

Midwifery in a North East of Scotland Practice

1949 to 1958

by

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INTRODUCTION

It has been said that not enough is known about the incidence of disease in pregnancy as it occurs in general practice. This thesis attempts to remedy this defect by reference to the records of my midwifery cases from 1949 to 1958. There has been no attempt at selection, so that it presents a true account of what the General Practitioner is likely to meet in a semi-rural practice. My mistakes have not been hidden, and my hope is that they will become fewer with the passing years. I have divided the thesis into sections, which deal with the special character of the countryside, and the town in which my practice lies, the social background and the manner of life of my patients, the medical organisation of the area as regards midwifery, and the different birth rates for the town and country. I have given the clinical notes and summaries of three hundred and seventy three patients who received antenatal care from me during this period, and have numbered subsequent pregnancies, so that the obstetrical history of any parous patient can be traced throughout the period under review. I have discussed the various abnormalities which I have encountered and their treatment, and I have made some suggestions for the improvement of midwifery in general practice. It is hoped that the reader will find in the pages that follow

not only the details and problems of maternity work which confront a practitioner, but also something of the fascination and satisfaction that this work brings to the family doctor.

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CHAPTER I

THE PLACE.

The county of Aberdeen, bounded in the west by the Grampian Mountains and to the east and north by the North Sea and the Moray Firth, is an extension upwards of the great central plain of Scotland. It is divided into five districts, the most northerly of which is Buchan, "bare, bleak Buchan", and the adjectives are apt, for there is a coastal belt of land about five miles in depth on which trees grow only with great difficulty. On the northern shore of this district of Buchan, and second in importance only to Aberdeen itself as a fishing port, stands Fraserburgh.

The local stones are granite and whinstone, and all the better houses are built of granite. Depending on its place of quarrying, there are subtle changes in colour, ranging from the red of the Peterhead granite to the blue of Pitsligo. The fishing villages are of whinstone and merge into the rocks of the shore. The basic plan of these houses used to be two rooms on the ground floor - the but and the ben - with a loft above for net storage. With increasing prosperity, these houses have been converted into four roomed houses with a bathroom and scullery in the middle. The original red pantiled roof has now been replaced by slates. Water was laid on to the houses just before the Second World War, but some still use the street pumps.

Almost all the houses have electricity under the Hydro-electric scheme. Since the war, many "prefabs" and concrete slab houses have been built, somewhat altering the character of the villages.

There are three first-class roads in Buchan. One runs from Aberdeen to Peterhead and then on to Fraserburgh, following the coast. Just within it gives off a direct branch to Fraserburgh. All the roads are liable to blockage by drifting snow in winter, but the coast road stays open longer than those inland. The railway line from Aberdeen is a single track dividing at Maud Junction into two, one to Fraserburgh, and the other to Peterhead. It is as liable to blocking as the road, but when open provides a smoother journey than a car on an ice-bound road.

The farm land in the interior is flat and windswept, for the highest hill in Buchan, Mormond, is only six hundred feet high. There are still many acres of moss and peat land, and numerous farms have "moss" in their names. Peat is still cut and used as fuel. The land is used mainly for breeding beef cattle, and growing potatoes and corn. Many of the cottar houses are primitive, but in recent years there has been much renovating and rebuilding.

There are four parishes around Fraserburgh, each having the sea as its northern boundary. These are, from the west

to the east, Pitsligo, Fraserburgh, Rathen and Lonmay. Each has its own Registrar of Births and Deaths, who is employed part-time, except in Fraserburgh. Fraserburgh itself was a Burgh of Barony, and was founded in 1546 by a Fraser of Philorth under a charter from the King. He built the harbour first and the town grew up round it. Its nickname is the Broch, and a native is a Brocher. The town has enveloped the village of Broadsea, and even today the natives of Broadsea do not consider themselves as Brochers but as a race apart.

Three miles to the south is the double village of Inverallochy and Cairnbulg. They are separated by an eighteen-inch ditch where the Allochy stream once flowed. The whinstone houses are scattered irregularly, for the villages were founded in the days before town-planning. Inland are the castles of Inverallochy and Cairnbulg, which, with Kinnaird Castle in Fraserburgh, once formed a chain of protection along the coast. Two miles further along the coast from Inverallochy is St. Combs, where there are the remains of a monastic cell. These villages are joined to Fraserburgh by a light railway, whose one steam train had by law to be fitted with a cow catcher.

MORAY FIRTH

ROSEHEARTY SANDHAVEN FRASERBURGH

CAIRNBULG
INVERALLOCHY

ST. COMBS

NORTH SEA

Loch of
Strathbeg

CRIMOND

LONMAY

MEMSIE

STRICHEN

NEW
PITSLIGO

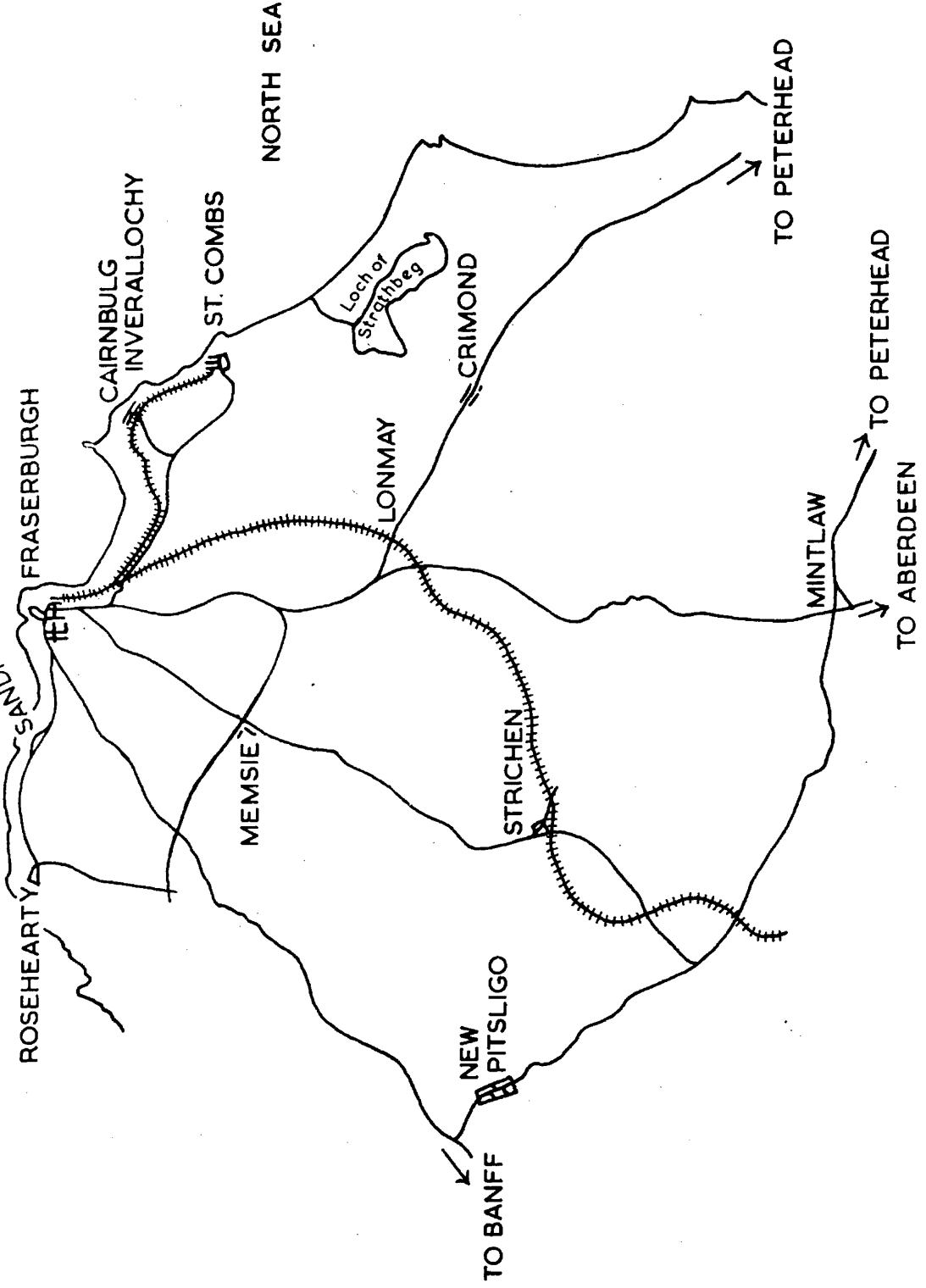
MINTLAW

TO PETERHEAD

TO ABERDEEN

TO PETERHEAD

TO BANFF



CHAPTER II

THE PEOPLE.

Buchan has been inhabited for thousands of years, for at Memsie there is an Iron Age burial mound, and a Stone Age house was recently found at the mouth of the River Ythan. Of the many rings of standing stones in the county, one stands at Grimond and another at Strichen.

There is no evidence of the Romans having been here, but it was early settled by monks of the Celtic Church. The Book of Deer, a Celtic manuscript, now preserved in the Cambridge University Library, mentions that Deer Abbey was originally founded by St. Columba from Iona and his disciple St. Drostan.

Buchan was particularly liable to attacks by the Vikings in the twelfth and thirteenth centuries, and during the War of Independence with England, when the overlords were the Comyns, was more than once laid waste. It also shared in the religious strife of Stuart times and emerged from them as one of the few centres of Episcopacy in Scotland. The Lairds were responsible in the eighteenth and nineteenth centuries for an enlightened farming policy, thus winning good land from a barren waste.

At all times the lives of the fishermen must have been hard as they progressed from an open fishing boat to the modern drifter. In the days of sail, besides the work of casting and hauling in the nets, they had always to be

ready to lower and raise the sails. The small line boats had to be rowed to the fishing ground. The crews then were smaller, but the number of boats was much larger, and as there was no wireless or Echo-meter to locate the shoals, the earnings were smaller. The small boats then fished from the villages, and it was not uncommon for the women to help launch or drag the boats up the shore. A wife would also carry her husband pick-a-back to and from the boat to prevent his leather seaboots from becoming wet. This would be after baiting the lines, which consisted of opening mussels, and putting them or bits of fish on to six hundred hooks. Then she would carry the creel of fish to Fraserburgh to sell at the market, or around the houses. Besides all this, she ran the home. Thus, with the father at sea so much and the mother always driving to get through such a load of work, there is no wonder that a matriarchal society developed. The extraordinary number of half-brothers and sisters among the old people calls for comment. When a fisherman was drowned at sea, he left his widow dependent upon local charity. Many wives died in childbirth from hypertension, strain, or from Tuberculosis. Most left a young family. The widower was forced to marry again, for a wife was essential, and if a widow was available, that solved two problems.

The modern fisherman has changed in habits and thoughts; in the old days when he followed the herring from the Shetlands to East Anglia his world was large and his outlook small. It was the two wars and National Service that changed the men, and the women at that time married men in the Services who hailed from other parts of the country. Many refused to leave their homes, or if they did, quickly returned, so that now there is a small colony of English, Poles, and Norwegians in the district. On the other hand, wives brought in from elsewhere quickly settled down. Maternal dependence was carried to extreme, so that it was often the grandmother who had the upbringing of the child. The mother was content to endure this, for she in turn would have the upbringing of her grandchild. This was made possible by all the family living in the same house or in neighbouring houses. One woman, for instance, was acutely unhappy because her new house was half a mile distant from her mother's, and she had to dress to visit her.

The once prevalent inbreeding among the fishermen, which had its origin in the fact that a man from one village would not take a wife from another, is only now being eliminated. One result is that Fraserburgh Academy, which draws from the whole area, has each year a class of ineducable children, about forty out of two hundred and fifty

children. By contrast, there are some very bright children who, once they have finished with school, never return to the district. The only newcomers are in the professional and managerial classes, while there is a constant migration of workers to England and to the Dominions.

In the early years of this century, the local Member of Parliament persuaded an American firm to set up a branch factory in Fraserburgh, where there was a supply of "good, cheap, healthy labour". This factory now employs about nine hundred men and women producing pneumatic tools. It provides the only alternative employment to the fishing and its allied trades, and employment in it is much sought after. Furthermore, an apprentice who has learned his trade there has the entry into any branch of mechanical engineering.

Among the trades ancillary to the fishing, are the canning and deep freezing of fish. In the off season there is canning and deep freezing of locally produced vegetables.

The people themselves are kindly, generous to help others in need, and remarkably tolerant of the failings of others. Alcoholism is condoned as a form of wild oat sowing in the young, and many temperate middle aged men have been hard drinkers in their youth. Religious revivals are common and every form of Evangelism flourishes. A nice distinction is drawn between God's laws and man-made laws, and it is not

regarded as a sin, for instance, to evade Income Tax. They are good workers, and taking a pride in their work, are happy. They are independent and think themselves as good as the next man, so they must be led and never driven.

CHAPTER III

MEDICAL ORGANISATION.

During the period under review there was in the town one very large practice of three partners, and two other smaller practices, approximately the same size, each having two partners. There were single-handed practices at Strichen, New Pitsligo - helped by an assistant - and at Crimond, where the practitioner on retirement was succeeded by a husband and wife. At Mintlaw there was a practice of two with an assistant.

Our practice was in Fraserburgh and roughly seven miles round it, for it was our policy not to have any patients whom it was very difficult or impossible to attend in the winter. I attended the patients in Inverallochy, Cairnbulg and St. Combs, while my partner attended those in Sandhaven and Rosehearty.

In Fraserburgh, apart from a thirty bedded cottage hospital, "The Thomas Walker", there was a Maternity Hospital, formerly the Infectious Diseases Hospital, but converted in 1945 by the County of Aberdeen, in which any doctor from twelve miles round Fraserburgh could look after his patients. It had twenty four beds with three delivery rooms. However, as it was built in two blocks, it was difficult to run. It was staffed by a Matron, four Sisters, and four Staff Midwives, all of whom were Certificated Midwives. They worked three eight hour shifts, and there was always one midwife on duty.

There were Queen's Nurses in Inverallochy, Crimond, Fraserburgh and Rosehearty who did Maternity work among their other duties. In Fraserburgh there was also a midwife with no general training, who did only maternity work, and two Public Health Visitors for infant care.

Maternity patients from Peterhead were admitted to either Fraserburgh or Ellon hospitals. In Fraserburgh they constituted roughly half of the total deliveries of the hospital. Each of the three partnerships in Fraserburgh took turns of three months to look after them. All the doctors in Fraserburgh engaged in Midwifery. Each had charge of his own patients in the hospital, and relied on his partner for coverage if he himself was not available, as well as for any anaesthetic which might be required. In any serious emergency the Flying Squad could be summoned from Aberdeen Maternity Hospital. This consisted of the Obstetric Consultant on duty, with one of the housemen. They could be relied on to reach Fraserburgh in an hour and a half, but were sometimes quicker. The author of a leading article in *The Lancet* (1) was worried that general practitioners might be tempted to undertake a hospital case in domiciliary practice because he could summon the Flying Squad in an emergency. It was obvious that he could never have experienced the anxiety of the wait, for no general practitioner with the best interests of his patients at

heart could risk the delivery at home of a case requiring hospital treatment. Whenever specialist hospital treatment was necessary, patients were always transferred to Aberdeen by ambulance. Even in deep winter with snow on the ground, all such cases have managed to get through, although the attendant nurse has on occasion been unable to return because of the state of the roads.

An Obstetric Consultant from Aberdeen visited the Thomas Walker Hospital twice a month to run a Gynaecological Out-Patient Clinic. There he saw such Maternity cases as elderly primiparae who needed admission to Aberdeen and would arrange for their admission. He would also visit the local Maternity Hospital and advise on cases there. Admission direct to Aberdeen before or during labour could also be arranged by the General Practitioner.

CHAPTER IV.

ANTENATAL CARE.

The evolution of antenatal care dates from the pioneer work of Haig Ferguson and Ballantyne in Edinburgh (2). In Fraserburgh some of the old people still think it needless, and will tell how they went down two days before their own confinement to arrange for the doctor's attendance. They can still provide antagonism to the efficient working of any scheme. My own scheme of antenatal care has been one of slow growth, each mistake calling for safeguards against its repetition.

At the initial examination I now take the particulars, history, and carry out a physical examination. In it, attention is paid to the teeth, breasts, heart, lungs and abdomen. If the dental state is not satisfactory, the patient is advised to visit the dentist, but many will not take advantage of this free service. She is advised to clean the nipples and breasts daily and to apply lanoline or liquid paraffin to them. If there is any clinical pallor, I take blood for a blood count, though, because of the time factor, I usually leave blood-taking to a subsequent visit. I put all patients routinely onto eighteen grains of Ferrous Sulphate a day. Finally, if they are primiparae, I lend them a copy of Robinson's "Having a baby" (3). If the patient wishes to be delivered in the Maternity Hospital, she is instructed to report there within a week for her particulars to be entered on the case sheet, and at the same

time, blood is withdrawn for grouping. If the woman is Rhesus negative, a further sample is taken by me at the thirtysixth week. The case sheet used in the Fraserburgh Maternity Hospital is the same as that used in the Aberdeen Maternity Hospital. Each patient is given an appointment to return to the surgery, and this is noted in my desk diary. Most keep the appointment, but if they have not appeared by the end of seven days after the given date, they are put on the visiting list. If for any reason, perhaps on account of a large family, or because of distance, they find difficulty in coming, they are visited at home, but surgery attendance for a weight check is preferred. The patients come monthly till the eighth month, and then weekly in the last six weeks. The Physician at the Aberdeen Maternity Hospital holds a weekly clinic there, and medical problems can be referred to him. At each attendance the patient is asked for any complaints, her blood pressure is checked, weight taken, urine tested for albumin, and the size of the uterus and presentation assessed. In primiparae the pelvic measurements are taken at the thirtysixth week. If they are under four feet eleven inches in height, they are, however, referred to the Obstetrician for advice. All patients over thirty years of age, and those with any previous complication, have their confinement in Aberdeen.

After delivery, the patients, whether delivered at home or in the local hospital, are seen daily for ten days, and then once a week until the baby is six weeks old. A post-natal examination is then done on the mother. This consists of an examination of her uterus for position, and evidence of any damage suffered during the delivery. An enquiry is made as to her general state of health, and her blood pressure checked if this is indicated. If the confinement has taken place in Aberdeen, the Consultant usually does these post-natal examinations at his clinic. At eight weeks the baby's innoculation course starts.

An Infant Welfare Clinic run by the Public Health Visitors and the Queen's Nurses is held once a week in the County Clinic in Fraserburgh, when one doctor from each practice is present in rotation.

CHAPTER V.

STATISTICS.

The population of Fraserburgh in the 1956 census was 10,484, and that of Inverallochy - Cairnbulg 1,411. The estimated population of St. Combs was 970, as the Registrar was unable to separate the figures for the village from the rest of the parish.

All births taking place in the Fraserburgh Maternity Hospital were registered in Fraserburgh. The registrations were then transferred out to the parish in which their parents reside. Similarly, in the case of births taking place in Aberdeen, the registrations were subsequently transferred back to Fraserburgh. Thus in the years 1949 to 1958 the total number of births registered in Fraserburgh with the registrations to the two villages was as follows:-

	<u>Fraserburgh</u>	<u>St. Combs</u>	<u>Inverallochy Cairnbulg</u>
1949	170	3	10
1950	175	6	16
1951	200	7	18
1952	212	3	23
1953	190	10	21
1954	200	7	19
1955	208	9	26
1956	200	5	13
1957	190	6	19
1958	174	7	22

Table 1 - Total births in the three places.

The figures for Fraserburgh in Table 1 will include any children born in the landward part of the parish, but as this consists only of farms, that number will be very small.

The actual number of children delivered at home by the Queen's nurse for St. Combs and Inverallochy - Cairnbulg was

	<u>St. Combs</u>	<u>Inverallochy</u> <u>Cairnbulg</u>
1949	18	21
1950	11	21
1951	5	13
1952	8	4
1953	6	8
1954	4	6
1955	5	4
1956	3	6
1957	2	2
1958	11	1

Table 2 - Home confinements in St. Combs and Inverallochy -
Cairnbulg.

The ? actual number of children born to parents in the villages would be the sum of the transferred registrations from Fraserburgh and those delivered at home by the nurse. The query is raised by the possibility of some being born in Aberdeen.

During the same period, the number of confinements done by the midwife in the Burgh of Fraserburgh was -

1949	49	1954	30
1950	29	1955	28
1951	35	1956	25
1952	36	1957	20
1953	40	1958	18

Table 3 - Domestic confinements in Fraserburgh.

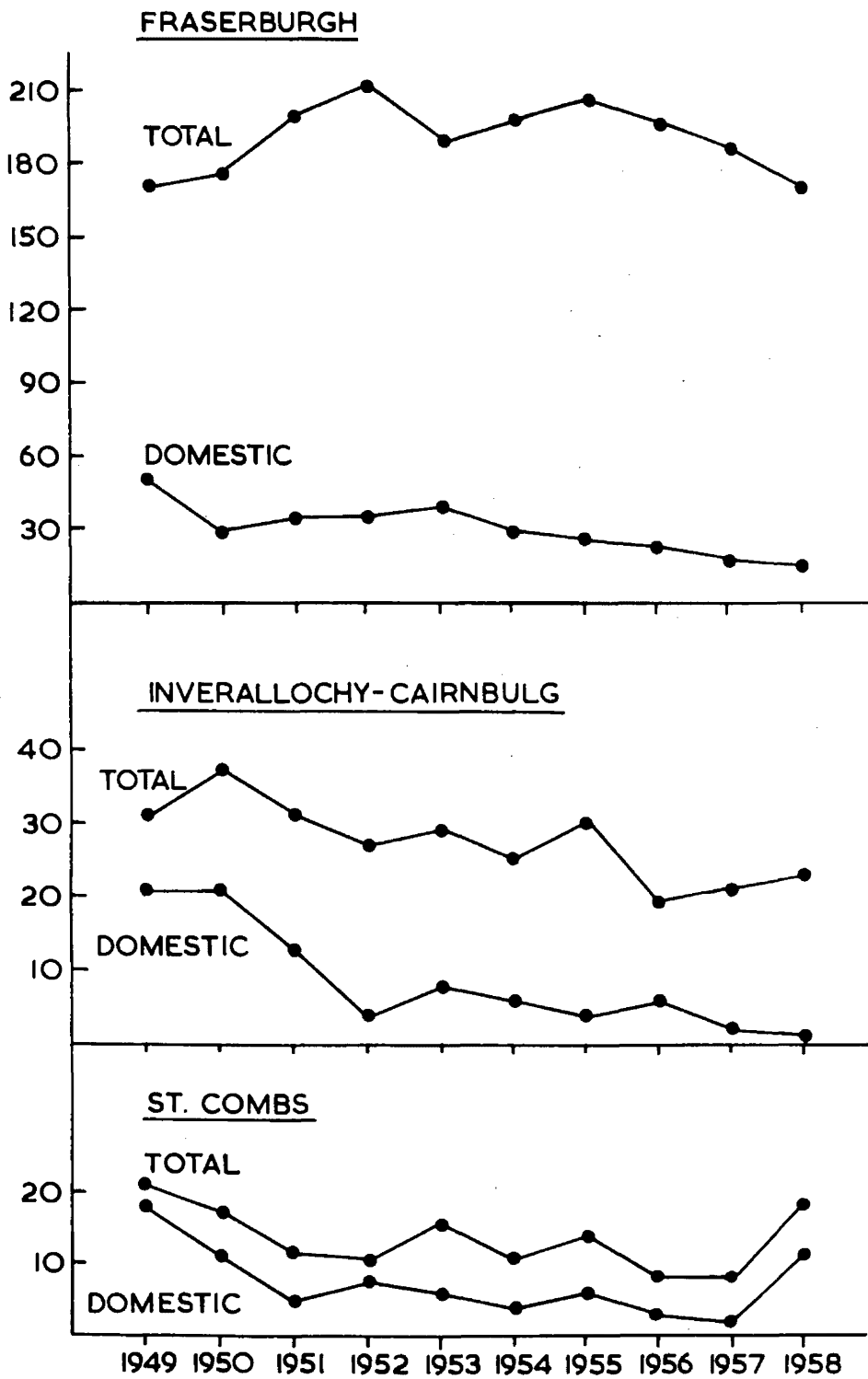


Fig. 1:- Graph showing the total and domestic birth rates in the three places.

