

OBSTETRICS OF THE HAMILTON CITY HOSPITAL FOR TWO YEARS.

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The total number of births during a period of 26 months past was 66. Summary of presentations: Head, 58; Breech, 4; Feet, 3; Face, 1.

There were two cases of twin births and three of premature births (abortions), and one monster. In the cases of double births, in each instance there was a footling presentation; but in one case the first-born was a head presentation, in the other a footling. Only one of the children continued to live.

Among the children *prematurely* born, one, apparently of only six months, lived about three days. There was one case of *Spina-Bifida*; the child lived a few days.

Of the *breech* cases, 3 were born alive; the fourth case was still-born, due to pressure on the cord—efforts at resuscitation were unavailing.

A tumor in the case of the *face* presentation, partly of the nature of a bruise, remained over the right cheek and brow for 8 to 10 days.

Of the footlings, two were born alive and one perished from retention of the head and pressure on the cord.

The monster belonged to the *Anencephalous* class; it showed no signs of life; the quantity of *Liquor Amnii* in this case

was immense, and the labor very prolonged; mother's health rather poor.

The short forceps was used in one case, and the long forceps in another case only. Turning and the use of anæsthetics were not called into requisition in any case.

COMPLICATIONS, ETC.

There were in all 7 cases of *post-partum hæmorrhage*. This occurred in *primiparæ* in 4 cases. Ergot was given before delivery in 4 out of the 7 cases; in the remainder, after delivery only. In most of the cases Ergot was given both prior and subsequent to the birth of the child. There were no cases of *ante-partum hæmorrhage*. One of the above cases was further complicated by albuminuria, and exhibited maniacal tendencies during labor. Almost all the cases of *post-partum hæmorrhage* could be traced to *inertia* of the uterus after expulsion of the placenta. The management of the third stage of labor in all cases has been in accordance with the directions laid down by Playfair.

The following conclusions are based upon the facts in connection with the 66 cases from the notes of which this abstract is drawn:—

I.—ERGOT OF RYE.

1. When the *os uteri* was fairly dilated, and labor pains had really commenced, the Fluid Ext. of Ergot of Rye has not failed to render the uterine contractions more frequent and more powerful. 2. When the stomach was irritable, especially if there was vomiting, Ergot had comparatively little effect, probably not being absorbed, or but imperfectly. 3. Ergot given after the expulsion of the child has frequently failed to produce uterine contractions. 4. If the contractions produced by Ergot were so frequent and vigorous as to be almost intermitting for a period of from 40 to 60 minutes, *post-partum hæmorrhage* from *inertia* of the uterus sometimes resulted. 5. There was one case of imprisoned placenta from extreme contraction of the uterus in which Ergot was given before delivery.

II.—RUPTURES OF THE PERINEUM.

1. There have been only two cases of rupture of the perineum,

reaching down to, or to one side of, the anus ; no case extending through the rectum. 2. All the ruptures that have occurred in *multiparæ*, were of a trifling character, requiring no treatment. 3. The perineum has been ruptured as frequently by the passage of the shoulders as by the head, if not more so. 4. A rupture caused by the head has been deepened by the passage of the shoulders ; much has depended on the management in this latter case. 5. Directing the patient to let out the breath and cease to bear down just as the head and shoulders were passing has been more effectual in saving the perineum than any form of support rendered by the accoucheur. 6. A case of rupture to one side of the anus, treated by binding the knees together and confining the bowels by opium, healed in 8 days. 7. Less serious lacerations have healed without any special treatment. 8. The speediest result has followed in cases of moderate rupture when a single suture or two of carbolized catgut of moderate strength was put through the perineum immediately after the placenta was expelled, and the knees of the patient kept together for a couple of days. In such cases the suture has come away and the rent been found healed in 3 to 5 days.

It is highly probable that in *primiparæ* a much larger number of ruptures of the perineum would be diagnosed if they were carefully looked for.

A history of the septic complications that have arisen in our ward, situated as it is, exposed to all the injurious effluvia, &c., of the entire hospital, would be interesting, but too lengthy for this paper.