The attendance at all departments of the hospital again showed an increase over last year's record figure. The accommodation is still very inadequate and the wards were constantly overcrowded. This led to delays in evacuating patients from the labour wards with consequent congestion, difficulties and danger in this department. Nevertheless the year has been a most successful one, and both the morbidity and mortality rates are low. There were the usual large numbers of abnormal cases, and of the total number of patients delivered in the hospital over 40 per cent. were primiparae. We were obliged to refuse admission to 86 patients in labour and many others were advised to apply elsewhere for treatment. The final section of the hospital is now nearing completion, and we hope to have completely passed through this difficult period of nearly six years rebuilding, with its accompanying noise, dirt, dust and overcrowding, before the end of 1937.

There were 2,575 patients admitted to the Maternity Department, and of these 2,259 were delivered. There were 831 attendances on the district and 733 patients were delivered. The hospital was thus responsible for 2,992 deliveries during the year.

There were 10,985 attendances at the Out-Patients Department. This department is temporarily housed in the basement of the hospital. There is considerable improvement in the attendances of pre-natal patients, but the number of emergency admissions is still very great, and is responsible for many of our morbid and mortality cases.

Persistent Occipito Posterior.—There were 35 cases of this condition, with 22 spontaneous deliveries. There were 3 foetal deaths, one being due to accidental hemorrhage, one, which was dead on admission, in a case of severe toxæmia, and one infant of 28 weeks gestation.

Face and Brow Presentation.—Twelve cases come under this heading. Four were delivered as face, three being spontaneous, and one by forceps. Five were converted to vertex, one required craniotomy. Two were brow presentations, one being converted into a breech and the other was delivered by forceps. There were four foetal deaths, all occurring in emergency admissions after prolonged labour.

Breech Presentation.—This includes all cases that started labour with the foetus in that position, and were delivered without altering the presentation, but does not include cases where version, either cephalic or podalic, was performed for any reason. Seven cases in which external cephalic version was performed before labour are
included under vertex presentations. There were 80 breech deliveries, a percentage of 3.5 per cent. Thirty-two were primipare, most of whom were in labour on admission.

Transverse.—There were 11 transverse presentations with four foetal deaths. Two of these were dead on admission, one had a prolapsed cord which was pulsating feebly, and one was in a case of uterine inertia with twins.

Ante-Partum Haemorrhage.—There were 55 such cases. Thirty-seven were accidental. There was one maternal death. This patient was admitted with severe toxæmia and had had several vaginal examinations made elsewhere. She showed signs of acute sepsis immediately after delivery. (See Mortality Table.)

There were 18 cases of placenta praevia with eight foetal and one maternal death. This patient was in good condition on admission. She had a partial placenta praevia with the os partly dilated and the head well down. It was decided to apply Willett’s forceps. Anaesthesia was induced with chloroform and then continued with open ether. The operation was performed quickly and without difficulty and the patient’s condition was excellent all through. She had been anaesthetised for about ten minutes in all, and just at the conclusion of the anaesthesia her heart stopped beating. Attempts at revival failed. A P.M. examination was not granted, but we are satisfied that death was not due to the anaesthetic alone. None of the remaining 17 patients was morbid.

Albuminuria.—There were 334 patients who had albumen +1 or more. Fifty-two of these cases are classified under the heading Eclampsia associated with either Pregnancy Toxaemia or Chronic Nephritis. There were 269 cases of Pregnancy Toxaemia and 13 cases of Chronic Nephritis without very severe symptoms.

Eclampsia.—There were eight cases of eclampsia, a very marked reduction from last year. Five were primiparous patients. There was no maternal and two foetal deaths. The treatment has not been altered and details will be found in Table IX.

Uterine Inertia.—This is one of the complications which gives considerable trouble and anxiety and is responsible for a large number of our morbid cases. Many of these cases still come to hospital following prolonged labour elsewhere. Stimulation treatment during the later stages of labour sometimes proves successful, but most of them require forceps delivery. Twenty-eight of the most severe cases are described in Table X.

Induction of Labour.—This treatment is adopted only for very definite indications. Forty-eight patients were successfully induced. Induction by Watson’s method failed on 15 occasions, but most of these patients started labour spontaneously soon afterwards or were successfully induced later. There were three foetal deaths. Two of these were in cases where the onset of labour was delayed for more than 48 hours following Watson’s method combined with puncture of the membranes. The third foetal death was associated with eclampsia.