CHAPTER VI.

DELIVERIES IN 1949

No.	Age Para	Initial Exam.		B.P.	Confinement	Notes	Feeding at six weeks
		L.M.P.	E.D.D.				
1	21 (0)	20 Jan 49	<u>105</u>	Home 26 Apr 49 9.30/60 hrs.	Breech turned to vertex in Aberdeen on 20 Apr 49. First degree tear. Upper alveolar margin not united in midline.	Breast	
		15 Jul 48	<u>80</u>				
		22 Apr 49	<u>110</u> 90				
2	26 (1)	15 Mar 49	<u>110</u>	Home 9 Apr 49 10 hrs.		Artificial	
		15 Jul 48	<u>80</u>				
		22 Apr 49	<u>120</u> 90				
3	31 (0)	22 Feb 49	<u>120</u>	Home 26 May 49	First degree tear. Tear ducts blocked.	Artificial	
		31 Aug 48	<u>80</u>				
		7 Jun 49	<u>110</u> 90				
4	24 (0)	31 Mar 49	<u>110</u>	Fraserburgh Maternity 30 Jun 49 7.55/60 hrs.	First degree tear.	Artificial	
		13 Sep 48	<u>80</u>				
		20 Jun 49	<u>110</u> 70				
5	23 (2)	13 May 49	<u>120</u>	Home 2 Jul 49 14.20/60 hrs.	Slight uterine inertia with some delay in second stage.	Artificial	
		27 Sep 48	<u>90</u>				
		5 Jul 49	<u>120</u> 90				
6	40 (1)	13 Jan 49	<u>150</u>	Aberdeen Maternity 12 Jul 49 7.40/60 hrs.	Pre-eclamptic toxaemia with oedema. Admit- ted to Aberdeen for rest in 34th week. B.P. settled with rest but oedema persisted until after birth and then slowly settled.	Breast	
		4 Oct 48	<u>90</u>				
		12 Jul 49	<u>140</u> 100				

No.	Age Para	Initial		B.P.	Confinement	Notes	Feeding at six weeks
		Exam. L.M.P. E.D.D.					
7	26 (2)	21 Mar 49	<u>120</u>	Home 15 Jul 49 22.10/60 hrs.	Oedema present.	Breast	
		6 Oct 48	<u>90</u>				
		14 Jul 49	<u>120</u> <u>80</u>				
8	24 (0)	9 Jan 49	<u>120</u>	Fraserburgh Maternity 25 Jul 49 17 hrs.	First degree tear.	Breast	
		15 Oct 48	<u>90</u>				
		23 Jul 49	<u>120</u> <u>90</u>				
9	43 (13)	20 May 49	<u>120</u>	Home 4 Aug 49 10.10/60 hrs.	Developed thrombo- phlebitis in left leg during puer- perium. Treated in The City Hosp- ital Aberdeen.	Artificial	
		17 Oct 48	<u>90</u>				
		26 Jul 49	<u>135</u> <u>90</u>				
10	22 (0)	24 Mar 49	<u>120</u>	Fraserburgh Maternity 7 Aug 49 20.30/60 hrs.	Oedema of hands and feet. First degree tear. Ophthalmia Neonatorum.		
		24 Oct 48	<u>80</u>				
		1 Aug 49	<u>135</u> <u>85</u>				
11	17 (0)	18 Mar 49	<u>120</u>	Fraserburgh Maternity 23 Jul 49 9 hrs.	Oedema of hands and feet present. First degree tear.	Breast	
		27 Oct 48	<u>80</u>				
		4 Aug 49	<u>170</u> <u>110</u>				
12	26 (2)	12 Mar 49	<u>120</u>	Fraserburgh Maternity 8 Aug 49 5.15/60 hrs.	Pyelitis in July.	Artificial	
		1 Nov 48	<u>90</u>				
		9 Aug 49	<u>110</u> <u>80</u>				
13	38 (2)	11 Jul 49	<u>110</u>	Home 17 Aug 49 1.45/60 hrs.	Born before arrival. Cord round neck and left arm.	Breast	
		1 Nov 48	<u>90</u>				
		9 Aug 49	<u>130</u> <u>90</u>				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
14	29 (0)	19 Mar 49	110	Aberdeen Maternity 16 Aug 49 1.45/60 hrs.	Phlebitis both thighs. Right Pyelitis. Admitted on the 16th because of accidental haemorrhage. B.P. 180/70 with albumin- uria, but no oedema. Retro- placental clot present.	Breast	
		15 Nov 48	80				
		21 Aug 49	<u>100</u> 80				
15	24 (1)	22 Jun 49	110	Fraserburgh Maternity 10 Oct 49 7.45/60 hrs.	Left Internal Saphenous vein varicose, and thrombo- phlebitis developed in it during puerper- ium. Treated by Penicillin. Baby had cleft palate.	Artificial	
		1 Jan 49	75				
		8 Oct 49	<u>140</u> 100				
16	21 (1)	13 May 49	130	Fraserburgh Maternity 18 Nov 49 4.40/60 hrs.	Painful vari- cose veins in both legs.	Artificial	
		23 Jan 49	90				
		30 Oct 49	<u>110</u> 80				
17	21 (0)	14 Apr 49	130	Aberdeen Maternity 10 Nov 49 17.55/60 hrs.	Admitted as query Placenta Previa. Had Post-partum Haemorrhage and was anaemic afterwards.	Breast	
		29 Jan 49	90				
		5 Nov 49	<u>110</u> 80				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
18	31 (2)	22 Apr 49		<u>110</u>	Aberdeen	B.P. high from May onwards. Albuminuria in October. Post- puerperal Eclampsia with first and Pre- eclampsic Tox- aemia with second Surgical Induction on 12th Nov. Breech delivery after failed external version on 8th Nov.	Artificial
		10 Feb 49		80	Maternity		
		16 Nov 49		<u>140</u>	12 Nov 49		
				<u>120</u>	4.30/60 hrs.		
19	28 (1)	9 Dec 49		<u>110</u>	Home	Native who could not find hospit- al bed in London. First degree tear.	Breast
		14 Mar 49		75	15 Dec 49		
		21 Dec 49			7.15/60 hrs.		
20	29 (1)	5 Jul 49		<u>110</u>	Fraserburgh	Ankle oedema present.	Artificial
		20 Mar 49		70	Maternity		
		26 Dec 49		<u>130</u>	10 Dec 49		
				90	4.50/60 hrs.		
21	26 (2)	29 Jul 49		<u>110</u>	Fraserburgh	Had Cystitis during preg- nancy. Acute Mastitis of left breast at 4th and 6th weeks.	Artificial
		23 Mar 49		70	Maternity		
		28 Dec 49		<u>130</u>	28 Dec 49		
				80			

In addition, there were seven patients confined at Fraserburgh Maternity Hospital whose antenatal notes are not available as they were conducted under the former County of Aberdeen scheme. They are included for the sake of completeness.

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
22	35 (7)	15 Jul 48 22 Apr 49			Fraserburgh Maternity 29 Apr 49 4.25/60 hrs.		
23	22 (1)	13 Jul 48 21 Apr 49			Home 26 Apr 49	Born at home as B.B.A. and then admitted to hospital.	
24	32 (2)	2 Apr 48 9 Jan 49			Fraserburgh Maternity 19 Jan 49 19 hrs.	First degree tear.	Breast
25	21 (0)	25 Aug 48 1 Jun 49			Fraserburgh Maternity 2 Jun 49	Low forceps de- livery for de- lay in second stage. Post- partum haemorr- hage of forty ounces. Birth weight 8 lbs. 8 $\frac{3}{4}$ ozs.	Artificial
26	26 (1)	Aug 48 May 49			Fraserburgh Maternity 12 Jun 49 10 hrs.		
27	31	21 Jun 48 28 Mar 49			Fraserburgh Maternity 25 Mar 49 10.35/60 hrs.		
28	28 (0)	12 Aug 48 19 May 49			Fraserburgh Maternity 19 May 49 15.50/60 hrs.	Had moderate Pre-eclamptic Toxaemia. Irregular py- rexia from the 22nd to 28th May of unknown cause. Right venous thrombosis on the 31st and trans- ferred to City Hospital, Aber- deen.	

SUMMARY

Of these twenty-eight cases, fifteen had uneventful pregnancies and labours. The complications, some of them occurring in the same patient, were -

1. Fifteen cases of Pre-eclampsia.
2. One query Placenta Praevia - a diagnosis made on a high head and difficulty in feeling it through the cervix at the thirty-sixth week.
3. Three cases of urinary infection.
4. One Forceps delivery because of a large child in a primipara.
5. One Breech delivery.
6. Two Post-partum Haemorrhages, one in the Forceps delivery.
7. Three cases of Puerperal Thrombosis.
8. One case of Puerperal Pyrexia.

CHAPTER VII.

DELIVERIES IN 1950

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
1	24 (1)	23 Sep 49 9 Apr 49 16 Jan 50	<u>130</u> 90 <u>110</u> 80	130 90 <u>110</u> 80	Fraserburgh Maternity 10 Jan 50 6.20/60 hrs.	First degree tear.	Breast
2	24 (1)	16 Aug 49 13 May 49 20 Feb 50	<u>120</u> 80 <u>100</u> 70	120 80 <u>100</u> 70	Fraserburgh Maternity 7 Feb 50 5 hrs.		Breast
3	23 (0)	13 Jul 49 16 May 49 20 Feb 50	<u>160</u> 90 <u>130</u> 80	160 90 <u>130</u> 80	Fraserburgh Maternity 9 Feb 50 29.55/60 hrs.	Right pyelitis. First degree tear.	Artificial
4	20 (0)	30 Sep 49 6 Jul 49 13 Apr 50	<u>110</u> 60 <u>120</u> 80	110 60 <u>120</u> 80	Fraserburgh Maternity 16 Apr 50 13.30/60 hrs.	Right pyelitis. Low forceps be- cause of large baby (8 lbs. 13½ ozs.). No cooperation of mother who was of low intelli- gence and hysterical. Ran irregular py- rexia for first five days.	Artificial
5 49/1	21 (1)	21 Nov 49 9 Jul 49 16 Apr 50	<u>110</u> 80 <u>120</u> 90	110 80 <u>120</u> 90	Fraserburgh Maternity 5 Apr 50 5.35/60 hrs.	Membranes rup- tured at 9.45 p.m. with head showing and cord prolapsed. Baby weighing 4 lbs. 5½ ozs. born at 10 p.m. in state of asphyxia pallida. Responded well but became cyanosed on 7th and died on 8th April.	

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
6	29 (3)	26 Dec 49 11 Aug 49 20 May 50	<u>110</u> 80 <u>120</u> 90		Home 21 May 50 14 hrs.	Oedema of legs and face. Mitral valve diseased and caused distress	Artificial
7	35 (3)	6 Nov 49 15 Aug 49 23 May 50	<u>130</u> 86 <u>170</u> 110		Home 22 May 50 5.35/60 hrs.	Oedema of hands	Breast
8	22 (0)	2 Nov 49 25 Aug 49 1 Jun 50	<u>120</u> 90 <u>130</u> 90		Home 23 May 50 3.30/60 hrs.	Breech with extended legs.	Breast
9	28 (4)	6 Jan 50 28 Aug 49 5 Jun 50	<u>120</u> 75 <u>130</u> 90		Home 25 May 50 5.55/60 hrs.	Anaemia at 30th week. Baby died on 16th June - cause unknown.	
10	24 (0)	24 Jan 50 10 Sep 49 19 Jun 50	<u>120</u> 80 <u>145</u> 100		Fraserburgh Maternity 19 Jun 50 8.45/60 hrs.	Oedema of hands and feet. Two days bleeding in Oct. and Nov. 1949. Baby 5 lbs. 4 $\frac{3}{4}$ ozs. Class C. Cord three times tightly round neck.	Breast
11 49/5	24 (3)	29 Jun 50 27 Oct 49 5 Aug 50	<u>120</u> 80 <u>120</u> 80		Home 17 Aug 50 8.10/60 hrs.	Symptoms of cardiac dis- tress during pregnancy. Delay in 2nd stage due to non-cooperation.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>	<u>E.D.D.</u>				
12	33 (3)	16 Mar 50 7 Nov 49 16 Aug 50	<u>140</u> 85 <u>170</u> 120		Aberdeen Maternity 8 May 50	Accidental haemorrhage on 30th April and 2nd May. Treated by rest and abortion completed on 8th.	
13	29 (0)	20 Apr 50 24 Nov 49 1 Sep 50	<u>190</u> 80 <u>150</u> 100		Aberdeen Maternity 22 Jun 50 9.30/60 hrs.	To Aberdeen on 15th June. Low forceps.	
14	38 (3)	23 Feb 50 26 Nov 49 6 Sep 50	<u>120</u> 80 <u>130</u> 90		Aberdeen Maternity 10 Aug 50	Slight inter- mittent bleeding from 15th-18th March. Bleeding on 8th Aug. and admitted to Fraserburgh Maternity. Transferred to Aberdeen on 9th Aug. as ?breech. Delivered as vertex and transferred back to Fraserburgh. Uneventful puerperium.	Breast
15	29 (1)	20 Feb 50 3 Dec 49 10 Sep 50	<u>120</u> 70 <u>130</u> 85		Home 28 Aug 50 6 hrs.	Oedema of feet and fingers.	Artificial
16	30 (4)	30 Apr 50 4 Dec 49 13 Sep 50	<u>120</u> 85 <u>130</u> 90		Home 18 Sep 50 21.15/60 hrs.	Large baby	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
17 49/2	27 (2)	16 May 50	<u>110</u>	Fraserburgh	(L) pyelitis. Forceps de- livery be- cause of delay in 2nd stage.	Breast	
		12 Dec 49	80	Maternity			
		20 Sep 50	<u>120</u> 80	20 Sep 50 12.45/60 hrs.			
18	31 (4)	4 Aug 50	<u>135</u>	Home	Artificial		
		12 Jan 50	80	27 Oct 50			
		19 Oct 50	<u>120</u> 80	2.45/60 hrs.			
19	24 (0)	17 Apr 50	<u>110</u>	Fraserburgh	Slight oedema of hands.	Breast	
		20 Jan 50	80	Maternity			
		27 Oct 50	<u>140</u> 90	1 Nov 50 26.25/60 hrs.			
20	24 (1)	9 Jun 50	<u>110</u>	Fraserburgh	Oedema of ankles. For- ceps delivery by Consultant from Aberdeen. Head as L.O.P. in high cavity. Converted to full O.P. and delivered. Baby 8 lbs. 2½ ozs. Class C.	Breast	
		24 Jan 50	70	Maternity			
		31 Oct 50	<u>130</u> 80	7 Nov 50 47.30/60 hrs.			
21 49/20	30 (2)	7 Sep 50	<u>115</u>	Home	Artificial		
		Unknown	85	8 Dec 50			
		?15 Nov 50	<u>120</u> 90	4 hrs.			
22	34 (2)	11 May 50	<u>110</u>	Fraserburgh	Bilateral varicose veins. A.R.M. performed on 30 Nov.	Breast	
		17 Feb 50	75	Maternity			
		23 Nov 50	<u>120</u> 80	30 Nov 50 3.50/60 hrs.			

SUMMARY

Of these twenty two cases, six had uneventful pregnancies and labours. The complications were -

1. Fourteen of Pre-eclampsia, three of these having slight accidental haemorrhage, and one aborting.
2. Urinary infection occurred in three.
3. One case of anaemia.
4. Four Forceps deliveries.
5. One Breech delivery.
6. One Prolapsed Cord in a premature birth, with death of baby at second day.
7. One Puerperal Pyrexia.

CHAPTER VIII.

DELIVERIES IN 1951

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
1	30 (1)	6 Nov 50 27 May 50 4 Mar 51	<u>120</u> 70 <u>170</u> 90		Fraserburgh Maternity 8 Mar 51 19.30/60 hrs.	Oedema of feet present. First degree tear.	Artificial
2	23 (1)	11 Nov 50 7 Jun 50 15 Mar 51	<u>110</u> 75 <u>110</u> 85		Fraserburgh Maternity 20 Mar 51 17.50/60 hrs.	Right Pyelitis. Breech present- ation with ex- ternal version at 38th week.	Breast
3	23 (2)	2 Nov 50 19 Jun 50 26 Mar 51	<u>115</u> 75 <u>130</u> 85		Fraserburgh Maternity 17 Mar 51 1.50/60 hrs.	Class B at birth from cord tightly round neck.	Breast
4	24 (1)	9 Sep 50 22 Jun 50 29 Mar 51	<u>110</u> 70 <u>130</u> 100		Fraserburgh Maternity 6 Apr 51 17.40/60 hrs.	Slight oedema of feet and fingers. Medical induction on 4th April.	Breast
5 49/11	19 (1)	15 Jan 51 24 Jun 50 31 Mar 51	<u>120</u> 80 <u>130</u> 80		Fraserburgh Maternity 5 Apr 51 9.35/60 hrs.	Breech present- ation turned at 38th week. Slight ante- partum haemorr- hage on 24 Mar 51.	Breast
6	25 (0)	15 Oct 50 30 Jun 50 6 Apr 51	<u>130</u> 80 <u>140</u> 100		Fraserburgh Maternity 12 Apr 51 11.10/60 hrs.	Oedema of feet and hands. Forceps de- livery for foetal dis- tress - cord three times round neck with delay in second stage.	

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.F.</u> <u>E.D.D.</u>					
7	24 (0)	2 Oct 50	110	Fraserburgh Maternity 27 Mar 51 6.55/60 hrs.	Right Pyelitis. Tear right labium. Child slightly pre- mature.	Breast	
		7 Jul 50	80				
		13 Apr 51	140				
			90				
8	20 (0)	28 Oct 50	110	Fraserburgh Maternity 19 Apr 51 6.55/60 hrs.	Hyperemesis Gravidarum. Oedema of feet and hands. Breech delivery.	Breast with comple- mentary feed.	
		27 Jul 50	70				
		4 May 51	160				
			100				
9	27 (3)	15 Jan 51	115	Home 18 May 51 9.35/60 hrs.		Breast	
		1 Aug 50	70				
		9 May 51	130				
			80				
10	23 (0)	17 Oct 50	120	Fraserburgh Maternity 21 Apr 51 13.20/60 hrs.	Oedema of feet and hands. Hb 85% at start. First degree tear. Haematoma of baby's scalp	Artificial	
		5 Aug 50	80				
		12 May 51	135				
			95				
11	25 (0)	17 Oct 50	120	Fraserburgh Maternity 27 May 51 22.35/60 hrs.	Oedema of ankles. First degree tear.	Breast	
		8 Aug 50	80				
		15 May 51	130				
			100				
12	29 (1)	8 Dec 50	140	Fraserburgh Maternity 27 May 51 22.35/60 hrs.	Very nervous person. Forceps delivery for delay due to cord being three times round neck. First degree tear.	Breast	
		9 Aug 50	75				
		16 May 51	140				
			90				
13	29 (3)	10 Oct 50	120	Home 17 May 51 7.30/60 hrs.	Right pyelitis Slight bleed- ing at 30th week. Invest- igated at Aberdeen and no cause found.	Artificial	
		7 Aug 50	70				
		16 May 51	120				
			85				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
14	21 (0)	18 Jan 51 11 Aug 50 19 May 51	<u>110</u> 70 <u>140</u> 90		Fraserburgh Maternity 29 Apr 51 9.20/60 hrs.	Right Pyelitis. Medical Induct- ion.	
15	26 (3)	16 Jan 51 18 Aug 50 26 May 51	<u>110</u> 60 <u>130</u> 80		Home 28 Jun 51 13.20/60 hrs.		Artificial
16 49/26	25 (2)	5 Dec 50 24 Aug 50 1 Jun 51	<u>95</u> 70 <u>125</u> 80		Fraserburgh Maternity 13 Jun 51 5.45/60 hrs.	Baby had cleft palate and hare lip.	Artificial
17 50/5	23 (2)	5 Mar 51 1 Sep 50 10 Jun 51	<u>115</u> 80 <u>115</u> 85		Home 24 Jun 51 5.30/60 hrs.		Artificial
18	22 (0)	21 Nov 50 24 Sep 50 1 Jul 51	<u>110</u> 70 <u>120</u> 80		Fraserburgh Maternity 12 Jul 51 18.5/60 hrs.	Severe vari- cose veins left leg. Low forceps deliv- ery for uter- ine dystocia. Episiotomy.	Breast
19	25 (1)	5 Feb 51 27 Sep 50 4 Jul 51	<u>130</u> 80 <u>140</u> 80		Fraserburgh Maternity 26 Jun 51 11 hrs.		
20	34 (7)	13 Jan 51 30 Sep 50 7 Jul 51	<u>120</u> 70 <u>135</u> 100		Home 19 Jul 51 7.55/60 hrs.	Right Pyelitis. Oedema of feet.	Breast
21	25 (3)	13 Mar 51 4 Oct 50 14 Jul 51	<u>115</u> 80 <u>130</u> 80		Fraserburgh Maternity 4 Jul 51 4.25/60 hrs.	Child pre- mature. Birth weight 5 lbs. 10 ozs.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
22	37 (1)	5 Jan 51	<u>115</u>	Aberdeen	Severe varicose veins. Ankles swollen. Version in Aberdeen Maternity on 25th June. False labour on 4th July. Admitted to Fraserburgh Maternity on 17th July. Prolapse of cord on 18th and transferred to Aberdeen. Delivery by Caesarean Section. Phlebitis left lower leg developed on 30th July.	Breast	
		4 Oct 50	80	Maternity			
		14 Jul 51	<u>120</u> 80	18 Jul 51			
23	30 (1)	29 Jan 51	<u>110</u>	Fraserburgh	Child 7 lbs. 15 ozs. First degree tear.		
		26 Oct 50	80	Maternity			
		3 Aug 51	<u>125</u> 70	12 Jul 51 8.30/60 hrs.			
24	28 (1)	3 Feb 51	<u>110</u>	Fraserburgh	Right Pyelitis. Oedema of feet. First degree tear. Mild Phlebitis right leg.	Artificial	
		17 Oct 50	70	Maternity			
		24 Jul 51	<u>120</u> 90	7 Aug 51 7.30/60 hrs.			
25	27 (1)	8 Jun 51	<u>130</u>	Fraserburgh	Left ankle swollen due to thrombophlebitis in first pregnancy. Ulcer on left ankle starting from insect bite at 39th week.	Breast	
		16 Nov 50	90	Maternity			
		23 Aug 51	<u>130</u> 90	3 Sep 51 4.35/60 hrs.			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
26	25 (0)	6 Feb 51 20 Nov 50 27 Aug 51	<u>110</u> <u>65</u> <u>130</u> <u>85</u>		Fraserburgh Maternity 31 Aug 51 18.20/60 hrs.	Right leg swollen due to varicose veins. False labour on 21st Aug. First degree tear.	Artificial
27	18 (0)	5 Apr 51 24 Nov 50 1 Sep 51	<u>100</u> <u>70</u> <u>115</u> <u>90</u>		Fraserburgh Maternity 20 Aug 51 14.55/60 hrs.	In Fraser- burgh Mater- nity from 16th to 28th June for treatment of threatened miscarriage and Pyelitis.	Artificial
28	25 (2)	26 Mar 51 26 Dec 50 3 Oct 51	<u>110</u> <u>60</u> <u>130</u> <u>80</u>		Fraserburgh Maternity 6 Oct 51 17.45/60 hrs.	Threatened miscarriage on 25th Aug. First degree tear.	Breast
29	35 (2)	1 Aug 51 9 Jan 51 17 Oct 51	<u>110</u> <u>70</u> <u>125</u> <u>75</u>		Fraserburgh Maternity 11 Oct 51 17.50/60 hrs.	Cystitis.	Breast
30	23 (0)	17 Jul 51 5 Feb 51 14 Nov 51	<u>130</u> <u>80</u> <u>120</u> <u>95</u>		Home 29 Nov 51 11 hrs.		Artificial
31	21 (0)	22 Jul 51 26 Feb 51 4 Dec 51	<u>125</u> <u>70</u> <u>120</u> <u>80</u>		Fraserburgh Maternity 6 Oct 51 14.30/60 hrs.	Severe Bronch- iectasis. Baby weighed 4 lbs. 6 ozs.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
32	18 (0)	24 Aug 51	<u>110</u>	Fraserburgh Maternity 15 Dec 51 19.25/60 hrs.	Pyelitis. Failed forceps delivery be- cause of con- tracted pelvis. Later delivered by Consultant from Aberdeen. Depressed fracture of right Parietal bone sustained by forceps slipping at first attempt. Second degree tear. Con- valescence stormy.	Breast	
		13 Mar 51	<u>65</u>				
		20 Dec 51	<u>120</u> <u>80</u>				
33	23 (0)	8 Oct 51	<u>110</u>	Fraserburgh Maternity 31 Dec 51 8 hrs.		Breast	
		20 Mar 51	<u>70</u>				
		27 Dec 51	<u>120</u> <u>85</u>				
34	28 (1)	31 Aug 51	<u>110</u>	Fraserburgh Maternity 30 Dec 51 12.25/60 hrs.		Artificial	
		6 Apr 51	<u>60</u>				
		13 Jan 52	<u>120</u> <u>80</u>				
35	27 (2)	3 Aug 51	<u>110</u>	Fraserburgh Maternity 12 Dec 51 6.45/60 hrs.	Had slight bleeding for one day in April and in May. Severe varicose veins Pyelitis.		
		? Mar 51	<u>70</u>				
		? Dec 51	<u>110</u> <u>80</u>				
36 49/19	30 (2)	21 Sep 51	<u>120</u>	Fraserburgh Maternity 11 Oct 51 1.10/60 hrs.	Had attended Ante-Natal Clinic in Chiswick, London until 6th Jul. 1951.	Breast	
		3 Jan 51	<u>70</u>				
		10 Oct 51	<u>110</u> <u>80</u>				

