the cough had primarily been a diaphragmatic cough which had set up a bronchitis from irritation and this in turn tended to aggravate the prolapse

TREATMENT.

I first drew off the urine which amounted to fully a pint (I afterward examined it & found no albumin) I sponged the prolapse with hot Boracic solution. Then I gradually reduced it "leading" it very gently back into the vagina between my fingers & thumb at the same time pushing up the rectocele & cystocele as gently as possible to avoid setting up uterine contraction. I then put in a 3½ inch rubber ring pessary & gave her some stimulant. I advised her that I thought she would be better to go to a hospital as I somewhat dreaded confining her at full time. She refused & I thought it would not be wise to induce abortion at this period. I gave her a mixture for the bronchitis with some citrate of potash to soothe the bladder. Then I had her driven home & advised her to rest as much as possible.

The pessary kept the uterus up & she kept her bowels very regular to avoid straining

Twice after that did the pessary come out & there was a slight prolapse; but I was sent for immediately & put it right. About the end of the 7th month her feet began to swell badly although there was no albumin in the urine. Abdomen continued to increase & at end of 8th month she was scarcely able to get about at all & complained much of breathlessness. For the last month she was scarcely out of bed.

PROLAPSUS UTERI complicating (b) Labour 3/10/ 08

I shall now endeavour to describe the 3 stages of labour in the above case

I confined her at full time

The following exciting details all occured in a small kitchen with a "box bed" built into a corner of the kitchen

LABOUR 1st Stage:- She had many small preliminary pains for a few days which made little impression. I took out the pessary only 3 days before the birth of the child. After the first night's --- severe pains, I was called early in the morning & on making a P. V. examination I found the os just large enough to easily admit --- my forefinger. On pushing this up I could feel the head presenting although very high up.

Pains then passed off for the whole day to return again severe next morning. On P V examination at 4 A M I found the os not --- larger than 2/6 piece & uterus was keeping well up. During the day ~~the day~~ the pains were again very mild.

The 3rd morning about 10 o'clock the pains again set in & the mem-

branes burst of their own accord when an enormous quantity of liquor amnii came away. After this the pains became very severe & I now noticed that the uterus descended with the head at each pain although the head did not seem to make much progress in coming through the os which by this time was now fully dilated After the escape of the liquor amnii she commenced to vomit very severely & her condition on the whole seemed very unfavourable

2ND STAGE:- The os being now fully dilated I waited a short time pushing up the uterus gently against the head when a pain came on to try & get the head through but it made little progress. About 3 o'clock she fainted several times. I gave her Strych. hypodermically & ether sulphate 3/- in a little water by the mouth.
Since her fainting condition became so urgent I had not time to send for medical assistance the nearest Dr being at Girvan 9 miles distant from the patient's house. I had only the assistance of a district nurse (Graham Dailly who can verify the facts of this case) I decided that I would have to use forceps and risk the uterus coming out a short distance (I had consulted several text books & could get no instruction as to what to do & I just trusted to common sense & kept cool determined at least to do my best under the circumstances)
I had the following difficulties to face
(1) Weak fainting condition of the patient

(2) Prolapse with probable rupture of the Cervix or probably uterus

(3) Shock from pulling prolapsible uterus & reflex on Solar Plexus

---

(4) Bad light which turned out a very critical factor and ---- prejudiced the result very much.

---

(5) Possible post-partum haemorrhage from the hydrammios

Technique :- I drew off the urine & nurse had previously given an enema of soap and water & she cleansed the parts well.
I again sterilised the forceps. I also got ready a basin of --- sterilised water, with some boracic acid in it, as I foresaw that if the uterus came down it would be at hand to sponge it. This water came in very handy in an emergency later.
The small paraffin lamp was set on a small table near at hand -- I put the patient straight across the bed with the limbs absolute -ly at right angles to the body, and the left arm under the chest (as I find this the easiest position for forceps). I gave a slight dose of Chloroform at first until I had introduced the forceps. I used long forceps without axis traction as I could manipulate these with the right hand while I had the left free to attend to the uterus & rectocele. I had some dificulty in intro-ducing the under blade owing to very large rugae in the ---- vagina due to the returned rectocele & cystocele. The cervix was also congested. I managed to lock the blades easily. Then I put the patient deeply under the anaesthetic before I commenced to pull so as to avoid shock & relax the parts as much as possible

