ROTUNDA LYING-IN HOSPITAL
CLINICAL REPORT FOR THE YEAR
1921-1922.

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DURING the year from November, 1921, to October,
1922, there were 1,966 patients admitted to the
maternity wards of the hospital, and 1,715 women
were confined. In the extern maternity 2,022 women were
attended in their own homes during their confinements.
The admissions to the gynaecological wards numbered 412.
The number of cases admitted to the hospital is less than
the previous year by over two hundred, although the num-
ber of confinements in the house are only down by 51, the
decrease being chiefly in cases coming in for ante-natal con-
ditions, and for gynaecological treatment, the latter being
largely due to difficulty in country cases coming up to town.
The work done in the extern maternity shows an increase of
296 cases, so that the actual work carried out by the hospital
is greater than the previous year. The number of confinements
attended was 3,787, an increase of 239, and the total number
of patients treated was 4,400. In this report, besides giving
the tables and considering the various conditions usually
dealt with in the reports, I have specially dealt with the
question of Induction of Labour, both in the treatment of
contracted pelvis and general complications of pregnancy.
Amongst the cases specially reported, there are three of
ruptured uterus, and two of full term ectopic pregnancies
which are of special interest.

Extern Maternity.

In the extern maternity, 2,021 women were attended
during their confinements; 152 were cases of abortion or mis-
carriage. There were 11 cases of placenta praevia; eight were
central, one marginal and two lateral, with no mortality;
all were treated by bringing down a leg, after version in
those cases with a cephalic presentation. One case of concealed accidental haemorrhage died, the patient being dead on arrival of assistant. Five cases of haemorrhage were treated by vaginal plugging, four were cases of accidental haemorrhage, one was a miscarriage; it is probable that in three cases with a little more prolonged observation, the haemorrhage would have been found to have ceased spontaneously and that plugging was only necessary in two; in one case, the plugging was repeated. The fact of the five cases being plugged, as they were in their own homes, shows that the operation can be carried out with safety and freedom from infection if it is done in a proper manner. All the cases recovered uneventfully. There were 10 deaths in the district, postpartum haemorrhage being the cause of five; in all these cases, the infant had been born before the arrival of the students; in four cases the patient was moribund when first seen. The fifth case was in good condition, but bleeding had started when the students arrived, and there was an undue delay in their sending in for assistance. When the fact is considered, that 50 per cent. of the deaths in the extern were due to post partum haemorrhage in cases where the delivery of the infant was managed by midwives, I think it shows that the regulations in respect to this complication require revision. At present the regulation is—'that medical aid is to be sent for when there is excessive bleeding—where two hours after the birth of the child the placenta and membranes have not been completely expelled.' It is not when bleeding has become excessive that aid should be sought, it is then too late. The instruction should be to send for aid at the onset of bleeding after the birth of the infant unless the placenta is ready to be, and can be, expressed and the bleeding ceases. While awaiting assistance, the fundus should be controlled and massaged, ergot should not be given unless the placenta is away, and no attempt should be made by the midwife to remove the placenta or to introduce her hand into the uterus, as this more often results in subsequent death from sepsis than immediate benefit. I make this latter statement from experience of cases sent into hospital after attempted manual removal by midwives, the placenta being