SUMMARY

Of these thirty six cases, ten had uneventful pregnancies and labours. The complications were -

1. Fourteen cases of Pre-eclampsia.
2. Nine cases of urinary infection.
3. Five cases of very slight Ante-partum Haemorrhage.
4. One case of Hyperemesis Gravidarum.
5. Two patients had External Version performed on them and there was one Breech delivery.
6. There were four Forceps deliveries.
7. There was one Prolapsed cord delivered by Caesarean Section.
8. There were two cases of Puerperal Phlebitis.
9. Two babies were premature.
10. One baby had a Cleft Palate and Hare-lip.

CHAPTER IX.

DELIVERIES IN 1952

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.F.</u>	<u>E.D.D.</u>				
1	23 (0)	10 Aug 51	<u>115</u>	Fraserburgh	Forceps de- livery for delay due to cord round neck. Epis- iotomy. Baby Class D at birth.	Breast	
		4 May 51	65	Maternity			
		5 Feb 52	<u>120</u> 80	16 Feb 52 27.40/60 hrs.			
2	22 (0)	21 Sep 51	<u>130</u>	Fraserburgh	Gained 9 lbs. Breast between 24th and 28th weeks. Generalised oedema pres- ent.		
		6 May 51	80	Maternity			
		11 Feb 52	<u>150</u> 90	28 Jan 52 18.5/60 hrs.			
3	19 (0)	7 Jan 52	<u>125</u>	Aberdeen	Oedema of feet Artificial and hands. Admitted to Fraserburgh Maternity and transferred because of prolapsed cord and foetal distress. Os one finger di- lated and Lower Uterine Caesarean Section per- formed. Baby Class B. Collapsed after operat- ion, and given two pints of blood and one of plasma.		
		18 May 51	85	Maternity			
		23 Feb 52	<u>130</u> 90	29 Feb 52 13.20/60 hrs.			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
4	20 (0)	23 Aug 51 19 Jun 51 27 Mar 52	51 51 52	<u>120</u> <u>75</u> <u>140</u> 90	Fraserburgh Maternity 27 Mar 52 13.15/60 hrs.	Gained 9 lbs. between the 22nd and 24th weeks. Oedema present. First degree tear.	Breast
5	32 (1)	12 Aug 51 22 Jun 51 29 Mar 52	51 51 52	<u>120</u> <u>80</u> <u>130</u> 90	Fraserburgh Maternity 14 Mar 52 10.25/60 hrs.	8 lbs. weight gain between 22nd and 26th weeks. Oedema present. Right Pyelitis. Episiotomy per- formed. Baby weighed 6 lbs. 14 $\frac{3}{4}$ ozs.	
6	30 (2)	26 Nov 51 28 Jun 51 5 Apr 52	51 51 52	<u>110</u> <u>65</u> <u>110</u> 75	Home 9 Apr 52 4.25/60 hrs.	Right Pyelitis. First degree tear.	Artificial
7	19 (0)	11 Mar 52 28 Jun 51 5 Apr 52	52 51 52	<u>120</u> <u>90</u> <u>130</u> 100	Fraserburgh Maternity 12 Apr 52 15.35/60 hrs.	Medical Induct- ion.	Breast
8	31 (3)	12 Jan 52 29 Jun 51 6 Apr 52	52 51 52	<u>100</u> <u>80</u> <u>105</u> 80	Fraserburgh Maternity 22 Mar 52 4.35/60 hrs.	Asthma since birth of second child in 1947, and treated in Aberdeen Maternity Hos- pital for twelve days in February - March.	Artificial
9 50/21	31 (3)	24 Jan 52 14 Jul 51 21 Apr 52	52 51 52	<u>120</u> <u>70</u> <u>130</u> 95	Home 24 May 52 5.30/60 hrs.		Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
10	28 (1)	4 Dec 51	<u>130</u>	Fraserburgh	6 $\frac{3}{4}$ lbs. weight gain between the 17th and 22nd week. Oedema present. Cord twice round neck, and baby Class C at birth.	Breast	
		1 Sep 51	80	Maternity			
		9 Jun 52	<u>145</u> 95	9 Jun 52 11.25/60 hrs.			
11	23 (0)	16 Nov 51	<u>115</u>	Fraserburgh	Slight oedema of hands and feet. Forceps delivery, with episiotomy, for maternal distress.		
		10 Sep 51	60	Maternity			
		17 Jun 52	<u>120</u> 70	12 Jun 52 21.35/60 hrs.			
12	22 (0)	6 May 52	<u>140</u>	Fraserburgh	Lost 5 lbs. in weight between the 34th and 36th weeks with no movement after the 34th. Had anencephalic still born child.		
		11 Oct 51	70	Maternity			
		18 Jul 52	<u>130</u> 80	4 Jul 52 4.10/60 hrs.			
13	37 (7)	16 Mar 52	<u>115</u>	Aberdeen	Had repair operation in Feb. 51. In Aberdeen Maternity with Bronchitis and slight pneumonia from 4th to 18th April. Again in hospital from 7th to 10th May with false labour.	Artificial	
		17 Oct 51	75	Maternity			
		24 Jul 52	<u>130</u> 80	(1) 14 Jun 52 7.40/60 hrs. (2) 15 Jun 52 8.20/60 hrs.			

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
13 contd.						Admitted on 2nd June because of twin pregnancy. A.R.M. on the 12th June because uterus so filling abdomen that having vomiting due to pressure. First child born spontaneously as vertex, and second was a forceps breech. Had manual removal of placenta.	
14	20 (0)	24 Mar 52 27 Oct 51 3 Aug 52	52 51 52	<u>110</u> 70 <u>120</u> 80	Fraserburgh Maternity 4 Aug 52 19.50/60 hrs.	First degree tear.	Artificial
15	21 (1)	11 Jan 52 3 Nov 52 10 Aug 52	52 52 52	<u>110</u> 70 <u>120</u> 90	Home 14 Aug 52 2.30/60 hrs.	Gained 6 lbs. between the 18th and 22nd week. Oedema of feet present.	Breast
16	27 (1)	19 Feb 52 14 Nov 51 21 Aug 52	52 51 52	<u>110</u> 70 <u>120</u> 80	Home 25 Aug 52 1.40/60 hrs.		Artificial
17	35 (4)	2 Mar 52 20 Nov 51 28 Aug 52	52 51 52	<u>130</u> 80	Home 26 Mar 52 4.15/60 hrs.	Repair operation in 1951. In Woodend Hospital, Aberdeen in Feb. 52 with retroversion of gravid uterus causing retention.	

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
18	21 (1)	10 Apr 52 27 Nov 51 3 Sep 52		<u>100</u> 70 <u>120</u> 80	Fraserburgh Maternity 30 Aug 52 14.20/60 hrs.		Breast
19 51/6	26 (1)	26 Jun 52 13 Dec 51 20 Sep 52		<u>120</u> 75 <u>140</u> 100	Fraserburgh Maternity 1 Oct 52 6.45/60 hrs.	Oedema of ankles present. First degree tear	Breast
20 49/22	38 (8)	29 May 52 25 Dec 51 2 Oct 52		<u>110</u> 70 <u>130</u> 100	Home 11 Oct 52 7.15/60 hrs.	Severe vari- cose veins causing oedema. Medical induct- ion on 5th Oct. Phlebitis of left leg in puerperium.	Breast
21	22 (1)	4 Apr 52 26 Dec 51 3 Oct 52		<u>100</u> 60 <u>110</u> 80	Fraserburgh Maternity 1 Oct 52 24.50/60 hrs.	Ran irregular pyrexia from 9th to 11th Oct., which settled on Penicillin.	Artificial from 12th day
22	29 (0)	12 May 52 28 Dec 51 5 Oct 52		<u>160</u> 80 <u>180</u> 120	Aberdeen Maternity 15 Sep 52	Oedema present. Admitted to Aberdeen on 11th Sept. be- cause of album- inuria and slight blood- stained dis- charge on the 10th Sept. Hb. 78%. Labour started spon- taneously on the 13th. Fail- ure to advance in second stage after total of 45 hours.	Artificial from 9th day

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
22 contd.					First child delivered by forceps. Second lying transversely, delivered by internal version and as breech. Left clavicle broken in breech delivery. Transferred to Fraserburgh Maternity on 20th Sept.	
23	25 (0)	6 Mar 52 27 Dec 51 5 Oct 52	<u>120</u> 70 <u>130</u> 85	Fraserburgh Maternity 16 Sep 52 18.5/60 hrs.	Birth weight 6 lbs. 1 oz.	
24	35 (1)	5 Mar 52 1 Jan 52 8 Oct 52	<u>110</u> 80 <u>130</u> 100	Fraserburgh Maternity 10 Oct 52 20.15/60 hrs.		Breast
25	25 (0)	29 Apr 52 14 Jan 52 21 Oct 52	<u>140</u> 90 <u>150</u> 100	Fraserburgh Maternity 2 Nov 52 4.45/60 hrs.	Very excitable, Oedema present in last two months. Failed Medical Induction on 26th Oct. Surgical and Medical Induction on 2nd Nov. Birth weight 8 lbs.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
26 51/17	24 (3)	11 Aug 52	<u>105</u>	Home			Artificial
		26 Feb 52	<u>70</u>	17 Dec 52			
		3 Dec 52	<u>110</u> <u>90</u>	5.30/60 hrs.			
27	24 (1)	31 Jul 52	<u>110</u>	Fraserburgh			Breast
		29 Feb 52	<u>70</u>	Maternity			
		6 Dec 52	<u>110</u> <u>90</u>	11 Dec 52 8.30/60 hrs.			
28 51/15	27 (4)	29 Jun 52	<u>110</u>	Home		Very obese and X-rayed in July to exclude twin pregnancy. Birth weight 6 lbs. 3 ozs. Cleft palate and bilateral hare lip. Sent to Sick Nursery, Aberdeen.	Artificial from start
		29 Feb 52	<u>65</u>	28 Sep 52			
		6 Dec 52	<u>130</u> <u>80</u>	20.30/60 hrs.			
29 50/12	36 (4)	1 Sep 52	<u>140</u>	Fraserburgh		Very obese. Oedema present. Admitted to hospital on 3rd Dec. 1952 and given Medical Induction on 4th and 9th. Surgical Induction on 10th. First degree tear. Birth weight 8 lbs. 11 ozs. Irregular pyrexia from 3rd to 6th day.	Breast
		9 Mar 52	<u>85</u>	Maternity			
		15 Dec 52	<u>180</u> <u>120</u>	12 Dec 52 2 hrs.			

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
29 contd.						Profuse growth of non-haemolytic streptocci from vaginal swab. Responded to Penicillin. Mild Phlebitis of left leg.	
30	52 (2)	2 Oct 52 20 Mar 52 27 Dec 52	140 110 160 125	Fraserburgh Maternity 1 Dec 52 3.15/60 hrs.	Obese and very nervous. Admitted on 24th Nov. and with rest, B.P. fell to 125/90. A.R.M. done on 30th Nov. Baby born as breech with arms extended. Birth weight 5 lbs. 8½ ozs. Mother had a right Paraplegia immediately after delivery. Transferred to Royal Infirmary, Aberdeen on 8th day where made almost complete recovery.	Artificial from start	

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
31	23 (0)	17 May 52		<u>100</u>	Fraserburgh	Generalised oedema. Ad- mitted 21st Nov. 1952 for rest and given sedation. A.R.M. per- formed on 23rd Nov. followed by Medical In- duction. Twin pregnancy. First delivered as breech and second as vertex. (1) 3 lbs. 15½ ozs. (2) 4 lbs. 5½ ozs.	First artificial from start. Second breast fed.
		22 Mar 52		<u>60</u>	Maternity		
		29 Dec 52		<u>180</u>	24 Nov 52		
				<u>120</u>	3.35/60 hrs.		
6.	One Breech						
7.	One Breech						
8.	Two cases of Breech						
9.	Two cases of Breech						
10.	One case of right sided						
11.	One Anomalous monster						
12.	One baby with a Hernia						

SUMMARY

Of these thirty one cases, eight had uneventful pregnancies and labours. The complications were -

1. Eighteen cases of Pre-eclampsia.
2. Two cases of Urinary Infection.
3. Two cases who had a repair operation previously, one of them having a twin pregnancy, and the other a miscarriage.
4. Three sets of twins.
5. Two cases of Forceps delivery.
6. One Breech delivery.
7. One Caesarean Section for Prolapsed Cord.
8. Two cases of Puerperal Phlebitis.
9. Two cases of Puerperal Pyrexia.
10. One case of right sided Paraplegia in a Pre-eclampsia.
11. One Anencephalic monster.
12. One baby with a Hare-lip and Cleft Palate.

CHAPTER X.

DELIVERIES IN 1953

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
1	18 (0)	5 Aug 52 15 Mar 52 22 Dec 52	<u>110</u> 70 <u>125</u> 80		Fraserburgh Maternity 9 Jan 53 21 hrs.		Breast
2 51/5	21 (2)	3 Nov 52 6 Apr 52 13 Jan 53	<u>110</u> 60 <u>120</u> 75		Fraserburgh Maternity 29 Jan 53 3.15/60 hrs.	Medical Induct- ion on 28th Jan. 1953.	Breast
3	29 (2)	22 Jul 52 10 Apr 52 16 Jan 53	<u>130</u> 90 <u>160</u> <u>120</u>		Fraserburgh Maternity 6 Jan 53 11.20/60 hrs.	Baby 5 lbs. 14 ozs. and slow to gain weight because of vomiting due to a dia- phragmatic hernia. Slight puerperal py- rexia on 10th day.	Breast
4	21 (0)	4 Aug 52 14 Apr 52 21 Jan 53	<u>105</u> 60 <u>110</u> 80		Fraserburgh Maternity 26 Jan 53 9.35/60 hrs.		Breast
5 51/7	25 (1)	5 Aug 52 30 Apr 52 5 Feb 53	<u>110</u> 70 <u>120</u> 80		Fraserburgh Maternity 19 Jan 53 5 hrs.	Baby had left Parietal haema- toma.	Breast
6	19 (1)	8 Aug 52 5 May 52 11 Feb 53	<u>100</u> 75 <u>130</u> 90		Fraserburgh Maternity 6 Feb 53 14.10/60 hrs.		
7 51/9	29 (5)	23 Oct 52 7 May 52 12 Feb 53	<u>130</u> 65 <u>130</u> 80		Fraserburgh Maternity 21 Feb 53 22 hrs.	Had anaemia during preg- nancy. Phleb- itis left calf and right thigh during puer- perium.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
8	20 (0)	24 Oct 52		<u>130</u>	Fraserburgh	Weight gain of 7 lbs. between 22nd and 26th weeks. Oedema slight.	Breast
		10 May 52		70	Maternity		
		15 Feb 53		<u>140</u>	15 Feb 53		
				100	18.40/60 hrs.		
9	22 (0)	31 Oct 52		<u>130</u>	Home	Weight gain of 8 lbs. between 24th and 28th weeks. Low forceps for maternal distress and slight disproportion due to post-maturity.	Breast
		16 May 52		75	16 Mar 53		
		21 Feb 53		<u>150</u>	21.50/60 hrs.		
				90			
10	27 (2)	17 Oct 52		<u>110</u>	Fraserburgh		
		26 May 52		70	Maternity		
		3 Mar 53		<u>125</u>	7 Mar 53		
				80	3.35/60 hrs.		
11	36 (3)	14 Oct 52		<u>120</u>	Aberdeen	Repair operation in 1950 with amputation of cervix. Admitted to Aberdeen Maternity Hospital on 5th Feb. as had received fifteen injections of Ferrivenin I.V. with no improvement in her anaemia. Delayed response and Hb. 82% on 11th. Returned on the 14th Feb. and treated by bed rest until 16th March.	Artificial from start
		20 Jun 52		75	Maternity		
		27 Mar 53		<u>140</u>	16 Mar 53		
				80	4.15/60 hrs.		

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
11 contd.						Spontaneous birth with episiotomy. Baby's weight 6 lbs. 4 ozs. Post-partum sterilisation. on 20th March 1953.	
12	22 (0)	27 Nov 52 1 Aug 52 8 May 53	<u>120</u> <u>80</u> <u>140</u> <u>100</u>		Fraserburgh Maternity 1 May 53 14.15/60 hrs.	Oedema and albuminuria present. Admitted to hospital on 26th Apr. No improvement with rest and sedation. A.R.M. on 30th. Baby 8 lbs. 8 ozs. with cord tightly round neck. Class B-C.	Artificial - failure to establish breast feeding
13	24 (1)	2 Dec 52 6 Jul 52 13 Apr 53	<u>140</u> <u>75</u> <u>140</u> <u>90</u>		Fraserburgh Maternity 10 Apr 53 9.23/60 hrs.	Oedema present. Second degree tear.	Artificial
14	28 (0)	11 Nov 52 6 Aug 52 14 May 53	<u>100</u> <u>70</u> <u>110</u> <u>85</u>		Fraserburgh Maternity 13 May 53 7.10/60 hrs.	Right pyelitis. Oedema present.	Breast
15	23 (0)	19 Jan 53 9 Aug 52 16 May 53	<u>120</u> <u>75</u> <u>130</u> <u>90</u>		Aberdeen Maternity 29 May 53	Gained 7½ lbs. between 23rd and 27th weeks. Oedema present. Surgical Induction on 26th May in Fraserburgh Maternity.	Artificial

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
15 contd.						Labour began at 1600 hrs. on 26th and on 27th pains were felt mostly as backache. No dilation of cervix beyond 3 fingers. Transferred to Aberdeen Maternity on 28th at 2300 hrs. Lower uterine Caesarean Section on 29th. at 0630 hrs. because of major uterine dysfunction associated with occipito-posterior position of foetal head. Right breast abscess on 12th day treated with Aureomycin.	
16	30 (4)	13 Nov 52 8 Aug 52 16 May 53	<u>110</u> 70 <u>100</u> 80		Fraserburgh Maternity 21 May 53 4.40/60 hrs.	Varicose veins painful Cystitis. Face to Pubis delivery. Transferred to Aberdeen Maternity for post-partum sterilisation on 26th May 1953.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
17 52/7	20 (1)	10 Apr 53		<u>120</u>	Fraserburgh	Came from Mallaig for confinement	Breast
		20 Aug 52		90	Maternity		
		27 May 53		<u>155</u> 95	2 Jun 53 2.35/60 hrs.		
18	26 (0)	17 Mar 53		<u>110</u>	Fraserburgh	Medical Induct- ion on 12th June. First degree tear.	Artificial
		1 Sep 52		70	Maternity		
		8 Jun 53		<u>130</u> 90	13 Jun 53 2.5/60 hrs.		
19 51/4	26 (2)	19 Jan 53		<u>100</u>	Aberdeen	Rhesus incom- patibility with rising titre at 36th and 38th weeks. Admitted on 17th June and Surgical Induction per- formed on 22nd. Baby showed no incompatibility Mastitis in July.	Artificial
		13 Sep 52		70	Maternity		
		20 Jun 53		<u>120</u> 80	23 Jun 53 9.10/60 hrs.		
20	25 (3)	23 Mar 53		<u>110</u>	Fraserburgh	Hb 58% in puerperium.	
		21 Sep 52		65	Maternity		
		28 Jun 53		<u>110</u> 60	14 Jul 53 12.10/60 hrs.		
21 51/32	20 (1)	6 Apr 53		<u>110</u>	Fraserburgh	Breech Pres- entation 4 lbs. 14 ozs. Class C and died after 3 hrs. Renegued on ante-natal examinations and was only some 20 min- utes in hosp- ital before birth.	
		23 Sep 52		65	Maternity		
		30 Jun 53		<u>110</u> 60	19 May 53 6.25/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
22 51/2	26 (2)	24 Feb 53	105	Fraserburgh Maternity	Oedema present. Medical Induct- ion on 27th - 28th July.	Breast	
		5 Oct 52	60				
		12 Jul 53	<u>120</u> 80				
23 52/12	23 (1)	17 Mar 53	<u>130</u>	Fraserburgh Maternity	Failed Medical Induction on 26th-27th July. Birth weight 8 lbs. 9½ ozs.	Breast	
		7 Oct 52	70				
		14 Jul 53	<u>140</u> 80				
24	23 (0)	24 Feb 53	<u>100</u>	Fraserburgh Maternity		Breast	
		19 Nov 52	60				
		26 Aug 53	<u>110</u> 75				
25	19 (0)	31 Mar 53	<u>120</u>	Fraserburgh Maternity	Forceps de- livery for delay in second stage. Slight pyrexia on 9th day.	Artificial from start	
		10 Dec 52	70				
		17 Sep 53	<u>130</u> 90				
26 50/3	27 (1)	30 May 53	<u>140</u>	Fraserburgh Maternity		Artificial	
		25 Dec 52	70				
		2 Oct 53	<u>125</u> 85				
27	23 (0)	20 Jul 53	<u>120</u>	Fraserburgh Maternity	Medical Induct- ion on 3rd and 4th Nov. De- livery com- pleted at 2005 hrs. and con- dition satis- factory. At 2310 hrs. had haemorrhage of 30 ozs. approx. Clinical pict- ure that of haemorrhage with B.P. 70/?	Artificial	
		13 Jan 53	70				
		20 Oct 53	<u>130</u> 85				