In manipulating the forceps I pulled with the right hand at same time introducing the fingers of the left to keep up the uterus & try to get the head to come through the os & at same time --- prevent the rectocele from coming down. Meantime the nurse with her left forefinger pushed up the cystocele & anterior lip of the cervix & with her right hand raised the patient's upper leg. I found great difficulty in bringing the head down through the os without bringing the uterus down too. After manipulating for about 15 minutes I decided to bring down the head & risk the ---- uterus coming down. I did so & discovered that in order to bring the head down far enough to catch it with my fingers after taking off the forceps the uterus had to protrude from the vagina for about 2 inches. Unfortunately before I could free the blades of the forceps there was a slight tear in the posterior lip of the Cervix ; but fortunately no fresh tear in the Permaeum. The shoulders were born with the uterus in the same position that is with a part outside the vagina.

3RD STAGE:- Just at the moment when the child was born as a climax to the difficult delivery a very unfortunate occurrence happened which might have proved disastrous. As I already mentioned the small paraffin lamp was near at hand, some water or blood dropped on the glass globe & it burst & the light went out & thus we were left to finish the case in darkness for at least 10 minutes (not even could matches be got.) The husband had to go some distance to a neighbouring house to procure a light. The nurse tied the cord in the dark as she had a piece of tape ready to receive the

child. I felt the patient's femoral pulse & was glad to find it was still beating. In a short time patient began to come out of Chloroform. About 10 minutes after the birth of the child in --- putting my hand down (since I could not see) to feel if she was bleeding I felt blood trickling on my hand. Thinking that I felt much more bleeding than might be coming from the cervix tear I thought perhaps the placenta had become partly detached & I --- decided to introduce my hand ~~to~~ & remove it. I then groped my way to the boracic solution & washed my hands. The uterus had retracted into the vagina after the birth of the child. I introduced my right hand into the uterine cavity & I found nearly ½ -- half of the placenta was still adherent to the uterine wall. I separated it & got it easily away. By this time the patient was fairly well out of chloroform, & as she could not see she thought she had gone blind. The husband appeared in about 15 minutes with a stable lamp much to our relief, as it was a very severe strain merely being able to conjecture what was happening. After taking away the placenta I caught the uterus firmly with both hands & kneaded it till it was almost like a cricket ball. After I got a light I attended to the tear in the cervix putting in 2 cat-gut stitches which stopped any bleeding. The patient was not very sick after the anaesthetic. I gave her 37 Ergot Ext Liq. When I asked her how she felt I was surprised to hear her say in a weak voice that she felt "fine" after such a severe ordeal plus the loss of blood. I put on a firm binder. Then I gave her weak tea in tablespoonfuls until she had taken about

2½ cup-fuls I find that this rapidly helps to make up for loss of fluid & also has a mild stimulating effect on the heart. I also gave a rectal saline of about a pint. The only stimulant I gave her was a little ether sulphate. in cold water

1ST DAY For about an hour after the child was born the patient continued sensible & talked quite rationally. Then she began to see people among the curtains & hear voices. Her hallucinations became so vivid & she became so restless that she had to be held in bed. I gave her ⅛ gr morphin & ~~one hundredth~~ too gr Atropin hypodermically & she soon fell into a sound sleep & slept for nearly 4 hours. I advised when she awoke to give her some more weak tea in tablespoonfuls & also a teaspoonful of brandy in a little cold water every hour as long as she was awake. She rambled a good deal during the afternoon & evening.

At 12 P M temperature was 100° F pulse 120 & of fairly good tension Her breathing was however unfavorable being something what sighing of a Cheyne-Stokes character. She had a great thirst so I ordered some lemon and cream of tartar water in small quantities frequently. I gave her ~~at midnight~~ then another ⅛ gr morph & atropin 1/100 gr. She slept well until about 6 A M when she passed water freely.

2ND DAY:- At 9 A M the day following the confinement her condition was on the whole favourable. Pulse still continued 120 per minute & temperature 99·5° F Breathing was slightly improved & she had an abdominal pain on deep inspiration. Her skin felt very dry & a

little hot & she was very thirsty. For the day's diet I ordered tea & toast, beef tea, milk & hot water, & plenty of Imperial drink. She had a fairly good day.

At 12 P.M temp 101° F pulse 124 she had a great feeling of restlessness so I again administered a hypodermic of morphin ¼ gr.

