

MIDWIFERY WORK AT THE CURRAGH CAMP.

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THE following notes on the midwifery work at the Military Families Hospital, Curragh Camp, during the period of December 1st, 1905, to November 30th, 1908, may be of interest.

1906	..	..	..	..	70 cases
1907	..	..	..	..	92 "
1908	..	..	..	..	120 "
					<hr/> 282 "

PRESENTATIONS.

			One case was a twin.
			Retained placenta or membranes—3 cases.
			Rigid os requiring dilatation—2 cases.
VERTEX L.O.A.—149..		Forceps—9 cases	{ Eclampsia—3. Severe albuminuria and dropsy—2. Primary uterine inertia—4.
			"Fits"—2 cases.
			Eclampsia—4 cases.
			Accidental hæmorrhage—1 case.
			Rupture of umbilical vein of cord during labour—1 case.
VERTEX R.O.A.—85 ..		Hydramnios—3 cases.	
		Forceps—2	{ Pelvic contraction slight—1. Primary uterine inertia—1.
VERTEX R.O.P.—9 ..		Frontocotyloid becoming face to pubis—2.	
		Forceps—3 (1 for inertia).	
VERTEX L.O.P.—5 ..		Twin—1.	
		Forceps—1 (primary uterine inertia).	
BROW—1 ..		Accidental hæmorrhage at 5½ months.	
BREECH R.S.A.—1 ..		Accidental hæmorrhage 5th month; labour induced.	
.. R.S.P.—1 ..		Unavoidable hæmorrhage; placenta marginata. Patient had antepartum hæmorrhage for a week previous to admission. Temperature 101° on admission. Recovery uneventful. Fœtus dead.	
TRANSVERSE—2 ..		1 accidental hæmorrhage at 5½ months. Fœtus delivered by mechanism of spontaneous evolution.	
		1 full time, converted into L.O.A. by ext. cephalic version.	

Abortions (under 4 months)—24 cases.

Ectopic gestation—1 case.

Eclampsia—4 cases (all L.O.A.); one patient died.

Forceps used 15 times { Eclampsia, 3; contraction, 1; occipito-posterior, 2; primary uterine inertia, 7; albuminuria, 2.

Labour induced 8 times { Eclampsia, 2; antepartum hæmorrhage, 4; severe and increasing albuminuria, 2.

The only cases of interest were the ectopic gestation (already reported in the *Journal*, dated March, 1908), and the six cases of "fits," four of which were undoubtedly puerperal eclampsia, and the others probably so. I give short notes.

Case 1.—On admission was in the second stage of labour; she had very slight dropsy of legs; urine contained half albumen; labour was apparently normal. Immediately on birth of the placenta the patient had four eclamptic fits at intervals of twenty minutes; she was given morphia

$\frac{1}{2}$ grain hypodermically, and chloroform inhalations. After treatment: hot packs, cathartics, plain milk diet, &c.; twenty days after labour urine had slight traces of albumen, and the patient was allowed up for one hour in a chair. During the night she complained of intense headache, and became suddenly collapsed, and on the morning of the twenty-first day was comatose (could be roused with great difficulty), the pulse full, strong, very slow, 40 to minute, respirations 28, rectal temperature did not rise above 96° F., limbs were apparently paralysed, knee-jerks present not exaggerated, passed her evacuations under her. Treatment: calomel, ice to head, rectal feeding, rectal salines, and later iodide of potash (this did not suit her and was soon stopped). She remained in this condition about four days, when it passed off and consciousness returned; this was followed by slight slurring of speech, deafness, squint, facial paralysis, slight incoordination of movements of arms (grip was apparently normal), hyperæsthesia of back of head and neck (sensation otherwise unaffected), and when she first got up she dragged her right leg a little.

Gradually the whole of her symptoms passed off. She eventually left hospital after a stay of two months apparently quite well. I have seen her since (eighteen months after), and she reported that she had been quite well all the time.

Case 2.—Was discovered in her quarters in an eclamptic fit, during which she bit her tongue badly. She was seven months pregnant. In fourteen hours she had eighteen very severe fits, and was under chloroform continuously for seven hours, and had morphia $\frac{1}{2}$ grain hypodermically. Labour was induced under chloroform by dilating the os with Hegar's dilators, and de Ribes' bag and delivery aided by forceps. Urine had three-quarters albumen, after treatment same as case 1. The puerperium was uneventful, and on leaving hospital the urine was free from albumen.

Cases 3 and 4.—Both these patients had one single fit immediately on the termination of labour; they were given chloroform and the fit was not repeated. Both had dropsy of face and legs, had complained of headaches and had urine loaded with albumin. In both the puerperium was normal, and on their discharge the urine was free from albumin. In neither case was there a history of epilepsy.

Case 5.—Was admitted from Newbridge, having been found in a fit, urine three-quarters albumen; had twenty-two fits in all; labour induced; fœtus was dead; phlebotomy was done and 8 ounces of blood withdrawn, the remainder of treatment same as previous cases. Patient made an uneventful recovery.

Case 6.—Was under a civil practitioner originally, and on admission had been having fits every ten minutes for five hours. On examination there was suppression of urine, the os fully dilated. The child was delivered by forceps, and born dead. The fits continued. Treatment the same as above. The mother died eight hours after admission.

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