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>E.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
27 contd.					Given Methergin and 1½ bottles of Plasma. At 0310 hrs. blood given and Consultant removed some tags of placental tissue. No further bleeding.	
28	36 (6)	7 Jun 53 15 Jan 53 21 Oct 53	<u>110</u> 70 <u>130</u> 100	Fraserburgh Maternity 26 Oct 53 5 hrs.	Oedema present Induction on 25th Oct. Baby weighed 9 lbs. 9 ozs.	Artificial from start
29	22 (1)	19 Sep 53 8 Feb 53 15 Nov 53	<u>125</u> 75 <u>140</u> 80	Fraserburgh Maternity 19 Nov 53 1.35/60 hrs.	Native who re- turned home to have baby.	
30 51/33	25 (1)	25 May 53 10 Feb 53 17 Nov 53	<u>110</u> 70 <u>115</u> 80	Fraserburgh Maternity 8 Nov 53 6.10/60 hrs.	Admitted on 24th Sep. to Fraserburgh Maternity Hospital be- cause of bleeding. No pains. Con- tinued inter- mittently until the 27th. Seen by the Consultant on 15th Oct. who advised trans- fer to Aber- deen as a query Placenta Praevia.	Breast partially

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
50 contd.					Transferred on the 19th and as no bleeding, examined under anaesthesia on 30th Oct. No placental tissue felt and discharged home on 31st Oct.	
31	28 (1)	31 May 53 21 Feb 53 28 Nov 53	<u>120</u> 60 <u>130</u> 75	Fraserburgh Maternity 13 Nov 53 16.15/60 hrs.		Breast
32	18 (0)	19 Jul 53 7 Mar 53 14 Dec 53	<u>120</u> 65 <u>110</u> 80	Fraserburgh Maternity 27 Nov 53 10.45/60 hrs.	Query Hydramnios. Surgical Induction on 27th Nov. 1953. Baby weighed 7 lbs. 5 ozs.	Breast
33	31 (3)	7 Sep 53 10 Mar 53 17 Dec 53	<u>110</u> 70 <u>115</u> 70	Fraserburgh Maternity 11 Dec 53 15.25/60 hrs.	Baby weighed 6 lbs. 0 $\frac{3}{4}$ ozs. Cord round neck.	Artificial
54 50/24	37 (3)	31 Jul 53 12 Mar 53 19 Dec 53	<u>125</u> 65 <u>115</u> 80	Home 27 Dec 53 16.30/60 hrs.		Breast
35	18 (0)	11 Aug 53 29 Mar 53 5 Jan 54	<u>100</u> 70 <u>130</u> <u>100</u>	Fraserburgh Maternity 23 Dec 53 19.15/60 hrs.	Oedema present. Bleeding on 21st - 24th Aug. No pains and B.P. 110/80. Bleeding on 12th Sep. B.P. 120/70.	Artificial

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
35 contd.					In Fraserburgh Maternity from 7th to 22nd Oct. because of abdominal pain on 6th with profuse green- ish vaginal dis- charge from which B. Coli grown. Treated by Stovarsol. Blood count normal. Seen by Consultant on 12th Oct. Re- admitted on 12th Dec. because of hypertension, oedema, and albuminuria. Seen by Consult- ant on 17th who advised A.R.M. and this was done on the 22nd.	
	3.	One case				
	4.	Two cases				
	5.	One patient				
	6.	Two cases				
	7.	One case				
	8.	One case				
	9.	Two cases				
	10.	One patient				
	11.	One case				
	12.	One case				
		One case of ... vomiting.				

SUMMARY

Of these thirty five cases, sixteen had uneventful pregnancies and labours. The complications were -

1. Twelve cases of Pre-eclampsia.
2. Two cases of Urinary Infection.
3. One case of Rhesus Incompatibility.
4. Two cases of Ante-partum Haemorrhage.
5. One pregnancy in a previous repair.
6. Two cases of Forceps delivery.
7. One case of Breech delivery.
8. One case of Caesarean Section.
9. Two cases of Puerperal Pyrexia.
10. One Post-partum Haemorrhage.
11. One case of Puerperal Phlebitis.
12. One case of Diaphragmatic Hernia in a baby causing vomiting.

CHAPTER XI.

DELIVERIES IN 1954

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
1	23 (0)	25 Aug 53	<u>110</u>	Fraserburgh Maternity 16 Jan 54 14.10/60 hrs.			Breast
		14 Apr 53	<u>70</u>				
		21 Jan 54	<u>140</u> <u>90</u>				
2	19 (0)	31 Jul 53	<u>120</u>	Fraserburgh Maternity 22 Feb 54 20.30/60 hrs.		Oedema present with 6 lbs. weight gain between 20th and 24th weeks	Breast
		12 May 53	<u>60</u>				
		16 Feb 54	<u>140</u> <u>100</u>				
3 50/10	28 (1)	6 Nov 53	<u>130</u>	Home 19 Jan 54 5.45/60 hrs.			Breast
		16 May 53	<u>80</u>				
		23 Feb 54	<u>140</u> <u>80</u>				
4	25 (1)	30 Nov 53	<u>95</u>	Home 14 Mar 54 12.30/60 hrs.			
		31 May 53	<u>65</u>				
		7 Mar 54	<u>110</u> <u>85</u>				
5 51/27	20 (1)	8 Oct 53	<u>110</u>	Fraserburgh Maternity 19 Mar 54 19.55/60 hrs.			Artificial
		14 Jun 53	<u>60</u>				
		22 Mar 54	<u>120</u> <u>80</u>				
6 51/26	28 (1)	3 Sep 53	<u>110</u>	Fraserburgh Maternity 20 Mar 54 9.40/60 hrs.		Slight hae- morrhage in Dec. 1953. Pyelitis in Feb. 1954. Right leg painful from varicose veins. Phlebitis right calf in puerperium.	Artificial
		17 Jun 53	<u>60</u>				
		25 Mar 54	<u>115</u> <u>80</u>				
7	27 (0)	17 Aug 53	<u>110</u>	Fraserburgh Maternity 19 Mar 54 6 hrs.		Oedema of fingers. 6 lbs. weight gain between 22nd and 26th weeks.	Breast
		18 Jun 53	<u>70</u>				
		26 Mar 54	<u>140</u> <u>90</u>				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
8 52/6	32 (3)	26 Nov 53	53	<u>100</u>	Home		Artificial
		28 Jul 53	53	60	1 May 54		
		4 May 54	54	<u>120</u> 85	1.30/60 hrs.		
9	39 (4)	27 Dec 53	53	<u>110</u>	Fraserburgh	Hyperemesis gravidarum. In Royal In- firmatory, Aber- deen with severe epis- taxis in early pregnancy. Treated by blood trans- fusion. Medi- cal Induction on 20-21st May. A.R.M. on 23rd May. Baby 10 lbs. 9 $\frac{3}{4}$ ozs. with cord tight round neck.	Breast
		4 Aug 53	53	70	Maternity		
		11 May 54	54	<u>140</u> 80	24 May 54 11.20/60 hrs.		
10 52/23	25 (1)	9 Jan 54	54	<u>115</u>	Fraserburgh		
		17 Aug 53	53	70	Maternity		
		25 May 54	54	<u>130</u> 90	19 May 54 11.15/60 hrs.		
11 53/8	22 (1)	18 Jan 54	54	<u>125</u>	Fraserburgh	Oedema present. Artificial Medical Induct- ion on 22nd April.	Artificial
		8 Jul 53	53	70	Maternity		
		15 Apr 54	54	<u>160</u> 100	22 Apr 54 3.30/60 hrs.		
12 53/1	19 (1)	19 Feb 54	54	<u>110</u>	Home		Breast
		19 Jul 53	53	60	6 Apr 54		
		26 Apr 54	54	<u>120</u> 60	11.45/60 hrs.		
13	28 (2)	5 Nov 53	53	<u>125</u>	Fraserburgh	Slight oedema of ankles.	Breast
		22 Jul 53	53	70	Maternity		
		29 Apr 54	54	<u>120</u> 90	24 Apr 54 13.45/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
14	22 (0)	1 Feb 54		<u>110</u>	Fraserburgh		Breast
		2 Sep 53		60	Maternity		
		9 Jun 54		<u>115</u>	13 Jun 54		
				85	10.20/60 hrs.		
15	32 (0)	16 Nov 53		<u>125</u>	Aberdeen	Severe varicose veins of legs with oedema before pregnancy. Admitted to Fraserburgh Maternity Hospital from 10th to 24th May because of gross oedema of legs and slight elsewhere. Albuminuria present. Much improved by rest. Admitted to Aberdeen on 9th June. A.R.M. on 13th June. Mild right Phlebitis on 5th day.	Artificial
		17 Sep 53		70	Maternity		
		22 Jun 54		<u>140</u>	14 Jun 54		
				80	7.15/60 hrs.		
16	27 (1)	9 Mar 54		<u>130</u>	Fraserburgh	Varicose vein right leg with oedema of foot. Phlebitis right thigh in puerperium.	Breast
		16 Sep 53		75	Maternity		
		23 Jun 54		<u>150</u>	24 Jun 54		
				95	2.55/60 hrs.		
17	18 (0)	14 Jan 54		<u>120</u>	Fraserburgh	Episiotomy wound which did not heal by first intention.	Breast
		30 Sep 53		60	Maternity		
		8 Jul 54		<u>130</u>	16 Jul 54		
				80	23.25/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
18	21 (0)	22 Mar 54 3 Oct 53 10 Jul 54	<u>120</u> 70 <u>135</u> 75		Fraserburgh Maternity 12 Jul 54 17.40/60 hrs.		Artificial from first day.
19	33 (1)	12 Jul 54 25 Oct 53 3 Aug 54	<u>145</u> 95 <u>140</u> <u>100</u>		Fraserburgh Maternity 31 Jul 54 5.5/60 hrs.	Oedema present. In hospital from 14th to 19th July and with rest, B.P. subsided and oedema disappeared.	Artificial from start as one breast partially amputated.
20	23 (0)	5 Feb 54 31 Oct 53 7 Aug 54	<u>120</u> 60 <u>130</u> 85		Fraserburgh Maternity 12 Jul 54 18.15/60 hrs.	Weight gain of 8 $\frac{1}{4}$ lbs. be- tween 18th and 22nd weeks. Slight oedema of ankles.	Breast
21 51/10	27 (2)	18 Mar 54 7 Nov 53 14 Aug 54	<u>110</u> 65 <u>120</u> 80		Fraserburgh Maternity 8 Aug 54 12.30/60 hrs.	Three month abortion in Aug. 1952. False labour on 11th July.	Artificial from fourth day.
22	37 (2)	15 Jun 54 1 Dec 53 8 Sep 54	<u>115</u> 65 <u>90</u> 70		Aberdeen Maternity 18 Nov 54 2.16/60 hrs.	10 lbs. weight gain in last month. Imposs- ible to make out present- ation, and seen by Con- sultant on 21st Sep. Ad- mitted to Aberdeen Mat- ernity on 27th Sep. because of hydramnios and anaemia.	Artificial

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
22 contd.					Treated by Ferrivenin. A.R.M. on 17th Nov. because of mother's depression and oedema. Triple pregnancy. (1) Forceps - F 2 lbs. 14 $\frac{1}{2}$ ozs. Class B. (2) Breech - F 3 lbs. 1 oz. Class B. Died at 31 $\frac{1}{2}$ hrs. (3) Breech - M 3 lbs. 8 $\frac{3}{4}$ ozs. Class C. Died at 15.18/60 hrs.	
23	34 (1)	15 Mar 54 21 Dec 53 29 Sep 54	<u>130</u> 70 <u>140</u> 70	Fraserburgh Maternity 5 Oct 54 17.55/60 hrs.	Varicose veins both legs with oedema of ankles. Slight right phlebitis in puerperium.	Artificial from start as breasts not developed.
24	27 (2)	20 May 54 31 Dec 53 9 Oct 54	<u>120</u> 65 <u>115</u> 90	Fraserburgh Maternity 2 Oct 54 3.30/60 hrs.	Right Mastitis on 6th day treated by Penicillin.	Breast
25 53/17	21 (2)	16 Jun 54 5 Jan 54 13 Oct 54	<u>110</u> 75 <u>120</u> 90	Fraserburgh Maternity 24 Oct 54 3.55/60 hrs.		Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
26	23 (0)	25 Mar 54		<u>100</u>	Fraserburgh	Oedema of fingers.	
		12 Jan 54		<u>65</u>	Maternity		
		19 Oct 54		<u>120</u>	20 Oct 54		
				<u>85</u>	30.20/60 hrs.		
27	21 (1)	15 May 54		<u>110</u>	Aberdeen	Eight week abortion in 1953. Asthmatic. 10 lbs. weight gain between 22nd and 26th weeks. Oedema present. Admitted to Fraserburgh Hospital on 24th Nov. for rest. B.P. settled. Seen by Consultant on 30th who thought there was some disproportion as the head was relatively free. Transferred to Aberdeen on 1st Dec. No obvious inlet contraction though some narrowing of lateral diameters of outlet and trial labour allowed. Contractions wore off in second stage and she did not bear down effectively.	Artificial
		24 Feb 54		<u>60</u>	Maternity		
		7 Dec 54		<u>130</u>	6 Dec 54		
				<u>90</u>	7.13/60 hrs.		
		15 Sep 54					
		30 Apr 54					
		7 Feb 54					

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
27 contd.						Also breathless. Easy forceps delivery.	
28	26 (0)	10 Jun 54 4 Mar 54 10 Dec 54	<u>115</u> <u>60</u> <u>120</u> <u>70</u>		Fraserburgh Maternity 12 Dec 54 24.5/60 hrs.	Slight oedema of fingers.	Breast
29	23 (0)	25 May 54 20 Mar 54 27 Dec 54	<u>120</u> <u>60</u> <u>165</u> <u>100</u>		Fraserburgh Maternity 22 Dec 54 23.45/60 hrs.	Twin pregnancy. (1) Breech - forceps delivery at 0300 hrs. Class A-C. (2) Vertex - delivered spontaneously at 1055 hrs. Class B-A.	Both Artificial
30	16 (0)	13 Sep 54 30 Apr 54 7 Feb 55	<u>125</u> <u>65</u> <u>160</u> <u>100</u>		Fraserburgh Maternity 27 Dec 54 9.10/60 hrs.	Started in labour on 26th Dec. with slight regular pains and fairly profuse blood loss in afternoon. Baby weighed 4 lbs. 2 ozs. Condition very poor from start. Lived only 8½ hours.	

SUMMARY

Of these thirty cases, sixteen had uneventful pregnancies and labours. The complications were -

1. Thirteen cases of Pre-eclampsia.
2. One case of Urinary Infection.
3. Two cases of Ante-partum Haemorrhage.
4. One case of Hyperemesis Gravidarum.
5. One Triple pregnancy.
6. One set of twins.
7. One Forceps delivery.
8. Four cases of Post-partum Phlebitis.

CHAPTER XII.

DELIVERIES IN 1955

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
1 52/4	23 (1)	9 Aug 54		<u>125</u>	Fraserburgh	Slight oedema of fingers. 11 lbs. weight gain between 19th and 24th weeks. Partial Medical Induction on 7th Jan.	Breast
		27 Mar 54		<u>70</u>	Maternity		
		2 Jan 55		<u>140</u> <u>90</u>	7 Jan 55 3.50/60 hrs.		
2	22 (0)	27 Jul 54		<u>100</u>	Fraserburgh	Medical Induction on 7th and 8th Feb. Face to Pubis delivery after episiotomy.	Artificial
		25 Apr 54		<u>70</u>	Maternity		
		31 Jan 55		<u>100</u> <u>80</u>	9 Feb 55 21.10/60 hrs.		
3 50/18	35 (5)	17 Dec 54		<u>120</u>	Home	5.30/60 hrs.	Artificial
		3 May 54		<u>70</u>	4 Feb 55		
		8 Feb 55		<u>130</u> <u>80</u>			
4 53/14	30 (1)	20 Sep 54		<u>100</u>	Fraserburgh	First degree tear.	Breast
		2 May 54		<u>65</u>	Maternity		
		7 Feb 55		<u>100</u> <u>80</u>	5 Feb 55 14.15/60 hrs.		
5 53/24	24 (1)	14 Sep 54		<u>90</u>	Fraserburgh	10.15/60 hrs.	Breast
		17 May 54		<u>65</u>	Maternity		
		22 Feb 55		<u>110</u> <u>80</u>	28 Feb 55		
6 52/26	26 (4)	20 Dec 54		<u>105</u>	Fraserburgh	Bleeding for one day in June.	Artificial
		18 May 54		<u>80</u>	Maternity		
		23 Feb 55		<u>130</u> <u>100</u>	9 Mar 55 18.10/60 hrs.		
7	20 (1)	31 Jan 55		<u>120</u>	Fraserburgh	Airman's wife who came home for delivery. Baby's weight 6 lbs. 0 $\frac{1}{4}$ ozs.	Breast
		24 May 54		<u>80</u>	Maternity		
		1 Mar 55			3 Feb 55 13.15/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
8 52/2	25 (1)	9 Oct 54 26 May 54 2 Mar 55	<u>135</u> 75 <u>145</u> <u>100</u>	Fraserburgh Maternity 13 Feb 55 8.15/60 hrs.	Oedema present. Admitted to Fraserburgh Maternity on 8th Feb. and Surgical In- duction per- formed on 12th.	Breast and comple- mentary feed
9	27 (1)	3 Sep 54 11 Jun 54 18 Mar 55	<u>90</u> 70 <u>105</u> 75	Aberdeen Maternity 8 Mar 55 11.40/60 hrs.	Admitted to Fraserburgh Maternity on 17th Nov. be- cause of vomiting and general de- bility. Height 4 ft. 9 $\frac{3}{4}$ ins., weight 6 st. 7 $\frac{1}{4}$ lbs. History of T.B. in child- hood, and had chronic bron- chitis. In Aberdeen Mat- ernity from 3rd to 9th Dec. where X-ray confirmed bronchitis. Hb. 64%. Re- turned to Fraserburgh Maternity, and transferred to Aberdeen on 26th Feb. be- cause of raised B.P. and sacral oedema.	Artificial

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
9 contd.					Treated by sedation but as B.P. remained high, A.R.M. done on 7th Mar. Baby's weight 4 lbs. 10½ ozs. Seen by Psychiatrist who thought her a high grade mental defective, and she was subsequently sterilised.	
10	25 (0)	9 Sep 54 12 Jun 54 19 Mar 55	<u>130</u> <u>75</u> <u>140</u> <u>85</u>	Fraserburgh Maternity 5 Mar 55 10.30/60 hrs.	Weight gain of 7½ lbs. between 13th and 17th weeks. Oedema present. Admitted on 1st Mar. and Surgical Induction performed on 5th Mar. Episiotomy performed. Fever on evening of 6th day - cause unknown.	Artificial
11 51/16	29 (2)	12 Oct 54 20 Jun 54 27 Mar 55	<u>100</u> <u>60</u> <u>130</u> <u>85</u>	Fraserburgh Maternity 28 Mar 55 17.5/60 hrs.	Slight oedema of feet ? due to varicose veins.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
12	28 (1)	18 Oct 54 27 Jun 54 4 Apr 55	<u>120</u> 70 <u>140</u> 100	Fraserburgh Maternity 31 Mar 55 7.35/60 hrs.	Oedema of legs.	Breast	
13	21 (0)	21 Oct 54 13 Jul 54 20 Apr 55	<u>120</u> 60 <u>125</u> 85	Fraserburgh Maternity 26 Apr 55 12.35/60 hrs.	Oedema present.	Breast	
14 52/25	27 (1)	21 Dec 54 24 Jul 54 30 Apr 55	<u>130</u> 80 <u>150</u> 105	Fraserburgh Maternity 28 Apr 55 5.40/60 hrs.	Oedema present. Admitted to hospital on 24th Apr. and Surgical In- duction per- formed on 28th.	Breast	
15 52/21	25 (2)	5 Feb 55 30 Jun 54 7 May 55	<u>105</u> 60 <u>100</u> 60	Fraserburgh Maternity 30 Mar 55 17.5/60 hrs.	Full term baby.	Artificial	
16 54/12	20 (2)	24 Feb 55 8 Aug 54 16 May 55	<u>105</u> 60 <u>120</u> 80	Home 28 May 55 9.15/60 hrs.		Breast	
17 49/14	35 (1)	26 Nov 54 15 Aug 54 22 May 55	<u>100</u> 60 <u>120</u> 80	Fraserburgh Maternity 21 May 55 4.45/60 hrs.		Artificial	
18	19 (0)	18 Feb 55 14 Sep 54 21 Jun 55	<u>140</u> 60 <u>150</u> 80	Fraserburgh Maternity 24 Jun 55 13.5/60 hrs.	Oedema present with slight albuminuria. Admitted on 22nd June and Surgical In- duction per- formed on 23rd. Episiotomy. Baby's weight 9 lbs. 6 ozs.	Artificial	

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
19	34 (2)	21 Jan 55 20 Sep 54 27 Jun 55	<u>110</u> 60 <u>120</u> 80	Fraserburgh Maternity 21 Jun 55 8.5/60 hrs.	Former T.B. patient.	Artificial from start - undevel- oped nipples.
20	32 (2)	13 May 55 23 Sep 54 30 Jun 55	<u>120</u> 60 <u>130</u> 80	Home 28 Jun 55 14.10/60 hrs.	Exophthalmic goitre oper- ation in 1950.	Artificial
21	23 (0)	7 Dec 54 28 Sep 54 5 Jul 55	<u>110</u> 60 <u>115</u> 80	Fraserburgh Maternity 24 Jun 55 12.50/60 hrs.	Slight oedema present. Spontaneous rupture of membranes on 23rd June and went into labour on 24th	Breast
22 50/19	28 (1)	14 Mar 55 20 Sep 54 28 Jun 55	<u>130</u> 70 <u>130</u> 80	Fraserburgh Maternity 3 Jul 55 6.40/60 hrs.		Artificial
23 53/2	24 (3)	31 May 55 3 Oct 54 10 Jul 55	<u>100</u> 60 <u>130</u> 80	Fraserburgh Maternity 26 Jul 55 3.45/60 hrs.		Breast
24	21 (0)	11 Jan 55 8 Oct 54 15 Jul 55	<u>120</u> 60 <u>130</u> 85	Fraserburgh Maternity 22 Jul 55 7.10/60 hrs.	Slight oedema of hands and feet. Medical Induction on 20th and 21st July	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
25	25 (0)	10 Jan 55 6 Oct 54 13 Jul 55	<u>120</u> <u>70</u> <u>135</u> 80	Fraserburgh Maternity 21 Jul 55 19.20/60 hrs.	Slight oedema of hands and feet. Medical Induction on 17th and 18th July. Surgical Induction on 19th July. Forceps delivery after second stage had lasted 2½ hrs. Baby 7 lbs. 8½ ozs. Class C. Urinary infection during puerperium.	Artificial
26	23 (0)	24 Mar 55 27 Oct 54 3 Aug 55	<u>105</u> <u>65</u> <u>140</u> 100	Fraserburgh Maternity 7 Aug 55 33.15/60 hrs.	Admitted on 29th July and Surgical Induction performed on 5th August. Forceps delivery because of foetal distress. Position occipito posterior with long rotation. Fever on 8th and 9th day of puerperium.	Breast
27	23 (2)	2 May 55 2 Nov 54 9 Aug 55	<u>110</u> <u>65</u> <u>115</u> 85	Fraserburgh Maternity 21 Aug 55 2 hrs.	Medical Induction on 18th and 19th August followed by contractions which lasted for 10 hrs. Surgical Induction on 21st Aug.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
28	31 (1)	5 Mar 55	55	<u>130</u>	Fraserburgh	Threatened abortion at 2nd month.	Artificial
		28 Nov 54	54	70	Maternity		
		25 Aug 55	55	<u>125</u> 85	26 Aug 55 5.55/60 hrs.		
29	26 (3)	8 Apr 55	55	<u>110</u>	Fraserburgh	Three month abortion in 1952 and 1953. Treated by Ethisterone and Phenobarb- itone during second and third months. Hand pres- ented with head. Baby weighed 5 lbs. 14 ozs.	Breast
		6 Dec 54	54	60	Maternity		
		13 Sep 55	55	<u>130</u> 90	16 Sep 55 18.40/60 hrs.		
30	29 (1)	15 Mar 55	55	<u>110</u>	Fraserburgh	Two month abortion in Nov. 1954. Oedema present. Admitted on 1st Sep. and as no change with complete rest, Surgical Induction done on 8th Sept.	Artificial from 8th day be- cause of cracked nipples.
		10 Dec 54	54	65	Maternity		
		17 Sep 55	55	<u>120</u> 80	9 Sep 55 10 hrs.		
51	24 (0)	31 Mar 55	55	<u>100</u>	Fraserburgh	Slight oedema present. Ad- mitted on 3rd Oct. and Sur- gical Induct- ion performed on 4th Oct. Episiotomy and laceration of perineum.	Artificial
		18 Dec 54	54	60	Maternity		
		25 Sep 55	55	<u>115</u> 80	5 Oct 55 10.20/60 hrs.		