3RD DAY:- At 3.15 A M she took a "fit" of shivering & could not get warmed. She also commenced vomiting & continued to retch for 2 hours. At 9 A M when I saw her she complained of severe pain in the abdomen to relieve which the nurse had loosened the binder. On examination of abdomen I found it much distended and very ~~much~~tender on pressure over the lower half. The percussion note on this area was quite tympanitic. The lochia was quite sweet, but very scanty, The bowels had moved well in response to an enema of soap & water & 6 gr grey powder given the night before. I attributed the symptoms & signs to a perimetritis probably arising from infection through the tear in the cervix. Temp. at this time was 102·5 F pulse 130. I ordered hot vaginal douches every 2 hours with a weak Condy's solution which eased the pain By the mouth I gave

Pulv. Doveï
Sodii Salicyl } aa gr 5 every 2 hours (until 3 powders were taken) & general sponging of the patient with tepid water & a little vinegar.

At 12 P M pain was much relieved but the improvement generally was not much the temp. being 103·2° F, I ordered ℥viii enema of hot olive oil.

4TH DAY:- She rested well until 6 A M when she awoke feeling faint --- Temp, had subsided to 100·2 F pulse 125 respirations 25 per minute. At 8 A M I was sent for when I arrived she had collapsed pulse was almost imperceptible, Face was ashy pale & voice husky. I gave 1/40 gr Stychnin hypodermically & 3ʃ ether sulph by the mouth & she appeared to rally a little. To counteract the collapse (due to weakness from Post Partum haemorrhage & toxaemia) I decided the case being so urgent to give an intravenous saline. I laid bare the right median vein introduced a trocar & cannula attached to a tube and glass filler & ran about 1½ pints of --- normal saline directly into the circulation. Then I withdrew the cannula & bound up the arm. Within 2 minutes from the introduction of the first few ounces of saline a flush came over her face the pulse became quite distinct, & easily counted 129 per minute. In 20 minutes she felt fairly comfortable, & commenced to sweat which she continued to do for nearly 2 hours afterwards

Temp at midday 100° F pulse 120

She had a very favourable day. At midnight her general condition was much improved Temp 100·5° F pulse 120

The lochia also increased in quantity

5TH DAY:- 9 A M Temp: 99·5° F, pulse 110, Pain in the abdomen had gone unless on pressure. Distention had also subsided, & she had no pain on micturition. I prescribed Grey powder 3 gr night & morning with diet of soup & milk & brandy 3ii every 2 hours

at 12 P M condition very favourable pulse & temp both keeping down 104 + 99° F respectively

6TH DAY:- She continued to improve. I made a rectal examination.

There was some tenderness at the base of the bladder & surrounding neighbourhood but no abscess could be detected; pulse 100. Temp 99°F

7TH DAY:- She had no discomfort of any kind pulse was 95 Temp slightly subnormal. I made a P.V. examination & found that the uterus had gone fairly well up again. From this date she made a good recovery. I left on this date, but my successor Dr McInroy informed me a week later, that she was steadily improving. The child was alive & well. Needless to say I strongly impressed on her the necessity of having an operation performed to prevent the recurrence of such risks after such a marvellous recovery

CASE 2 ABORTION WITH ECLAMPSIA IN A LATE ~~RE~~-FLEXED UTERUS 17/6/08

PATIENTS NAME;- Mrs McWhirter Balcamie. Dailly

I was called at 9.30 P M to see this patient who had been bleeding from the uterus for about 5 hours. She had been lifting a tub when she strained herself, & shortly afterwards some blood trickled away. She reckoned she was 3 months' pregnant at this time. She took to bed & about 8 o'clock she had some slight labour pains & some "clots" came away. She took a "fainting fit". When I saw her she was in a weak condition with a pulse 100 small & easily compressible. She had by this time lost a large quantity of blood, the bed being soaked with it. On making a

P.V. examination I found the os patent, but obstructed by a shaggy clot which I afterwards found was placenta. The clots had been all burned so I did not find a foetus. Thinking the fainting fit was due to weakness I gave a 1/60 gr hypoderm. of Strychnin. In a few minutes she took 3 or 4 convulsions in rapid succession like Eclampsie convulsions throwing her head back on the pillow each time gasping for breath, & the pulse becoming almost imperceptible. I administered ether sulphat. by the mouth & gave a saline high up into the rectum of about 1½ pints. About 10 minutes afterwards I proceeded to remove the placenta & curyette if necessary. I then discerned that the uterus was much displaced towards the left side the cervix looking down & towards the right. On ---- examining around the *fornices* my finger came in contact with a band stretching from the left lip of the cervix to the vaginal wall (I shall further detail this later)