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
31 contd.						Baby 9 lbs. 4 ozs. Post- partum hae- morrhage con- trolled by re- pair of per- ineum.	
52	20 (0)	19 Jul 55	<u>110</u>	Fraserburgh	Slight oedema	Artificial	
		19 Dec 54	80	Maternity	present. Sur- gical Induct- ion on 8th Oct.		
		25 Sep 55	<u>125</u>	9 Oct 55	after failed		
			90	9.30/60 hrs.	Medical In- duction.		
53	24 (2)	28 Jun 55	<u>105</u>	Fraserburgh	Cord tightly	Breast	
52/18		23 Dec 54	70	Maternity	round neck.		
		30 Sep 55	<u>115</u>	2 Oct 55	Baby Class C.		
			80	9.55/60 hrs.			
54	28 (3)	9 May 55	<u>110</u>	Fraserburgh	False labour	Artificial	
54/21		9 Jan 55	60	Maternity	on 30th Sept.	from 6th	
		16 Oct 55	<u>120</u>	6 Oct 55	1955. Pyrexia	day, due	
			80	15.45/60 hrs.	on 2nd day.	to poor lactation.	
55	26 (1)	8 Aug 55	<u>100</u>	Fraserburgh		Breast	
52/31		19 Jan 55	60	Maternity			
		28 Oct 55	<u>120</u>	20 Oct 55			
			80	9.45/60 hrs.			
56	21 (0)	12 May 55	<u>110</u>	Fraserburgh		Breast	
		28 Jan 55	50	Maternity			
		5 Nov 55	<u>120</u>	8 Nov 55			
			80	5.20/60 hrs.			
57	16 (0)	4 Aug 55	<u>110</u>	Fraserburgh	Medical In- duction on	Artificial	
		4 Feb 55	60	Maternity	19th and 20th		
		13 Nov 55	<u>120</u>	22 Nov 55	Nov. Surgical		
			70	5.40/60 hrs.	Induction on 22nd Nov. 1955.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
38 54/27	22 (2)	11 Jun 55	<u>110</u>	Fraserburgh	Slight oedema present. Surgical Induction on 3rd Dec. followed by Medical Induction as overdue.	Artificial	
		16 Feb 55	65	Maternity			
		23 Nov 55	<u>130</u>	4 Dec 55			
			80	4.45/60 hrs.			
39	17 (1)	20 Jun 55	<u>105</u>	Fraserburgh	Surgical Induction on 7th Dec. 1955.	Breast	
		14 Feb 55	65	Maternity			
		23 Nov 55	<u>120</u>	8 Dec 55			
			80	3.40/60 hrs.			
40	18 (0)	13 Jun 55	<u>130</u>	Fraserburgh	Oedema present. Admitted 2nd Nov. and seen by Consultant on 15th as B.P. did not fall with rest. Hb.78% - treated by I.M. iron. Surgical Induction on 22nd as B.P. still raised. Second degree tear.	Artificial from 5th day.	
		27 Feb 55	60	Maternity			
		5 Dec 55	<u>140</u>	22 Nov 55			
			<u>100</u>	5.10/60 hrs.			
41 53/23	26 (2)	26 Nov 55	<u>130</u>	Fraserburgh	Native who had Ante-natal care given by Aberdeen Maternity Hospital. Episiotomy. Baby's birth weight 10 lbs. 2½ ozs.		
		28 Feb 55	70	Maternity			
		5 Dec 55	<u>130</u>	9 Dec 55			
			70	7.15/60 hrs.			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
42	22 (0)	28 Jul 55		<u>100</u>	Fraserburgh	Had vague pains for four days before admission. Baby weighed 5 lbs. Phlebitis L. thigh.	
		1 Mar 55		80	Maternity		
		8 Dec 55		<u>120</u> 60	26 Oct 55 13.55/60 hrs.		
43	21 (0)	5 Sep 55		<u>110</u>	Fraserburgh		
		2 Mar 55		70	Maternity		
		9 Dec 55		<u>120</u> 80	11 Dec 55 17.20/60 hrs.		
44	22 (1)	26 May 55		<u>110</u>	Fraserburgh	Oedema of legs due to varicose veins. Medical Induction on 23rd Dec. Phlebitis R. leg.	
		12 Mar 55		60	Maternity		
		19 Dec 55		<u>120</u> 80	24 Dec 55 7.25/60 hrs.		
45	18 (0)	30 Jun 55		<u>120</u>	Fraserburgh	R. pyelitis in September. Slight oedema present. Admitted 11th Nov. 1955. Albuminuria present. Hb. 74% Treated by I.M. iron. Seen by Consultant on 29th Nov. and Surgical Induction done on 6th Dec. 1955. Fever on 6th day due to pyelitis.	
		17 Mar 55		80	Maternity		
		24 Dec 55		<u>140</u> <u>100</u>	7 Dec 55 15.25/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
46	37	25 Jul 55		<u>110</u>	Home		Artificial
49/3	(1)	24 Mar 55		<u>70</u>	23 Dec 55		
		31 Dec 55		<u>130</u> <u>80</u>	12.30/60 hrs.		
47	22	13 Sep 55		<u>120</u>	Fraserburgh		Artificial from start.
53/25	(1)	29 Mar 55		<u>70</u>	Maternity		
		5 Jan 56		<u>130</u> <u>75</u>	30 Dec 55 10.45/60 hrs.		

SUMMARY

Of these forty-seven cases, twenty-eight had uneventful pregnancies and labours. The complications were -

1. Ten cases of Pre-eclampsia.
2. One case of Hyperemesis Gravidarum.
3. Two cases of Ante-partum Haemorrhage.
4. Two cases of Urinary Infection.
5. Three cases of Anaemia.
6. Two cases of Forceps delivery.
7. Two cases of Post-partum Phlebitis.
8. Three cases of Puerperal Pyrexia.

CHAPTER XIII.

DELIVERIES IN 1956

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
1 52/20	41 (9)	6 Sep 55		110	Fraserburgh Maternity 5 Jan 56 6.20/60 hrs.	Admitted on 2nd Jan. and had vague irregular contraction. Surgical In- duction done on 4th foll- owed by Med- ical Induct- ion. Cord twice round neck.	Artificial from start
		24 Mar 55		60			
		31 Dec 55		120 80			
2	30 (1)	15 Sep 55		110	Fraserburgh Maternity 15 Jan 56 5.35/60 hrs.	Slight oedema of fingers with 7 lbs. weight gain between 29th and 33rd weeks. Ad- mitted on 11th and given Medical Induction on 11th and 12th Jan. Surgical Induction on 14th followed by further Medical In- duction. Baby's weight 6 lbs. 12 ozs.	Breast
		28 Mar 55		60			
		4 Jan 56		130 70			
3 50/6	35 (4)	11 Nov 55		130	Home 17 Jan 56 11.35/60 hrs.		Artificial
		17 Apr 55		70			
		23 Jan 56		130 90			
4 53/4	24 (1)	2 Sep 55		90	Fraserburgh Maternity 26 Jan 56 6.45/60 hrs.		Artificial
		19 Apr 55		60			
		25 Jan 56		105 70			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
5	21 (0)	26 Sep 55		<u>100</u>	Fraserburgh	(L) pyelitis in December. Oedema present. Admitted on 29th Dec. to Fraserburgh Maternity, and discharged on 1st Jan. be- cause of de- pression. Oedema sub- sided well with complete rest. Re- admitted on 11th Jan. and Surgical In- duction done the same day, followed by Medical In- duction. Baby Class D at birth, 6 lbs. in weight. Cephalhaematoma present, and much mucus extracted.	Artificial
		28 Apr 55		<u>60</u>	Maternity		
		3 Feb 56		<u>140</u>	12 Jan 56		
				<u>100</u>	3.25/60 hrs.		
6	29 55/26 (2)	11 Nov 55		<u>145</u>	Fraserburgh	Very nervous. Breast Admitted in labour on 18th Feb. but no contractions after five hours. Medic- al Induction on 19th with no effect. Contractions for three hours on 20th.	Breast
		7 May 55		<u>75</u>	Maternity		
		14 Feb 56		<u>150</u>	21 Feb 56		
				<u>100</u>	2.45/60 hrs.		

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
6 contd.					20th Feb. with Surgical Induction later in morning. Labour re-started early on 21st. Baby weighed 7 lbs. 13 ozs.	
7	22 (2)	31 Oct 55 2 Jun 55 9 Mar 56	<u>90</u> <u>60</u> <u>110</u> <u>60</u>	Fraserburgh Maternity 7 Mar 56 6.40/60 hrs.	Birth weight 7 lbs. 14½ ozs. Cord round neck and trunk.	Breast
8	23 (1)	30 Sep 55 5 Jun 55 12 Mar 56	<u>100</u> <u>70</u> <u>110</u> <u>70</u>	Fraserburgh Maternity 16 Mar 56 18.25/60 hrs.	Threatened abortion 18th Sep. 1955. Phlebitis (L) thigh in puerperium.	Breast
9 55/3	32 (3)	13 Oct 55 10 Jun 55 17 Mar 56	<u>115</u> <u>80</u> <u>160</u> <u>100</u>	Fraserburgh Maternity 16 Mar 56 11.5/60 hrs.	Surgical Induction on 15th March, 1956. Birth weight 7 lbs. 5½ ozs. Class B. Cord round neck.	Breast
10	24 (0)	22 Aug 55 16 Jun 55 25 Mar 56	<u>100</u> <u>60</u> <u>140</u> <u>90</u>	Fraserburgh Maternity 1 Apr 56 7.35/60 hrs.	Slight oedema. present. Surgical Induction done on 1st Apr. 1956.	Breast
11	22 (1)	19 Dec 55 23 Jun 55 31 Mar 56	<u>110</u> <u>70</u> <u>140</u> <u>80</u>	Fraserburgh Maternity 7 Apr 56 1.25/60 hrs.	Admitted on 6th Apr. and given Medical Induction.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
12	25 (0)	25 Oct 55	24 Jul 55	<u>110</u> <u>60</u> <u>120</u> <u>80</u>	Aberdeen Maternity 28 Apr 56 11.25/60 hrs.	Slight oedema. Unstable lie and finally sent to Aber- deen Maternity Hospital as "prim. breech" on 27th Apr. Version per- formed under general anaes- thetic into vertex with hand alongside head. Attempt at A.R.M. which failed after pushing up arm. Went into labour evening of 27th. Hand presented with head and cord prolapsed. As cervix almost fully dilated, tried cavity forceps but child stillborn.	
13 54/23	36 (2)	21 Nov 55	26 Jul 55	<u>120</u> <u>70</u> <u>120</u> <u>80</u>	Fraserburgh Maternity 5 May 56 13.15/60 hrs.	Slight oedema present. First degree tear.	Artificial
14	24 (0)	15 Nov 55	15 Sep 55	<u>100</u> <u>60</u> <u>120</u> <u>90</u>	Fraserburgh Maternity 19 Jun 56 8.35/60 hrs.	Slight oedema present. For- ceps delivery because of foetal dis- tress. Birth weight 6 lbs. 15 $\frac{3}{4}$ ozs.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
15 53/15	26 (1)	17 Jan 56	<u>110</u>	Aberdeen Maternity 20 Jun 56 10.2/60 hrs.	Oedema present with 8 lbs. gain between 22nd and 26th weeks. Ad- mitted 5th Jun. because of previous Caes- arean Section. Pelvimetry showed ade- quate pelvis but very flat sacrum. Started labour on 19th but had very slow dilation of cervix. Lower uterine Caes- arean Section done because of foetal distress.	Artificial from start	
		15 Sep 55	<u>60</u>				
		22 Jun 56	<u>130</u> <u>70</u>				
16 54/14	24 (1)	9 Jan 56	<u>100</u>	Fraserburgh Maternity 26 Jun 56 18.50/60 hrs.	Class B - cord round neck.	Breast	
		21 Sep 55	<u>60</u>				
		28 Jun 56	<u>110</u> <u>70</u>				
17	29 (2)	11 Jun 56	<u>130</u>	Fraserburgh Maternity 11 Jul 56 8.25/60 hrs.	Native who came back for confinement. Foetal heart. Slow in second stage. Episiotomy done.		
		7 Oct 55	<u>80</u>				
		15 Jul 56	<u>140</u> <u>90</u>				
18	38 (7)	27 Feb 56	<u>110</u>	Fraserburgh Maternity 13 Jul 56 8.35/60 hrs.	Slight oedema of ankles.	Artificial from start	
		15 Oct 55	<u>70</u>				
		22 Jul 56	<u>130</u> <u>80</u>				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
19 53/20	28 (4)	16 Apr 56	<u>120</u>	Fraserburgh Maternity 3 Aug 56 12.45/60 hrs.	Slight oedema of ankles - varicose veins.	Artificial from start	
		16 Oct 55	<u>60</u>				
		23 Jul 56	<u>130</u> 75				
20	18 (1)	23 Jan 56	<u>110</u>	Fraserburgh Maternity 14 Jul 56 16.30/60 hrs.	Three month abortion in June 1955. Slight oedema. 7 lbs. weight gain between 18th and 22nd weeks. Ad- mitted on 27th June. B.P. settled with rest. Surgical In- duction foll- owed by Med- ical on 13th July. Epis- iotomy done.	Breast	
		19 Oct 55	<u>60</u>				
		26 Jul 56	<u>140</u>				
			<u>100</u>				
21	32 (2)	13 Apr 56	<u>110</u>	Home 9 Jul 56 16 hrs.	Slight oedema of fingers and ankles.	Artificial	
		20 Oct 55	<u>80</u>				
		27 Jul 56	<u>125</u> 80				
22 55/13	22 (1)	23 Mar 56	<u>120</u>	Fraserburgh Maternity 31 Jul 56 16.55/60 hrs.	Slight oedema. present. Face to pubis birth. Birth weight 7 lbs. $\frac{1}{2}$ oz.	Artificial	
		20 Oct 55	<u>60</u>				
		27 Jul 56	<u>120</u> 70				
23 54/19	35 (2)	17 May 56	<u>110</u>	Fraserburgh Maternity 2 Aug 56 15.30/60 hrs.	Slight oedema of ankles. Birth weight 6 lbs. 13 ozs. Cord once round neck - Class B.	Artificial	
		28 Oct 55	<u>75</u>				
		4 Aug 56	<u>120</u> 80				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
24	21 (0)	17 Apr 56		<u>110</u>	Fraserburgh	Oedema present. Admitted on 21st July. Oedema subsided, but B.P. remained high. Very nervous. Surgical Induction on 7th Aug. 1956. Episiotomy - difficulty in delivery of shoulders. Birth weight 7 lbs. 4½ ozs.	Artificial
		4 Nov 55		70	Maternity		
		11 Aug 56		<u>140</u>	7 Aug 56		
				90	6.10/60 hrs.		
25 52/10	33 (2)	17 Apr 56		<u>120</u>	Fraserburgh	Varicose veins with slight oedema of ankles. Bleeding at onset of labour. Large amount of blood clot expelled with baby, and with placenta. Baby Class A - 7 lbs. 12 ozs.	Breast
		17 Nov 55		75	Maternity		
		24 Aug 56		<u>120</u>	13 Aug 56		
				80	3.25/60 hrs.		
26	22 (0)	23 Jan 56		<u>120</u>	Fraserburgh	Oedema present. Admitted 10th Aug. and treated by rest and sedation. Surgical Induction on 18th Aug. 1956. Breech with forceps extraction of head.	Artificial
		21 Nov 55		70	Maternity		
		28 Aug 56		<u>140</u>	19 Aug 56		
				90	25.5/60 hrs.		

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
26 contd.					Birth weight 5 lbs. 10 $\frac{1}{2}$ ozs. Class C.	
27	26 (2)	30 Mar 56 23 Nov 55 30 Aug 56	<u>110</u> 70 <u>120</u> 80	Fraserburgh Maternity 31 Jul 56 11.15/60 hrs.	Pyelitis in May 1956. Twins - Ver- tex present- ations with $\frac{1}{4}$ hour between. (1) 5 lbs. 7 ozs. (2) 4 lbs. 10 $\frac{1}{2}$ ozs.	(1) Art. (2) Art. from start.
28 53/38	33 (4)	9 Apr 56 1 Dec 55 8 Sep 56	<u>100</u> 60 <u>115</u> 75	Fraserburgh Maternity 10 Aug 56 8.35/60 hrs.	Birth weight 8 lbs. 1 $\frac{1}{4}$ ozs.	Breast
29	22 (0)	7 May 56 4 Dec 55 11 Sep 56	<u>110</u> 70 <u>140</u> 90	Fraserburgh Maternity 20 Aug 56 12.35/60 hrs.	Oedema present. Admitted 15th Aug. and Sur- gical Induct- ion followed by Medical done on 18th. Birth weight 6 lbs. 10 $\frac{1}{4}$ ozs. Pyrexia of 104 $^{\circ}$ on even- ing of eighth day - res- ponded to penicillin.	Breast
30	32 (0)	16 Jun 56 8 Dec 55 15 Sep 56	<u>100</u> 70 <u>120</u> 80	Fraserburgh Maternity 16 Sep 56 16.55/60 hrs.	Slight oedema present. Sur- gical Induct- ion on 15th Sep. 1956. Episiotomy done. Birth weight 8 lbs. 8 ozs.	

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
31	29 (0)	12 Apr 56 20 Dec 55 27 Sep 56	<u>115</u> 60 <u>120</u> 70	Fraserburgh Maternity 29 Sep 56 9.35/60 hrs.	Threatened ab- ortion in Jan. 1956. Surgi- cal Induction done on 27th Sept. with Medical on 28th. Epis- iotomy done. Birth weight 6 lbs. 2 ozs.	Artificial from 10th day be- cause of poor lactation.	
32	19 (0)	24 Feb 56 23 Dec 55 30 Sep 56	<u>125</u> 60 <u>120</u> 95	Fraserburgh Maternity 29 Sep 56 8.10/60 hrs.	Oedema present.	Breast	
33	23 (0)	13 Mar 56 25 Dec 55 1 Oct 56	<u>110</u> 60 <u>130</u> 70	Fraserburgh Maternity 8 Aug 56 27.15/60 hrs.	Rheumatic endocarditis. Contractions became very weak for six hours after being 14 hours in labour. Birth weight 2 lbs. 6 ozs.	Artificial from 16th Oct. 1956 due to poor lactation.	
34	26 (0)	14 Apr 56 19 Jan 56 26 Oct 56	<u>130</u> 65 <u>170</u> 100	Home 13 Sep 56 6.30/60 hrs.	Albuminuria. Admitted on 5th Sept. to Aberdeen Mat- ernity Hosp- ital. X-Ray showed foetus of 27 weeks maturity. B.P. settled rapid- ly and album- inuria cleared. Discharged on 12th Sept. as faint chance of baby being alive. Still- born.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
35	19 (0)	14 Jun 56	<u>120</u>	Fraserburgh	Slight oedema present. Surgical Induction on 11th Nov. 1956.		
		25 Jan 56	60	Maternity			
		3 Nov 56	<u>135</u> 90	12 Nov 56 6.10/60 hrs.			
36 55/16	22 (3)	25 Jun 56	<u>110</u>	Home	Slight oedema present. Normal birth at 1 p.m. but placenta, removed piece meal, at 4 p.m. Found to be very hard. Given two pints of blood. By 8 p.m. was clinically well.	Breast	
		29 Jan 56	60	11 Nov 56			
		7 Nov 56	<u>110</u> 70	41 hrs.			
37	28 (1)	25 Sep 56	<u>120</u>	Fraserburgh	Native who returned for confinement.		
		2 Feb 56	80	Maternity			
		9 Nov 56	<u>130</u> 90	13 Nov 56 11.40/60 hrs.			
38	23 (0)	12 Apr 56	<u>110</u>	Aberdeen	Slight oedema present. Started in labour on 14th Nov. and after 36½ hrs., was transferred to Aberdeen from Fraserburgh Maternity, as had made very little progress in the previous 20 hrs.	Artificial	
		10 Feb 56	60	Maternity			
		17 Nov 56	<u>100</u> 70	16 Nov 56 38.55/60 hrs.			

(contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
38 contd.					No evidence of major disproportion found but in view of uterine dysfunction and maternal distress, lower uterine Caesarean Section was done. Birth weight of infant was 9 lbs. 3½ ozs. Mild respiratory infection responding to Crystamycin during puerperium. Pelvimetry showed flat pelvis with possibility of arrest at brim with infants of even average size.	
39 55/44	23 (2)	8 Sep 56 14 Feb 56 21 Nov 56	<u>110</u> 60 <u>110</u> 80	Fraserburgh Maternity 30 Nov 56 4.45/60 hrs.	Severe varicose veins both legs with phlebitis R. ankle during pregnancy. Surgical Induction on 29th Nov. 1956. Phlebitis R. thigh in puerperium.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
40	21	28 May 56	<u>110</u>	Fraserburgh		Breast
54/17	(1)	22 Feb 56	<u>60</u>	Maternity		
		29 Nov 56	<u>130</u> <u>75</u>	6 Dec 56 5.45/60 hrs.		
41	26	5 Jul 56	<u>125</u>	Fraserburgh	Oedema pres- ent. Epis- iotomy done. Birth weight 7 lbs. 4 $\frac{1}{2}$ ozs.	
	(0)	4 Apr 56	<u>70</u>	Maternity		
		10 Jan 57	<u>140</u> <u>90</u>	21 Dec 56 11.35/60 hrs.		

SUMMARY

Of these forty-one cases, sixteen had uneventful pregnancies and labours. The complications were -

1. Sixteen cases of Pre-eclampsia.
2. Two cases of Urinary Infection.
3. Three cases of Ante-partum Haemorrhage.
4. One Prolapsed cord.
5. Two Forceps deliveries.
6. Two cases of Caesarean Section.
7. One Breech delivery.
8. One set of Twins.
9. One case of Puerperal Pyrexia.
10. One case of Retained Placenta.
11. Two cases of Puerperal Phlebitis.
12. One Premature Birth.
13. One Still Birth.

CHAPTER XIV.

DELIVERIES IN 1957

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
1	20 (0)	21 Jun 56	<u>105</u>	Fraserburgh Maternity 5 Jan 57 12.25/60 hrs.	Slight oedema of fingers and feet. Medical In- duction on 3rd and 4th Jan. which failed. A.R.M. on 5th Jan. Slight phlebitis R. calf on 2nd day.	Breast	
		20 Mar 56	<u>70</u>				
		27 Dec 56	<u>120</u>				
			<u>80</u>				
2 55/52	21 (1)	31 Aug 56	<u>110</u>	Fraserburgh Maternity 21 Jan 57 27.10/60 hrs.	Slight oedema present. Temperature on 10th day due to R. mastitis. Responded to penicillin.	Breast	
		23 Apr 56	<u>70</u>				
		30 Jan 57	<u>110</u>				
			<u>80</u>				
3	43 (4)	29 Sep 56	<u>128</u>	Fraserburgh Maternity 12 Feb 57 6.50/60 hrs.	10th week ab- ortion in 1950 and 12th week in 1954. Varicose vein R leg. Medi- cal Induction on 9th and 10th Feb. which failed. Birth weight 7 lbs. 1 oz.	Artificial	
		29 Apr 56	<u>80</u>				
		4 Feb 57	<u>140</u>				
			<u>85</u>				
4	27 (1)	10 Sep 56	<u>100</u>	Fraserburgh Maternity 11 Feb 57 7.5/60 hrs.	Severe chronic bron- chitis.	Breast	
		12 May 56	<u>50</u>				
		19 Feb 57	<u>100</u>				
			<u>60</u>				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
5	22 (0)	8 Oct 56 16 May 56 23 Feb 57	<u>120</u> 80 <u>150</u> 90	Fraserburgh Maternity 25 Feb 57	8.35/60 hrs.	Mild jaundice in Jan. 1957. Admitted for rest on 9th Feb. and A.R.M. performed on 24th followed by three injections of Pitocin.	Breast
6 53/32	21 (1)	21 Aug 56 20 May 56 25 Feb 57	<u>110</u> 70 <u>150</u> 80	Fraserburgh Maternity 4 Mar 57	6.25/60 hrs.	Slight oedema present. Surgical Induction on 3rd Mar. Birth weight 7 lbs. 9 ozs. Cord round neck and Class C at birth.	Breast
7 54/26	26 (1)	5 Feb 57 20 May 56 26 Feb 57	<u>120</u> 80 <u>120</u> 80	Fraserburgh Maternity 25 Feb 57	10.10/60 hrs.	Native who returned for confinement. Artificial feeding from start as travelling overseas immediately after birth and she thought it best.	Artificial
8 55/40	19 (1)	21 Sep 56 20 May 56 28 Feb 57	<u>120</u> 80 <u>125</u> 75	Home 26 Jan 57		Baby born as B.B.A. at home and admitted to hospital afterwards. Birth weight 5 lbs. 14 ozs.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
9 51/11	31 (1)	14 Sep 56 25 May 56 1 Mar 57	56 56 57	<u>120</u> 80 <u>145</u> 95	Fraserburgh Maternity 24 Feb 57 6.45/60 hrs.	Severe varicose veins R calf. Oedema present. A.R.M. on 24th Feb. followed by partial Medical Induction.	Breast
10	22 (0)	6 Aug 56 30 May 56 7 Mar 57	56 56 57	<u>110</u> 60 <u>120</u> 80	Fraserburgh Maternity 14 Mar 57 11.30/60 hrs.	A.R.M. on 13th Mar. 1957 followed by partial Medical Induction. Cord tightly round neck. Episiotomy done.	Breast
11	25 (0)	21 Aug 56 7 Jun 56 14 Mar 57	56 56 57	<u>100</u> 60 <u>140</u> 85	Fraserburgh Maternity 18 Mar 57 6.40/60 hrs.	Oedema present. A.R.M. done on 17th Mar. 1957. Baby born as breech.	Breast
12	29 (0)	6 Oct 56 12 Jun 56 19 Mar 57	56 56 57	<u>110</u> 70 <u>140</u> 90	Fraserburgh Maternity 20 Mar 57 12.50/60 hrs.	Oedema present. Admitted 17th Mar. 1957 and B.P. fell with complete rest. A.R.M. on 19th Mar. Forceps delivery because of uterine inertia and maternal exhaustion.	Artificial

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
12 contd.					Profuse blood loss - collapsed. Given 2 pints of plasma while waiting for flying squad who gave 1 pint of blood and removed large piece of membrane from cervix. Difficulty with retention of urine in first two days but thereafter convalescence uneventful.	
13	25 (0)	7 Sep 56 19 Jun 56 28 Mar 57	<u>130</u> <u>70</u> <u>135</u> <u>95</u>	Fraserburgh Maternity 25 Mar 57 6.25/60 hrs.	Slight oedema of ankles. Foetal heart slowed down markedly. Episiotomy done but 6 lbs. baby class C at birth.	
14	23 (2)	23 Nov 56 21 Jun 56 28 Mar 57	<u>120</u> <u>70</u> <u>125</u> <u>80</u>	Fraserburgh Maternity 6 Apr 57 4.5/60 hrs.	Ten week abortion in 1952. Slight oedema present. Admitted to Fraserburgh Maternity Hospital on 31st Jan. 1957 with false labour. Breech presenting and turned. First degree tear.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.F.</u>	<u>E.D.D.</u>				
15	25 (0)	25 Aug 56		100	Aberdeen Maternity	Threatened ab- ortion in Sept. 1956. Slight oedema in last week. Asth- matic. Ad- mitted to Fraserburgh Maternity Hos- pital on 5th April and given Medical Induction on 7th. Trans- ferred to Aberdeen on 10th as had been in labour for 44 hours and dilation of cervix was only 3 fingers. The contract- ions were weak and irregular and the foetal head was in the L.O.P. pos- ition. As she had been marr- ied for five years, it was decided to do a lower seg- ment Caesarean Section. Birth weight of child was 7 lbs. 11 ozs. Slight breakdown of abdominal wound which re- quired second- ary suture.	Breast
		29 Jun 56		60	10 Apr 57		
		6 Apr 57		120	50.24/60 hrs.		
				70			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
16 52/14	25 (1)	7 Jan 57		<u>110</u>	Fraserburgh	Hands swollen and B.P. 135/95 on ad- mission to hospital. Cord tight round neck. Baby Class B.	Artificial
		1 Jul 56		65	Maternity		
		8 Apr 57		<u>110</u> 70	4 Apr 57 9.45/60 hrs.		
17	28 (2)	2 Oct 56		<u>110</u>	Home	Three month abortion in April 1956. Varicose vein R leg.	Artificial
		4 Jul 56		70	30 Mar 57		
		11 Apr 57		<u>120</u> 75	23.30/60 hrs.		
18	23 (0)	15 Nov 56		<u>110</u>	Fraserburgh	Slight oedema present. Ad- mitted in labour on 22nd Mar. and complained of severe back- ache. Slow dilation of cervix. No progress in second stage due to mater- nal exhaust- ion. Forceps delivery face to pubis - after epis- iotomy. Baby 9 lbs. 1 oz. and Class C. Fever on 5th and 6th day of puerperium.	Breast
		12 Jul 56		65	Maternity		
		19 Apr 57		<u>120</u> 80	24 Mar 57 43.45/60 hrs.		
19	18 (0)	1 Dec 56		<u>110</u>	Fraserburgh	Baby 6 lbs. 10½ ozs. Born face to pubis.	Breast
		14 Jul 56		60	Maternity		
		21 Apr 57		<u>120</u> 75	19 Apr 57 41.35/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
20	21 (0)	12 Nov 56 31 Jul 56 7 May 57	<u>120</u> <u>60</u> <u>125</u> 85		Fraserburgh Maternity 3 May 57 12.15/60 hrs.	Slight oedema of fingers.	Breast
21	23 (0)	16 Nov 56 2 Aug 56 9 May 57	<u>130</u> <u>65</u> <u>140</u> 90		Fraserburgh Maternity 28 Apr 57 18.30/60 hrs.	Right pye- litis in March. Oedema of fingers and feet. Ad- mitted on 16th April to hospital. B.P. settled with rest and Medical In- duction given on 24th and 25th with Surgical In- duction on 26th. Started in labour afternoon of 27th. First degree tear.	Breast
22 55/25	27 (1)	23 Nov 56 8 Aug 56 15 May 57	<u>105</u> <u>60</u> <u>130</u> 70		Fraserburgh Maternity 8 May 57 8.15/60 hrs.	Admitted on 5th May with premature rupture of the mem- branes. Given Medi- cal Induct- ion on 6th and went into labour on 8th.	Artificial
23	19 (1)	30 Mar 57 3 Sep 56 10 Jun 57	<u>120</u> <u>60</u> <u>130</u> 80		Fraserburgh Maternity 11 Jun 57 31.35/60 hrs.	Ten weeks ab- ortion in April 1956. Membranes ruptured very early in labour. Epis- iotomy done.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
24	18 (0)	29 Dec 56		<u>120</u>	Fraserburgh	Cord tightly round neck and body - episiotomy done. Birth weight 6 lbs. 6¼ ozs.	Artificial
		7 Sep 56		70	Maternity		
		14 Jun 57		<u>140</u> 80	14 Apr 57 22.45/60 hrs.		
25 55/42	24 (1)	27 Dec 56		<u>105</u>	Fraserburgh	Admitted after ?19 hours in labour, but clinically only starting. Fever on 5th day, cause unknown.	Artificial
		9 Sep 56		60	Maternity		
		16 Jun 57		<u>110</u> 70	10 Jun 57 32.50/60 hrs.		
26	27 (0)	10 Dec 56		<u>105</u>	Fraserburgh	Nervous woman who has since developed Epilepsy. Oedema present in last month. Vomited throughout pregnancy. Baby in occipito-posterior position. Perineal tear. Baby Class A. Bottle fed from 10th day because of poor lactation. (Baby had B. Coli Septicaemia when three weeks old.)	Artificial
		28 Sep 56		70	Maternity		
		5 Jul 57		<u>110</u> 80	12 Jul 57 50.5/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
27 55/23	26 (4)	2 May 57 7 Oct 56 14 Jul 57		<u>115</u> 60 <u>120</u> 80	Fraserburgh Maternity 20 Jul 57 6.55/60 hrs.		Breast
28	24 (0)	12 Jan 57 8 Oct 56 15 Jul 57		<u>110</u> 70 <u>120</u> 80	Aberdeen Maternity 16 Jul 57 4.55/60 hrs.	Varicose vein R leg requiring stocking. Persistent breech from May onwards. Attempted version by Consultant, which failed, on 18th June. Breech with extended legs extracted under General Anaesthetic. Forceps applied to aftercoming head. Birth weight 6 lbs. 11 ozs. Trans- ferred to Fraserburgh Maternity Hos- pital with baby on 4th day.	Breast
29 55/30	30 (2)	18 Feb 57 18 Oct 56 25 Jul 57		<u>110</u> 65 <u>130</u> 80	Fraserburgh Maternity 25 Jul 57 5.30/60 hrs.	Oedema present. Birth weight 9 lbs. 6 $\frac{1}{2}$ ozs.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>					
30 54/1	27 (1)	19 Mar 57	<u>110</u>	Fraserburgh Maternity 23 Jul 57 <u>125</u> 80	14.5/60 hrs.	Oedema present. B.P. 155/110 on admission to hospital. Birth weight 8 lbs. 2½ ozs. Cord round neck and Class B at birth.	Breast
		21 Oct 56	<u>65</u>				
		28 Jul 57	<u>80</u>				
31	20 (0)	28 Dec 56	<u>120</u>	Fraserburgh Maternity 29 Jul 57 <u>135</u> 90	4.30/60 hrs.	Slight bleeding on 13th Jan. 1957. Oedema present in last month. Admitted on 26th and given Medical Induction. Birth weight 7 lbs. 6 ozs.	Artificial
		26 Oct 56	<u>70</u>				
		3 Aug 57	<u>90</u>				
			<u>90</u>				
32	17 (0)	13 Apr 57	<u>130</u>	Fraserburgh Maternity 6 Aug 57 <u>130</u> 80	45.50/60 hrs.	Labour started on 5th but contractions stopped for three hours after twenty-four hours. Birth weight 6 lbs. 13½ ozs. Class A.	Artificial
		27 Oct 56	<u>60</u>				
		4 Aug 57	<u>80</u>				
			<u>80</u>				
33	31 (1)	1 Mar 57	<u>140</u>	Fraserburgh Maternity 9 Aug 57 <u>160</u> 90	7.30/60 hrs.	Oedema present. Admitted on 31st July 1957. Given intramuscular iron for normochromic anaemia.	Artificial
		23 Nov 56	<u>80</u>				
		30 Aug 57	<u>90</u>				
			<u>90</u>				

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
33 contd.						Surgical Induction on 8th Aug. and started in labour same evening. Breech delivery. Birth weight 4 lbs. 9 ozs. Class C. One pint of packed red cells given to mother during puerperium. Breast feeding stopped at two weeks because mother admitted to hospital with pneumonia.	
34	26 (1)	11 Apr 57 5 Dec 56 12 Sep 57	<u>110</u> 60 <u>130</u> 80		Fraserburgh Maternity 15 Sep 57 7.50/60 hrs.	Varicose vein L. calf. Admitted with premature rupture of membranes.	Breast
35 55/47	23 (2)	11 Apr 57 19 Dec 56 26 Sep 57	<u>130</u> 60 <u>120</u> 80		Fraserburgh Maternity 21 Sep 57 5.30/60 hrs.	Admitted on 20th not in labour and given Medical Induction. Phlebitis R. thigh.	Artificial
36 56/11	23 (2)	23 Mar 57 23 Dec 56 30 Sep 57	<u>105</u> 60 <u>130</u> 80		Fraserburgh Maternity 23 Sep 57 8.40/60 hrs.	Left pyelitis in August. Cord tightly round neck. Class B. Birth weight 5 lbs. 6 ozs.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
37	24 (0)	25 Mar 57	95	Fraserburgh Maternity 25 Sep 57 39.15/60 hrs.	Second degree tear. Py- rexia on 2nd and 3rd day of puerperium.	Breast	
		25 Dec 56	60				
		1 Oct 57	<u>110</u> 70				
38	21 (0)	27 May 57	<u>100</u>	Fraserburgh Maternity 19 Oct 57 34.50/60 hrs.	Slight oedema present in last six weeks. Birth weight 6 lbs. 8 ozs.		
		12 Jan 57	60				
		19 Oct 57	<u>120</u> 70				
39	27 (4)	23 Jul 57	<u>100</u>	Fraserburgh Maternity 11 Sep 57 14.15/60 hrs.	Five month abortion in 1952. Came from North of Scotland to have illegiti- mate child be- side mother. Admitted on 10th with slight bleed- ing. Baby Class D at birth, cord round neck. Birth weight 3 lbs. 10 ozs. Responded poorly to treatment and died after three hours.		
		5 Jan 57	60				
		12 Oct 57	<u>110</u> 60				
40 55/38	24 (2)	10 May 57	<u>105</u>	Fraserburgh Maternity 15 Nov 57 3.40/60 hrs.	Cord tightly round neck twice. Birth weight 7 lbs. 14 $\frac{1}{2}$ ozs.	Artificial	
		15 Feb 57	60				
		22 Nov 57	<u>110</u> 70				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
41 56/34	26 (1)	14 May 57 23 Feb 57 30 Nov 57	<u>120</u> 75 <u>140</u> 90	Fraserburgh Maternity 28 Nov 57 19.15/60 hrs.	Version per- formed by Consultant at Fraserburgh on 19th Nov.	Breast
42 56/	28 (1)	26 Aug 57 1 Mar 57 8 Dec 57	<u>120</u> 70 <u>140</u> 80	Fraserburgh Maternity 14 Dec 57 2.58/60 hrs.	Slight oedema of fingers. First degree tear. Birth weight 8 lbs. $1\frac{3}{4}$ ozs.	Breast
43	37 (1)	7 May 57 6 Mar 57 15 Dec 57	<u>110</u> 60 <u>120</u> 70	Aberdeen Maternity 13 Dec 57 51.55/60 hrs.	Varicose veins severe on both legs. Very pro- longed labour with first child which weighed 6 lbs. Presented as a breech and external version under anaesthetic successful. Labour comm- enced on 11th Dec. and contractions wore off after 24 hrs. A.R.M. per- formed and labour re- commenced four hours later. De- livery after 19 hours. Lateral pel- vimetry showed reduced inlet conjugate.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>	<u>E.D.D.</u>				
44	25 (1)	29 Aug 57		<u>100</u>	Fraserburgh	Total weight gain 1 st. 2 lbs. Partial Medi- cal Induction on 14th. Cord round neck - Class A - 8 lbs. $\frac{1}{2}$ oz.	Breast
		6 Mar 57		60	Maternity		
		13 Dec 57		<u>140</u> 90	15 Dec 57 15 hrs.		
45 56/32	21 (1)	28 Jun 57		<u>120</u>	Home	Slight oedema present.	Breast
		10 Mar 57		70	12 Dec 57		
		17 Dec 57		<u>120</u> 80	13.25/60 hrs.		

16. One case of Cervical Strabismus.
17. One Case of Gonorrhoea Scroti.
18. One Post-partum Haemorrhage.
19. Two cases of Puerperal Salivitis.
20. Four cases of Puerperal Typhoid.

SUMMARY

Of these forty-five cases, thirteen had uneventful pregnancies and labours. The complications were -

1. Nine cases of Pre-eclampsia.
2. Two cases of Urinary Infection.
3. One case of Anaemia.
4. Three ante-partum Haemorrhages.
5. Three cases of Breech turned by Version.
6. Three Breech deliveries.
7. One Premature birth.
8. Two Premature Ruptures of Membranes.
9. Two Forceps deliveries.
10. One case of Contracted Pelvis.
11. One Caesarean Section.
12. One Post-partum Haemorrhage.
13. Two cases of Puerperal Phlebitis.
14. Four cases of Puerperal Pyrexia.

CHAPTER XV.

DELIVERIES IN 1958

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
1	26 (0)	7 Jun 57 5 Apr 57 10 Jan 58		<u>110</u> 50 <u>120</u> 70	Fraserburgh Maternity 11 Jan 58 17.30/60 hrs.	Baby 7 lbs. 14 ozs. at birth. Put on artificial feeding at one week be- cause of vomiting. Eventually transferred to R.A.H.S.C., where found to have a diaph- ragmatic hernia.	Artificial
2 54/28	29 (1)	17 Jun 57 17 Apr 57 24 Jan 58		<u>100</u> 60 <u>120</u> 70	Fraserburgh Maternity 26 Jan 58 16.45/60 hrs.	Slight oedema in last two weeks. Vari- cose veins R. leg re- quiring supp- ort.	Breast
3 53/22	30 (3)	20 Aug 57 17 Apr 57 24 Jan 58		<u>90</u> 60 <u>100</u> 60	Fraserburgh Maternity 15 Jan 58 5 hrs.	Slight oedema of ankles. Very anaemic, and treated by intramuscular iron. Breech turned on 10th Dec. Admitted on 1st Jan. 1958. X-Ray on 8th showed a breech pres- entation. Ver- sion under general anaes- thetic done on 12th and mem- branes ruptured, followed by course of pito- cin injections.	Breast

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.F.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
3 contd.					On 14th had stilboestrol, and on the 15th a Pitocin drip. Birth weight 7 lbs. 6½ ozs. Class B.	
4	22 (0)	10 Oct 57 21 May 57 26 Feb 58	<u>100</u> 60 <u>120</u> 80	Fraserburgh Maternity 5 Mar 58 24.50/60 hrs.	Admitted on 3rd March and given Medical Induction. Labour started early on 4th. First degree tear. Birth weight 9 lbs. 2 ozs.	Artificial
5 56/23	36 (3)	1 Feb 58 23 May 57 27 Feb 58	<u>115</u> 75 <u>130</u> 80	Home 26 Feb 58 15.20/60 hrs.		Artificial
6 55/36	24 (1)	4 Oct 57 28 May 57 5 Mar 58	<u>100</u> 50 <u>120</u> 70	Fraserburgh Maternity 28 Feb 58 4.25/60 hrs.		Breast
7	24 (0)	10 Sep 57 2 Jun 57 9 Mar 58	<u>105</u> 60 <u>130</u> 85	Home 16 Mar 58 3.55/60 hrs.	Had Influenza during epidemic in Oct. 1957. Second degree tear. Birth weight 8 lbs. 14 ozs. (L) mammary infection at 3rd week which settled on Penicillin and local treatment.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
8 50/15	36 (3)	19 Nov 57 10 Jun 57 17 Mar 58	<u>120</u> 70 <u>160</u> <u>100</u>	Fraserburgh Maternity 28 Feb 58 2.57/60 hrs.	Two month ab- ortion in Aug. 1951. Oedema pres- ent. Ad- mitted on 24th for rest. Not anaemic. B.P. contin- ued to rise and Surgical Induction done on 28th. Birth weight 5 lbs. 14½ oza. Class A.	Breast
9 57/13	26 (1)	30 Dec 57 12 Jun 57 19 Mar 58	<u>120</u> 60 <u>120</u> 80	Fraserburgh Maternity 2 Mar 58 7.5/60 hrs.	(L) internal saphenous vein varicose. Birth weight 5 lbs. 11¼ oza. Phlebitis L. thigh in puer- perium.	Breast
10	24 (0)	26 Aug 57 12 Jun 57 19 Mar 58	<u>120</u> 60 <u>130</u> 80	Fraserburgh Maternity 24 Mar 58 3.45/60 hrs.	Had Influenza in Sep. 1957. A.R.M. done on 23rd Mar. Birth weight 6 lbs.	Breast
11 55/31	27 (1)	30 Sep 57 14 Jun 57 21 Mar 58	<u>100</u> 70 <u>120</u> 70	Fraserburgh Maternity 30 Mar 58 4.50/60 hrs.	Varicose vein L. leg requir- ing support. Phlebitis R. leg in late pregnancy. Admitted to hospital on 25th Mar. and treated by Penicillin, rest and heat.	Breast

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
11 contd.						Medical Induction on 25th and 26th with no effect. Surgical Induction on 29th. Phlebitis settled rapidly after delivery.	
12	25 (0)	23 Sep 57	110	Aberdeen		Slight oedema present in last 3 months. Admitted on 26th and given Medical Induction as overdue. A.R.M. on 27th. Started in labour on 28th. Transferred to Aberdeen after being 24 hours in labour. Cervix 3 fingers dilated and vertex in R.O.P. position. Given further sedation and after 37 hours in labour, there was little advance. Then delivered by lower segment Caesarean Section. Baby Class C.	Artificial
		15 Jun 57	70	Maternity			
		22 Mar 58	130	30 Mar 58			
			70	37.25/60 hrs.			