I removed part of the placenta with my forefinger. Then I used the curyette. I had some difficulty in getting it into the uterus owing to the well marked flexion to the left. I passed my finger up into the left fornix & I could feel the fundus. I pushed this up at the same time pulling down the cervix which straightened the uterine canal & then I got in the curette & cleared out the uterine cavity, & then bound up the patient in the usual way. The patient still continued to take convulsions & these very severe ones. I gave morphia ¼ gr hypod: along with Ergotin. 1/100 gr to arrest haemorrhage. I gave her frequently 10 m of ether sulphate

by the mouth in a little cold water which seemed to steady the pulse & acted almost as quick as if given hypodermically. I also gave her weak tea in dessertspoonfuls as much as she could take. About 1 A.M. I gave her another saline per rectum. The convulsions continued until 3 A.M. During the 5 hours she took about 30 well marked fits & was unconscious about half that time. About 3 o'clock she became sensible for ½ hour & then fell into a deep sleep. She only took 3 more fits after that

At 9 A.M. pulse was 100 Temp 99·5° F.

and she felt fairly well. In the evening at 6 o'clock she felt hot Temp 101° F pulse 110

I gave Pulv: Doveri. } aa gr 5 every hour until 3 powders taken
Sodii Salicyl. }

For the next 2 days pulse & temp both kept up a little, & then subsided. In a week she was alright. I examined the urine 2nd day and found only a trace of albumen. She had no history of kidney disease.

LATERO-FLEXION:- The displacement of the uterus was a rather interesting one. A week after the abortion I examined P.V. & found os contracted with an old tear in the left lip of the cervix. From the upper end of this scar there was a distinct band as already mentioned extending to the vaginal wall. I could hook my finger round the band which was about ¼ inch in diameter & about ½ inch in length & was spread out in its uterine insertion more than in its vaginal attachment. The fundus could be felt

beyond the band up in the left fornix. Patient had no trouble in passing urine. I introduced the sound & found it passed up towards the left & I felt in trying to do a "tour de maitre" that the band limited the bringing of the uterus to the normal position

I thus decided there was no use trying to rectify the displacement by a pessary of any kind

HISTORY OF THE CASE:- is interesting which I think probably explains the abnormal position. Patient had menstruated regularly & without pain up to the time she first became pregnant. This abortion was her second time pregnant.
Her first child she said had been a cross birth. She had been very ill at the time, & made a slow recovery. I inferred that the Dr who confined her had, in adjusting the presentation probably made a large tear in the left side of the cervix extending into the left fornix, & a part of the vaginal wall. This had healed up alright but in the cicatricial contraction this band had got separated & left, thus tilting the uterus to the left side.
Her menstrual periods after the birth of her child had been --- profuse & painful, & she herself thinks that she had an abortion at about 6 weeks fully, 6 months ago, as some clots came away then. Her child was now 18 months old.

TREATMENT :- I brought down the uterus with Volsellum forceps about 10 days after the abortion. I put a double ligature of catgut on the band

~~of cat-gut~~ & cut the band between the ligatures. Immediately I did so I could bring the uterus round into its normal position with the sound, I kept her in bed for a few days then I put in a rubber ring pessary & let her about, She menstruated after that with little pain & 3 months after I found the uterus in fairly normal position & took out the pessary.

CASE 3 CONCEALED HAEMORRHAGE, ECLAMPSIA 21/7/08

NAME OF PATIENT ;- Mrs Wyllie Kilgramme" Dailly

I was called at 2.30 P.M. by the husband who said that the child had been born at about 12 o'clock, & that his wife was now taking "fits" & seemed to be in great pain. I had never seen the patient before. When I reached the house about 3 o'clock I found the patient looking quite blanched in the face, & gasping for breath. She was quite sensible, & shrieked with severe pain in the abdomen; Pulse was running rapid & feeble, About 1 minute after I entered she took a typical Eclampsic convulsion, & the pulse became almost imperceptible I gave 3ß ether sulphat& by the mouth in a little cold water, & she revived in a short time, On examining the p---- placenta I found it had come away entire, There were 2 women in attendance who had confined the patient. On putting my hand on the abdomen, I found a large swelling extending well up above the umbilicus, I thought at first it was another child. On firm palpation however it had a doughy consistence and when I squeezed

the swelling a large blood clot came away from the vagina & then a smaller one. I concluded that the uterus was probably full of blood & that it was a case of internal haemorrhage.