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
12 contd.					Pelvimetry showed minor degree of brim contraction and outlet considerably reduced, especially in bispinous diameter.	
13	25 (1)	14 Sep 57 19 Jun 57 26 Mar 58	<u>120</u> <u>70</u> <u>120</u> <u>90</u>	Home 27 Mar 58 7 hrs.		Breast
14 55/24	24 (1)	26 Nov 57 3 Jul 57 10 Apr 58	<u>115</u> <u>60</u> <u>120</u> <u>80</u>	Fraserburgh Maternity 14 Apr 58 11.35/60 hrs.	Cord tightly round neck twice. Class C - B.	Breast
15	36 (3)	4 Nov 57 11 Jul 57 18 Apr 58	<u>100</u> <u>70</u> <u>120</u> <u>80</u>	Fraserburgh Maternity 21 Apr 58 3.55/60 hrs.	Last child in 1948. Birth weight 8 lbs. 9 $\frac{1}{4}$ ozs. Class B.	Artificial
16 54/18	25 (1)	5 Dec 57 13 Jul 57 21 Apr 58	<u>110</u> <u>70</u> <u>110</u> <u>80</u>	Fraserburgh Maternity 23 Apr 58 17.50/60 hrs.	Episiotomy done. Cord tightly round neck. Birth weight 8 lbs. 7 ozs. Class B. Artificially fed from start because of inverted nipple.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
17	32 (0)	12 Oct 57		<u>125</u>	Aberdeen	Admitted on 20th Mar. to Fraserburgh Maternity for rest. Seen by Consultant on 1st April who advised confinement in Aberdeen because of age, hypertension and duration of marriage (4 yrs.). Transferred on 5th. X-Ray suggested full maturity and A.R.M. was done on 10th. Birth weight 5 lbs. 4½ ozs. Pyrexia on 4th day of puerperium.	Artificial
		21 Jul 57		<u>70</u>	Maternity		
		28 Apr 58		<u>145</u> <u>90</u>	11 Apr 58 7.35/60 hrs.		
18 52/15	27 (2)	21 Sep 57		<u>100</u>	Aberdeen	Oedema present and treated by intramuscular iron for marked anaemia. Admitted on 30th April. Hb. 54% and went into labour spontaneously on 1st May. Spontaneous delivery with blood loss of 60 ozs. in third stage/	Artificial
		27 Jul 57		<u>60</u>	Maternity		
		3 May 58		<u>115</u> <u>70</u>	1 May 58 4.10/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
18 contd.					despite Ergo- metrine given I.V. with birth of ant shoulder. Given 3 pints of blood. Had fever during puerperium and Hb. 63% on dis- charge. Baby 8 lbs. 6 ozs. and cyanosed. Heart enlarged to Right on X-Ray with apical systolic murmur. Settled and growth sub- sequently normal.	
20	23	6 Mar 58	125	1		
22	(7)	18 Aug 57	70	2		
		25 Nov 58	72	0		
19	23 (1)	30 Sep 57 28 Jul 57 5 May 58	<u>140</u> 70 <u>150</u> 80	Fraserburgh Maternity 25 Apr 58 5.25/60 hrs.	Four month ab- ortion in Feb. 1956. Slight oedema of fingers. Ad- mitted 18th Apr. and A.R.M. done on 22nd Apr. Given course of Pitocin in- jections on 24th and went into labour on 25th. Cord twice round neck tightly. Birth weight 6 lbs. 15½ ozs.	Artificial

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
20 54/25	25 (3)	13 Feb 58 6 Aug 57 13 May 58	<u>120</u> 65 <u>115</u> 90	Fraserburgh Maternity 21 May 58 3.15/60 hrs.	Admitted on 20th May and given partial Medical In- duction. Started in labour in late evening. Birth weight 7 lbs. 11¼ ozs.	Artificial
21 52/3	25 (2)	4 Mar 58 18 Aug 57 25 May 58	<u>125</u> 70 <u>135</u> 80	Aberdeen Maternity 28 May 58 37.30/60 hrs.	Three month abortion in Feb. 1957. Native return- ing home for confinement. Slight oedema in last month. Admitted on 19th May to Aberdeen Mat- ernity Hospi- tal because of excessive weight gain, rising B.P. and small antepartum haemorrhage. Pelvimetry in 1952 had shown normal pelvis. X-Ray showed no evidence of placenta praevia. Mem- branes rup- tured spontan- eously on 25th. Given Syntocin drip because of poor con- tractions.	Artificial

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
21 contd.					Low forceps delivery for foetal distress. Urinary infection in puerperium treated by Crystamycin.	
22	27 (0)	27 Dec 57 20 Aug 57 27 May 58	<u>120</u> 60 <u>125</u> 75	Fraserburgh Maternity 25 May 58 25.35/60 hrs.	Slight oedema in last month.	Artificial
23 52/16	32 (2)	7 Dec 57 25 Aug 57 2 Jun 58	<u>100</u> 60 <u>130</u> 90	Home 24 May 58 2.20/60 hrs.	Slight oedema during eighth month. Baby born with large spina bifida. Transferred to R.A.H.S.C. and returned when six weeks old. Spina bifida closed slowly but hydrocephalism increased to gigantic size. Lived till eleven months.	Artificial
24	17 (0)	12 Dec 57 28 Aug 57 4 Jun 58	<u>125</u> 80 <u>125</u> 90	Fraserburgh Maternity 11 Jun 58 16.5/60 hrs.	In Fraserburgh Maternity Hospital from 2nd to 4th April with false labour. Slight finger oedema from 33rd week.	

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
24 contd.						Antenatal exam done by Consultant because of height of 4 ft. 10 $\frac{1}{2}$ ins. Admitted on 5th June and given Medical Induction on 5th and 6th. A.R.M. done on 8th followed by Pitocin injections on 10th. Birth weight 5 lbs. 15 $\frac{3}{4}$ ozs.	
25 54/13	33 (3)	9 Jan 58 5 Sep 57 12 Jun 58	<u>130</u> 80 <u>140</u> 90		Fraserburgh Maternity 13 Jun 58 3.10/60 hrs.	Oedema present. Admitted on 13th and given Medical Induction.	Artificial
26 56/20	20 (2)	7 Feb 58 19 Sep 57 26 Jun 58	<u>120</u> 70 <u>120</u> 90		Fraserburgh Maternity 5 Jul 58 2.15/60 hrs.	Slight oedema present. A.R.M. done on 4th July.	Artificial
27	22 (0)	14 Jan 58 27 Sep 57 4 Jul 58	<u>100</u> 55 <u>130</u> 80		Fraserburgh Maternity 14 Jul 58 18.40/60 hrs.	Slight oedema present. Admitted on 11th July and given Medical Induction on 11th and 12th. Labour started on 13th. Episiotomy done. Severe anaemia during puerperium treated by intramuscular iron. Birth weight 8 lbs. 4 ozs.	Breast

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
28	21 (0)	5 May 58	<u>125</u>	Fraserburgh	Pyelitis in early preg- nancy. Slight oedema present.	Artificial	
		28 Sep 57	60	Maternity			
		5 Jul 58	<u>120</u> 80	5 Jul 58 8.35/60 hrs.			
29 56/36	23 (4)	24 Feb 58	<u>110</u>	Aberdeen	Admitted to Aberdeen on 5th July be- cause of retained placenta in 1956. Spon- taneous de- livery with no complic- ations. Sterilised later in Fraserburgh.	Breast	
		1 Oct 57	60	Maternity			
		8 Jul 58	<u>120</u> 60	18 Jul 58 4.45/60 hrs.			
30	26 (0)	31 Jan 58	<u>100</u>	Fraserburgh	Cord round neck loosely. Breast feed- ing stopped on 4th day because of inverted nipples and persistent brown vomit- ing in baby. Transferred to R.A.H.S.C. on 6th day where diag- nosis made of pharyn- geal infect- ion.	Artificial	
		8 Oct 57	60	Maternity			
		15 Jul 58	<u>120</u> 70	18 Jul 58 21.45/60 hrs.			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
31	27	18 Jan 58		<u>120</u>	Fraserburgh	Mother's height 4 ft. 11 $\frac{3}{4}$ ins. and initial weight 14 st. 4 $\frac{1}{4}$ lbs. Varicose veins both calves. Slight finger oedema. Admitted on 29th June as ? hydramnios and given Medical Induction. Started in labour at 6 p.m. and head delivered at 8.20 p.m. after episiotomy. Shoulders impacted in transverse diameter. Attempt to release shoulders under chloroform unsuccessful and Flying Squad sent for. The Consultant delivered the post. arm and remainder of child with moderate traction and fundal pressure. Child stillborn. Complained of pain in R. calf for weeks. Since found to be a mild diabetic.	
53/12	(1)	9 Oct 57		<u>70</u>	Maternity		
		16 Jul 58		<u>140</u>	29 Jun 58		
				<u>80</u>	3.45/60 hrs.		

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u> <u>E.D.D.</u>					
32 55/3	38 (6)	3 Apr 58	<u>105</u>	Home	21 Jul 58 3 hrs.		Artificial
		10 Oct 57	<u>65</u>				
		17 Jul 58	<u>120</u> <u>80</u>				
33 57/16	26 (2)	26 Mar 58	<u>100</u>	Fraserburgh	25 Jul 58 3.30/60 hrs.	Oedema present. Admitted on 21st and B.P. subsided with complete rest. A.R.M. done on 24th followed by Medical Induction on 24th - 25th.	Artificial
		11 Oct 57	<u>60</u>	Maternity			
		18 Jul 58	<u>120</u> <u>85</u>				
34	21 (0)	18 Feb 58	<u>100</u>	Fraserburgh	12 Jul 58 12.25/60 hrs.	Neurotic young woman who reacted to her pregnancy and forced marriage by having frequent blood-stained vomiting. Was in Aberdeen Maternity Hospital for four days in March for investigation, and vomiting stopped on admission. Had slight oedema in last trimester and (R) pyelitis in July.	Artificial
		17 Oct 57	<u>60</u>	Maternity			
		24 Jul 58	<u>130</u> <u>70</u>				
35 57/8	21 (2)	8 Mar 58	<u>120</u>	Fraserburgh	9 Aug 58 4.40/60 hrs.	A.R.M. on 9th Aug. 1958. Birth weight 6 lbs. 10 $\frac{3}{4}$ ozs.	Artificial
		28 Oct 57	<u>60</u>	Maternity			
		4 Aug 58	<u>130</u> <u>80</u>				

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
36	27 (0)	28 Feb 58 14 Nov 57 21 Aug 58		<u>110</u> <u>65</u> <u>125</u> <u>70</u>	Aberdeen Maternity 30 Aug 58 12.53/60 hrs.	(R) pyelitis in April. Admitted on 15th Aug. having irreg- ular contract- ions which wore off. Given course of pitocin injections on 18th with no effect. Seen by Consultant who thought that there was no obvious disproportion and that vag- inal delivery should take place with decent con- tractions. Suggested Stilboestrol 5 mgm t.i.d. for week and then A.R.M. which was done on 27th. foll- owed by Pitocin. As not in labour on 29th, she was trans- ferred to Aber- deen. She was given a Synto- cinon intra- venous drip on 29th and labour started.	Artificial

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u>	<u>L.M.P.</u>				
36 contd.						After 30 hours terminated in a mid-cavity forceps delivery for a persistent occipito-posterior position. Large episiotomy to anal margin treated as third degree tear. Baby Class A and weighed 7 lbs. 4 ozs. Artificially fed because of poor nipples.	
37	18 (0)	29 Apr 58	110	Fraserburgh	Chronic Bronchitic, with an attack in May. Episiotomy done. Birth weight 6 lbs. 6 ozs.	Breast	
		15 Nov 57	70	Maternity			
		22 Aug 58	120	8 Aug 58			
			80	20 hrs.			
38 57/6	23 (2)	8 Jul 58	100	Fraserburgh	Birth weight 6 lbs. 9 ozs.	Breast	
		23 Nov 57	60	Maternity			
		30 Aug 58	120	28 Aug 58			
			75	1.50/60 hrs.			
39	43 (4)	25 Apr 58	120	Fraserburgh	Varicose veins in lower legs. Last child in 1947.	Breast	
		7 Dec 57	70	Maternity			
		13 Sep 58	120	18 Sep 58			
			80	11.55/60 hrs.			
40 57/24	20 (1)	5 Jun 58	115	Fraserburgh	Slight oedema of fingers in last two weeks.	Artificial	
		9 Dec 57	65	Maternity			
		15 Sep 58	120	7 Sep 58			
			70	6.10/60 hrs.			

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
41 55/4	33 (2)	17 Mar 58 15 Dec 57 21 Sep 58	100 60 100 75	Aberdeen Maternity 5 Sep 58 34.5/60 hrs.	Started in labour at home at 1200 hrs. on 4th Sep. 1958, and after twenty-four hours, sinciput was still palpable and ant rim of cervix present. Five hrs. later, as condition unchanged and pains had stopped, was sent to Aberdeen. Labour restarted during ambulance journey to Aberdeen. There the membranes were ruptured, and vertex was found to be presenting in RQP. position at level above ischial spines. As pelvis very roomy, no difficulty was anticipated, and she delivered spontaneously a 7 lbs. infant face to pubis 2½ hrs. after admission. Class A at birth.	Artificial	

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
41 contd.					Refused to breast feed. Returned home on 9th Sep. and developed pro-lapse on 19th which was treated by ring pessary. Baby was a Mongol.	
42 57/2	22 (2)	5 Apr 58 18 Dec 57 25 Sep 58	<u>100</u> 60 <u>120</u> 70	Fraserburgh Maternity 23 Sep 58 19.25/60 hrs.		Breast
43 51/25	35 (2)	28 Mar 58 22 Dec 57 29 Sep 58	<u>120</u> 60 <u>130</u> 70	Fraserburgh Maternity 18 Sep 58 5.50/60 hrs.	Chronic bronchitic. Oedema of left ankle from femoral thrombosis with first child. Slight oedema present.	Breast
44 57/9	33 (2)	4 Apr 58 23 Dec 57 30 Sep 58	<u>120</u> 75 <u>130</u> 90	Home 8 Oct 58 8.25/60 hrs.	Severe varicose veins right calf with oedema of right ankle.	Breast
45	20 (0)	19 Apr 58 28 Dec 57 5 Oct 58	<u>110</u> 60 <u>110</u> 80	Fraserburgh Maternity 21 Sep 58 26.30/60 hrs.	Slight oedema present. Strong traction needed to deliver shoulders. Class B. Birth weight 8 lbs. 2 ozs.	Artificial

No.	Age Para	Initial Exam.		B.P.	Confinement	Notes	Feeding at six weeks
		L.M.P. E.D.D.					
46 57/38	22 (1)	11 Jul 58	<u>90</u>	Home 3 Nov 58 12.50/60 hrs.	First degree tear. Birth weight 9 lbs. Class A.	Breast	
		5 Jan 58	50				
		13 Oct 58	<u>110</u> 70				
47 54/8	36 (4)	24 Apr 58	<u>100</u>	Home 24 Nov 58 2.30/60 hrs.	R. pyelitis. Cord round neck. Class B.	Artificial	
		4 Feb 58	60				
		11 Nov 58	<u>130</u> 70				
48 57/1	22 (1)	26 May 58	<u>100</u>	Fraserburgh Maternity 27 Nov 58 5.55/60 hrs.	Surgical In- duction on 26th Nov.	Breast	
		7 Feb 58	60				
		15 Nov 58	<u>115</u> 80				
49 57/10	24 (1)	5 Jun 58	<u>100</u>	Fraserburgh Maternity 28 Nov 58 5.50/60 hrs.		Breast	
		16 Feb 58	65				
		23 Nov 58	<u>110</u> 80				
50 51/30	30 (1)	19 Jun 58	<u>100</u>	Fraserburgh Maternity 9 Dec 58 2.40/60 hrs.	Internal saph- enous vein R. leg varicose with oedema of ankle throughout pregnancy. Admitted on 8th Dec. and given course of Pitocin injections. Birth weight 7 lbs. 4 $\frac{3}{4}$ ozs.	Breast	
		21 Feb 58	70				
		28 Nov 58	<u>130</u> 90				
51	38 (3)	29 Apr 58	<u>120</u>	Fraserburgh Maternity 18 Oct 58 9.55/60 hrs.	Last child in 1946. Admitted on 20th Sep. be- cause of pre- mature rupture of membranes.	Artificial	
		22 Feb 58	60				
		29 Nov 58	<u>140</u> 80				

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>L.M.P.</u>	<u>E.D.D.</u>				
51 contd.						Presentation breech on admission and thereafter was unstable. Drained liquor until 3rd Oct. when discharged home because of mental depression. Re-admitted on 6th and seen by Consultant on 7th who found a breech. B.Coli. found in urine with scanty pus cells and she was put on chloromycetin. Discharged home on 17th but readmitted on 18th because of pains. Spontaneous delivery of footling breech. Weight 5 lbs. 6 ozs. Class C.	
	36 (3)	31 Jan 58	110	70			
		1 Feb 58	75	50			
		4 Dec 58	125	80			
	34 (0)	17 Sep 58	110	70			
		15 Mar 59	70	50			
		10 Dec 58	110	70			
			70	50			
52	24 (0)	17 Jun 58	105	Fraserburgh	Oedema of	Artificial	
		27 Feb 58	60	Maternity	hands and feet.		
		4 Dec 58	125	1 Dec 58	Pyelitis in		
			90	7.30/60 hrs.	last month.		
					Slight varicose veins in both legs.		

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u>		<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
		<u>Exam.</u> <u>L.M.P.</u>	<u>E.D.D.</u>				
52 contd.						Phlebitis R. leg in puerperium, treated by Penicillin, etc. Artificially fed after seventh day because of failure to establish lactation.	
53 57/36	25 (3)	31 Jul 58 1 Mar 58 6 Dec 58	<u>110</u> 60 <u>120</u> 70		Fraserburgh Maternity 8 Dec 58 4.30/60 hrs.	Severe varicose veins (R) calf. Anaemic. Given course of Pitocin injections on 8th Dec. Birth weight 7 lbs. 4 ozs.	Breast
54	30 (0)	17 May 58 13 Mar 58 18 Dec 58	<u>105</u> 50 <u>110</u> 80		Fraserburgh Maternity 21 Dec 58 4.58/60 hrs.	Oedema present. A.R.M. done on 21st Dec. Episiotomy. Birth weight 7 lbs. 14½ ozs. Breast fed with complementary feeding at 10th day.	Artificial
55 55/29	29 (4)	19 Jun 58 4 Mar 58 9 Dec 58	<u>110</u> 60 <u>120</u> 80		Fraserburgh Maternity 19 Dec 58 2.40/60 hrs.	Admitted 29th Aug. 1958 because of threatened abortion and had no further bleeding after first day.	Artificial

(Contd.)

<u>No.</u>	<u>Age</u> <u>Para</u>	<u>Initial</u> <u>Exam.</u> <u>L.M.P.</u> <u>E.D.D.</u>	<u>B.P.</u>	<u>Confinement</u>	<u>Notes</u>	<u>Feeding</u> <u>at six</u> <u>weeks</u>
55 contd.					Became very depressed and hysterical requiring sedation. Discharged on 8th Sep. Re-admitted on 13th Dec. but as not in labour, given Medical Induction on 14th. Birth weight 5 lbs. 13 ozs. Class A.	
56	20 (0)	2 Aug 58 15 Apr 58 20 Jan 59	<u>110</u> <u>65</u> <u>135</u> <u>95</u>	Fraserburgh Maternity 17 Dec 58 4.10/60 hrs.	Oedema present with trace of albuminuria. Total weight gain 2 st. 6 lbs. Episiotomy done. Birth weight 5 lbs. 13½ ozs. Class A.	Artificial

14) Two cases of Ectopic pregnancy.

15) Two cases of Ectopic pregnancy.

16) Two cases of Ectopic pregnancy.

SUMMARY

Of these fifty-six cases, twenty-seven had uneventful pregnancies and labours. The complications were -

1. Fourteen cases of Pre-eclampsia.
2. Four cases of Anaemia.
3. Seven cases of Urinary Infection.
4. One case of Hyperemesis Gravidarum.
5. Two cases of Ante-partum Haemorrhage.
6. One Breech presentation turned by Version.
7. Two cases of Forceps delivery.
8. One Caesarean Section.
9. One Breech delivery.
10. One Persistent Occipito-posterior presentation.
11. One case of Impacted Shoulders with Still Birth.
12. One case of Spina Bifida.
13. One case of Diaphragmatic Hernia.
14. One Post-partum Haemorrhage.
15. Four cases of Phlebitis.
16. Two cases of Puerperal Pyrexia.

CHAPTER XVI.

CONSOLIDATED SUMMARY.

In this review there were 373 pregnancies, of which 155 (41.5%) had uneventful pregnancies and labours. There were as complications -

1.	133 cases of Pre-eclampsia.	35.6%
2.	25 cases of Ante-natal Haemorrhage	6.7%
3.	33 cases of Urinary Infection	8.8%
4.	4 cases of Hyperemesis Gravidarum	1.0%
5.	9 cases of Anaemia	2.4%
6.	6 Twin and 1 Triple pregnancies	1.8%
7.	7 Caesarean Sections	1.8%
8.	22 Forceps Deliveries	5.8%
9.	10 Breech Deliveries	2.6%
10.	3 cases of Prolapsed Cord	0.8%
11.	1 Retained Placenta	0.2%
12.	4 Post-partum Haemorrhages	1.0%
13.	20 cases of Phlebitis	5.3%
14.	16 cases of Puerperal Pyrexia	4.2%
15.	2 Abortions	0.5%
16.	3 Still Births	0.8%
17.	6 Babies died in the first week, and one in the first month	1.8%

PRE-ECLAMPSIA

This was the most common complication, and nearly all made complete recoveries. The exception is the case of hemiplegia whose residual disability is now minimal. Some

of them are potential hypertensives in later life, for they show the obsessional neurotic traits already. They are excessively clean, never idle, and regard resting as unnecessary and a minor vice. Their upbringing may contribute to this attitude, for the figure of 35.6% is higher than I thought it would be. Benign Hypertension is common among the older women in my practice, but I have never attempted to estimate its incidence.