I sterilised my hand & introduced it into the uterus when I found that the lower segment of the uterus contracted round my hand. At the entrance to the uterus there was firm blood clot & in pushing my hand through this I could pass my hand a long distance up into soft blood clot. I left the clots in the uterus & then put on a firm binder. She continued to take a series of convulsions & in the intervals writhed with pains. I gave her a rectal saline; but she died in one of the convulsions shortly afterwards. One of the women who had attended many confinements said, that the child had been born in the usual way & that the afterbirth had come away ½ hour after the birth of the child. The patient had taken the first convulsion about 1 hour after the child was born. I drew off some urine & examined it & found it loaded with albumin. Her legs were markedly oedematous & the husband said that she had complained of swollen feet for 1 month. What had caused the blood to clot & obstruct the os I could not determine; but it was quite evident that haemorrhage had continued into the uterine cavity & the patient simply bled to death & the women attending her did not notice it ; nor was I able to ascertain the cause of the very severe pain. I did not get a P.M. examination, & certified the death due to "Concealed Haem: & Eclampsia "

CASE 4 " UNRUPTURED HYMEN" 1/10/08

NAME OF PATIENT :- Mrs Sarson Bridge St Dailly

On proceeding to make a P.V. examination of this patient in labour, I found her parts extremely sensitive to touch, I also found that I could not get the point of my forefinger into the vagina. On inspecting the parts the hymen appeared unruptured & of firm consistence. The opening was of the same size as the URETHRAL opening but the margins were firm. I incised the hymen under a local anaesthetic, & I found the os about size of a 5/- piece (She had had pains 3 days)
The permaeum was extremely rigid & labour was tedious. I delivered her some hours afterwards with forceps unfortunately with a --- small tear in the permaeum which I immediately repaired.

CASE 5 JAUNDICE AT 6TH MONTH

PATIENTS NAME Mrs Anderson Bridge St Dailly
I was called to see this patient who was 6 months pregnant, & had noticed her skin discoloured for about a week. When I saw her she had a well marked jaundice with all the symptoms, & signs. On examination I could find no cause for the jaundice as it did not seem to upset her much I put her to bed for a week & carefully measured her liver from day to day without finding ~~much~~ any --- appreciable diminution such as might occur in acute yellow Atrophy, I also examined the urine for tyrosin crystals but with-

out result. I put her on Grey Powder & tonic treatment. In a month the jaundice had entirely disappeared. She was confined at full term of a live child.

CASE 5 PLACENTA PRAEVIA AT 5TH MONTH 18/4/08

PATIENTS NAME Mrs McCreath "Whitehill" Dailly

When I saw this patient she had had a brisk haemorrhage from the uterus, & complained of having strained herself while doing house work. She reckoned she was 4½ months pregnant at this time. P.V. examination showed os contracted. The only unusual thing that could be detected was a boggy feeling in the left & posterior fornices. I put her to bed for 10 days. The day she got up haemorrhage again came on briskly. I again examined P.V. & found the os contracted, & learned that no clots had come away. I concluded from the nature of the haem: the contracted os & the boggy feeling in the fornices that I had probably a case of Placenta --- Praevia to deal with. I consulted with Dr MacDougall Girvan who agreed with me, & we decided to induce premature labour. He administered the anaesthetic, & I introduced a gum elastic bougie about 6 inches inside the uterus keeping along the uterine wall outside the membranes. This caused quite a brisk haemorrhage. Then I -- firmly packed the vagina & put in a firm double binder This was at 12 P.M. at 7 o'clock next morning labour pains came on & 2 hours later I removed the plugs & in doing so I felt the placenta presenting

& the os well dilated. I pushed my hand past the side of the placenta, & caught a foot, & delivered the child at once & immediately after removed the placenta, & then kneaded the uterus & gave ergot She made a good recovery.

THESIS.

"SEVERAL UNUSAL