ANTE-NATAL HAEMORRHAGE

The ante-natal haemorrhage can vary greatly in amount, and the only preventative measure is to see the patient at regular intervals so that any complication is seen in its early stages. Bleeding is most likely to occur in the patient who feels so well that she continues with all her activities in spite of a steadily rising blood pressure. All the cases of ante-natal haemorrhage have since had other babies.

URINARY INFECTION

The cases of urinary infection are the serious ones, for patients regard some discomfort as being part of the pregnancy, and never complain. It can be a cause of vomiting in the last trimester, and should be considered if vomiting restarts after an interval of freedom. My treatment has been the Sulphonamides plus fluids, and on that regime all were symptomfree after the birth.

HYPEREMESIS GRAVIDARUM

The four cases of hyperemesis gravidarum occurred where the baby was either unexpected or unwanted. The women were all of unstable character, coping with a situation outwith their capabilities. Marriage cured two of them almost immediately. For the usual morning sickness, one of the antihistaminics, such as Avomine, is adequate, but where there is an element of nervous tension, Chlorpromazine is to be preferred.

FORCEPS DELIVERIES

The Forceps deliveries were done as emergencies, where there was an indication of maternal or foetal distress. No case was kept in Fraserburgh who was thought might need an assisted birth. They were all low forceps, except where indicated in the case notes. The forceps used were Anderson's, and very occasionally Milne Murray's, and the operation was conducted under chloroform or ether anaesthesia. My dislike for chloroform grows each time it is used, for the margin of safety is too small. It is efficient, but is always a potential source of post-partum haemorrhage. There is need of more instruction in the pudendal block anaesthesia for general practice. There were no after effects of the Forceps deliveries in this series. The Swedish suction cup apparatus may reduce the incidence of forceps deliveries, once it has been assessed and introduced generally into Britain.

PUERPERAL PHLEBITIS

Puerperal Phlebitis is now less common since early movement was instituted. The patients are now up on the first day after delivery, and any redness or tenderness over a vein is treated by Penicillin and heat. Varicose veins are particularly liable to attacks of phlebitis, and in severe cases it is beneficial to give instruction in Quadriceps Drill as a precautionary measure before the patient goes into labour.

CHAPTER XVII.

INITIAL EXAMINATION.

The initial examination has always interested me, as regards its timing in the course of the pregnancy. In Fig. 2, the number attending each week for initial examination has been plotted for all the pregnancies.

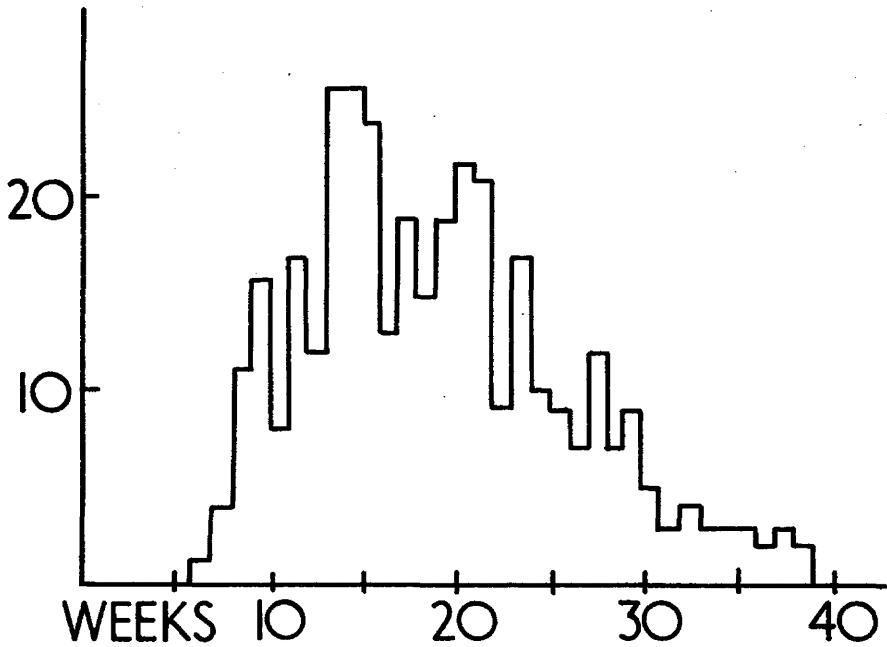


Fig. 2 shows numbers and week of pregnancy of patients attending for initial examination.

The graph shows a sharp rise from the 7th to the 20th weeks, and then falls to the 38th. There is a peak at the 10th, 12th, and 14th-15th weeks, and again at the 21st, as though each missed period was a reminder that they must attend to the pregnancy. Four who came in the last month were

natives returning for the confinement, and who usually had had ante-natal care elsewhere.

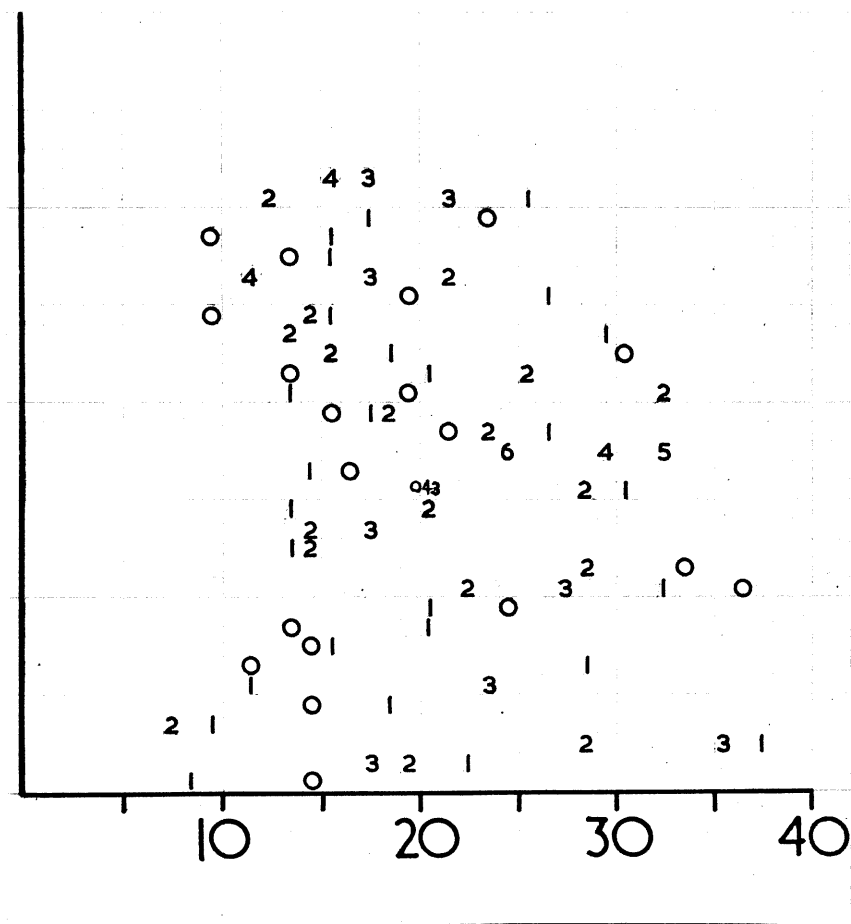


Fig. 3 shows the week of initial examination throughout the review of all the parous patients delivered in 1958.

The other "graph", Fig. 3, represents the initial examinations throughout the review of all the parous patients delivered in 1958. Each horizontal line represents one patient, and '0' is her first pregnancy, '1' the second, and so on, during the preceding ten years. Taking the

twentieth week as the dividing line, there are thirteen first pregnancies, fifteen second pregnancies, nine third pregnancies, and three fourth pregnancies in the first half. In the second half there are seven first pregnancies, twelve second pregnancies, nine third pregnancies, four fourth pregnancies, two fifth pregnancies, one sixth pregnancy, and one seventh. The primiparae come earliest for ante-natal care, tending to leave it later with each subsequent pregnancy, but some are late in coming with every pregnancy. One came at the same time for three pregnancies, having the error of her ways pointed out at the second and third pregnancies.

Concealment of pregnancy as long as possible is the aim with many, as they fear the gossip of the neighbours. They will not come to the doctor for ante-natal care, for that will lead to a domiciliary visit by the nurse, and, while the doctor can visit for many reasons, the nurse's visit can mean only one thing. This concealment can occur with respectably married women in any pregnancy, even though no shame is attached to the bride in white who has her child in less than nine months. Delay in attendance for ante-natal care can also be due to the patient's waiting to be married, for most of them want only one name on the various forms which are submitted to the authorities throughout pregnancy. Pre-marital conception occurs in almost half of the cases,

and there is an illegitimate rate of ten per cent each year for the county as a whole.

CHAPTER XVII

THE COUNTY

CHAPTER XVIII.

PRE-ECLAMPSIA

The description of Pre-eclampsia given in the Combined Textbook of Obstetrics and Gynaecology (5) is that "oedema, hypertension, and albuminuria arise after the twentyfourth week of pregnancy, and that it may remain mild throughout its course or may become severe. The blood pressure in normal pregnancy should not be raised beyond the accepted normal for women during the child bearing period of life, and thus any reading over 120 systolic and 90 diastolic, provided neither is below, constitutes an abnormally high pressure. In the mild type, the rate at which the blood pressure rises is slow, yet in the severe forms the speed at which the pressure rises is remarkable. Any patient with a systolic pressure of over 160 m.m. Hg. or a diastolic pressure of over 110 m.m. Hg. is regarded as having severe pre-eclampsia."

Making a retrospective diagnosis of Pre-eclampsia is in some cases difficult, and in this series I have taken as my criterion a diastolic pressure of 90 m.m. Hg., because this is less liable to fluctuation than the systolic. Oedema which was present in nearly all cases of elevated blood pressure is indicated in the text, as also albuminuria when present. The actual numbers found are shown in the Table 4.

	<u>Prim.</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6+</u>
1949	6	5	3	1			
1950	6	2	1	4	1		
1951	8	5				1	
1952	7	6	1	2	1		1
1953	7	3	1				1
1954	5	5	3				
1955	4	4		1	1		
1956	10	2	2	1	1		
1957	5	4					
1958	<u>4</u>	<u>2</u>	<u>3</u>	<u>3</u>	-	-	-
	<u>62</u>	<u>38</u>	<u>14</u>	<u>12</u>	<u>4</u>	<u>1</u>	<u>2</u>

Table 4 shows number of Pre-eclampsia cases each year, divided into their pregnancy.

I find it a disease mainly of primipara but which can occur in subsequent pregnancies. My impression is that it is less severe in the later pregnancies. The only certain thing about the disease is its unpredictability, and it is impossible to forecast which patients will be affected. Hamlin (4) maintained that all potential pre-eclamptic patients showed a weight gain of six pounds or over sometime between the eighteenth and twentyfourth weeks. I failed to confirm this, as it can occur earlier or later, but any weight gain of over four pounds in any month is suspicious of impending Pre-eclampsia. It is important,

however, to make sure that the patient is not "eating for two" and consuming a high carbohydrate diet. Almost all pregnant women have some oedema, and the first sign is usually the tightening of the wedding ring. If the afternoon rest period is strongly advocated and accepted at this time, it is a great help in preventing the onset of further trouble. This is a counsel of perfection for the woman who already has one child and is without any help.

While the disease cannot be prevented, as its cause is not yet known, any measure which helps in its early detection and treatment is of value. The most elementary measure is to see the patients at regular and diminishing intervals. Iron should be administered, preferably as 18 grains of Ferrous Sulphate per day, for Davidson and his colleagues (5) in Edinburgh have shown that drug to be the most efficient in combating anaemia. Difficulty may be experienced in persuading the pregnant patient to take it, but except with the unintelligent, an explanation of its value is sufficient. If the patient is markedly anaemic, resort should be made to the intramuscular iron, in spite of the thunder of the British Medical Journal's leading article (6) against it as a possible cause of malignancy. The value of rest has previously been emphasised. If these simple measures have failed, the only thing left is complete bed rest. This can sometimes be managed in the home, if the patient is living

with her family. If the patient is alone, my compromise, which sometimes works, is to let her rise in the morning to run her home and then go to bed for the remainder of the day. If these measures fail, admission to the local Maternity Hospital or to Aberdeen is essential. Complete rest with sedation is usually sufficient to reduce the blood pressure, but if the patient is near term and the baby of fair size, the membranes are ruptured.

At the seventh conference of the International Society of Geographical Pathology (7) held in London in June 1960, it was stated that while the incidence of eclampsia was falling in most areas of the world because of better antenatal care, there was "a definite increase in incidence over the past ten years mainly in the eastern humid parts of Japan where living standards were highest". There was also a decline in incidence in Holland during the starvation period at the end of the war. Discussing a survey done in 1958-59, Professor McClure Browne stated that "the average blood pressure at twenty weeks was 124/73. Increases of 60 systolic or 50 diastolic were accompanied by significant rises in the perinatal mortality, which was also increased when the systolic blood pressure was significantly lower than average. The presence of albuminuria also increased perinatal mortality but oedema did not. When the mother's age was greater than 30, and the diastolic pressure higher

than 90, then perinatal mortality was increased fivefold. Any woman with higher than average blood pressure in pregnancy should be treated with suspicion."

CHAPTER III.

END OF VOLUME

CHAPTER XIX.

HOME CONFINEMENT.

The place of the confinement of these cases is shown in the following table.

	<u>Fraserburgh</u> <u>Maternity</u> <u>Hospital</u>	<u>Home</u>	<u>Aberdeen</u> <u>Maternity</u> <u>Hospital</u>
1949	15	9	4
1950	10	9	3
1951	29	6	1
1952	20	8	3
1953	30	2	3
1954	23	4	3
1955	42	4	1
1956	34	4	3
1957	39	3	3
1958	41	8	7

Table 5 shows place of confinement of all cases.

Some of them were booked for Aberdeen but most went there because of some emergency or difficulty. Delivery in the Fraserburgh Maternity Hospital was most common, but fiftyseven decided to have their baby at home. The parity of these is shown in Table 6.

	<u>Prim.</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6+</u>
1949	2	3	3				1
1950	1	1	1	3	3		
1951	1		1	3			1
1952		2	1	2	2		1
1953	1			1			
1954		3		1			
1955		1	2			1	
1956	1		1	1	1		
1957		2	1				
1958	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>	-	<u>1</u>
Total	<u>7</u>	<u>14</u>	<u>12</u>	<u>12</u>	<u>7</u>	<u>1</u>	<u>4</u>

Table 6 shows parity of all domestic confinements.

In retrospect it is realised that nineteen of them - the primiparae and the four plus parous patients - would have been safer in hospital. It is very difficult to persuade a young primipara who wishes to be confined in her mother's house that she would be safer in hospital. If the mother also joins in to back her, the situation is extremely delicate, for one cannot frighten a young woman who is about to embark on a new experience where full co-operation is needed. I am confident that I am able to look after anyone having her second to fifth baby at home, though my personal preference is for all my patients to go to hospital. My experience is that it is the wrong people who have

domestic confinements. Adopting the Registrar General's scheme of dividing the population into five classes, where Class I is the professional and managerial class, III the skilled workers, V the labouring class, and II and IV the people in between the other classes, I find that women of Class V avoid the hospital because they think that they are not "grand" enough for it, and they feel uncomfortable there. A patient in Class I or II is much more adaptable, and is prepared to put up with any personal inconvenience during her stay in hospital, as she can appreciate the benefits. The Fraserburgh Hospital Board and the staff have always had the policy of making the hospital as comfortable as possible, yet any complaints have always come from those patients who have least in their homes. Some do not like the discipline of the hospital, but the chief complaint is that they are not discharged until the tenth day. Certainly by keeping them until the tenth day, most of the initial difficulty in breast feeding is overcome, the patient is rested and looked after, and she or her relatives relieved of the mundane task of laundering, yet in all of them there is a hankering for home. By the fifth day they do not feel unwell, and see no reason for further confinement in hospital. One hospital in England has recently adopted the plan of discharging patients on the third or fourth day to the care of the local midwife, and there is much to be said for it.

According to Professor Baird in a letter to the British Medical Journal (8) criticising a survey made by the M.O.H. of Ilford, "evidence presented to the Cranbrook Committee was that most women preferred to have their baby in hospital, but in the opinion of nearly all its witnesses 'some women, perhaps between 10% and 20%, preferred to have their babies at home'. Despite great improvements in housing (in Aberdeen), pressure on hospital beds has continued to increase steadily, and the present numbers can be accommodated only by curtailing the lying-in period. Domiciliary confinement is most often the choice of women for whom a hospital confinement would mean abandoning several children to the care of husband, relatives, or strangers. The bias towards high parities means that domiciliary confinement is most common among women in the poorer social classes. It seems to be generally true that if an efficient, humane, and reasonably convenient hospital is available, most women will use it unless their domestic responsibilities are so heavy that they cannot easily be delegated." It is of interest to observe the fall in domestic confinement over the ten years in my figures, and in the graph (Figure 1), with the rise in 1958 which is also shown in the St. Combs graph.

CHAPTER XX.

FEEDING AT SIX WEEKS.

It has not been possible to trace all the feeding arrangements of the babies born during the ten years, for far too many have left the district. The difficulty arises from the fact that the only record of the feeding is on the Maternity Services Record Card, which goes with the patient when she leaves the district. However, in some cases it has been possible to reinforce my memory by questioning the relatives. The following table shows the distribution and type of feeding in those which have been recorded or traced.

	<u>Prim.</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6+</u>	<u>Total</u>
1949	Artificial	3	4	4			1	12
	Breast	5	2	3				10
1950	Artificial	2	1	1	2	1		7
	Breast	3	3	2	2	1		11
1951	Artificial	5	3	2	2			12
	Breast	6	6	4	2		1	19
1952	Artificial	4	2	2	3	1	1	13
	Breast	6	6			1	1	14
1953	Artificial	6	2	1	3	1	1	14
	Breast	7	5	3	1		1	17
1954	Artificial	4	6	2	1			13
	Breast	7	3	3		1		14
1955	Artificial	8	7	5	1	1	1	23
	Breast	5	9	4	2			20
1956	Artificial	6	4	6		2	2	20
	Breast	5	6	3	2	1		17
1957	Artificial	5	7	5		1		18
	Breast	11	11	1		1		24
1958	Artificial	14	3	7	5	2	1	32
	Breast	4	10	4	3	2		23

Table 5 shows the type of feeding at six weeks according to parity.

The question of the right type of feeding will always be one of debate. My own belief is that breast feeding should first be tried, and if there is any difficulty, abandoned. No patient should leave hospital with her infant on complementary feeds, for they are the death knell of breast feeding. The degree of difficulty found varies from patient to patient, but my experience is that breast feeding is most likely to be established if the mother is mentally stable. There are surprises and disappointments in all social classes, ranging from the silly young primipara who sets her teeth, declares she will not feed, and will not give a reason, to the other who is revolted by the whole idea. The chief advantage of the breast fed baby is that he is a firmer, more solid baby. Few mothers can resist adding a little more milk powder and overfeeding. In this way it is remarkably easy to overfeed, with the result that the baby is soft and flabby, and particularly susceptible to colds and minor illness. Many mothers prefer bottle feeding as they regard breast feeding as too great a tie. The bottle means freedom, as anyone can hold it to the baby's mouth, or, worse still, the bottle can be propped up on a towel. Naish maintains in her book (9) that both grandmothers are keen on bottle feeding. The maternal one thinks breast feeding too large a task for her daughter, and the paternal one being jealous, advocates it as it gives her a chance to handle the

baby. This, I think, applies only to the first child, but unfortunately it is often the first who sets the pattern for the rest. Mothers who have bottle fed the first, and breast fed the second, all declare that breast feeding is easier and more satisfactory. It would be interesting to know the percentage of failure to establish breast feeding in a primitive community where failure most probably means the death of the child, for by contrast in the U.S.A. "only one in five has breast feeding at the end of the lying-in period" (Hyten 1959 quoted by Coburn (10)).

The preparation for breast feeding should start at the initial examination, when the history should include details of the duration of breast feeding and the reason, if any, for its failure. Any inversion of the nipples should be corrected by the wearing of the shields devised by Waller (11), and daily cleaning and oiling of the nipples started. It is useless to expect a mother who has given no attention to the nipples ante-natally to feed without trouble, and if the nipple cracks and there is pain, breast feeding will be abandoned. Breast feeding can never be established where there is a history of breast abscess, for fear of recurrence proves an insurmountable barrier.

One of the few mistakes Nature made in building the body was her failure to provide an indicator as to how much milk the baby was obtaining. Often through fear that the

supply is inadequate, mothers will turn to bottle feeding for the comfort of seeing the milk vanishing into the baby. If the doctor wishes to establish breast feeding throughout his practice, he must provide scales for lending out. He must also be prepared to sit down and answer questions, especially why the first flow of milk from the breast is so watery. He must also emphasise the importance of complete deflation of the infant, for colic due to flatulence has often been the cause of breast feeding abandonment. Thus the mother is twice as worried when she finds that the switch to the bottle has brought no improvement.

Arrangements for the sterilisation of the bottle have to be simple, for there are many ways in which the mother can introduce bacteria into her child. Perhaps the most common is the mother who, through hatred of waste or laziness, keeps the half-full bottle by the fireside till the next time. The practice of the preliminary adult "swig" at the bottle is now dying out, but is not yet dead. My advice is to keep a small pan solely for the bottle, and that the cleaned bottle should be put into it immediately after feeding. It is then boiled for five minutes and left in the pan till the next feed.

Another powerful argument in favour of breast feeding is the recent work of Parish and his co-workers (12). In an enquiry into sudden death in infancy they state that

"the majority of babies are sensitised to some degree to cows' milk, and it is possible that a normal healthy baby may be put to bed, and during its sleep regurgitate and inhale sufficient material to cause an antigen-antibody reaction in the sensitised tissue of the lungs, causing physiological and pathological changes resulting in the death of the infant. The fact that babies do become sensitised to cows' milk proteins, and that inhalation of this material could be the cause of cot death in a young infant, should be another inducement to breast feed young babies where practicable."

CHAPTER XXI.

CONCLUSION.

There is a cynical old Scots proverb "The man who teaches himsel' has a fule for a maister", and it stands in contrast to the Latin one "Experientia docet". The young doctor leaves his university with much theoretical knowledge, but the great test is his ability to apply it in practice. I am in complete agreement with the Royal College of Obstetricians and Gynaecologists that the best training is six months as a houseman. However, their ideal of having every patient delivered in hospital is not yet practical, and more should be done to help and train the General Practitioner in Midwifery. An excellent idea in the Aberdeen Maternity Hospital is for the practitioner to do a fortnight's holiday locum for the house surgeon. It is a valuable experience, but makes him realise that being a house surgeon is a young man's job. There should also be more refresher courses, and greater use made of films in instruction of new techniques. If more was known of pudendal block anaesthesia, there would be less use of Chloroform by the Practitioner, and fewer post-partum haemorrhages. The danger of Chloroform lies in the fact that it is too efficient in relaxing muscle, and once bleeding starts, there is no muscle tone to help stop it.

One personal grievance I have is the number of highly specialised journals which now exist, in which clinical authorities on the subject speak to their peers, instead of

disseminating their new ideas and works in the more general journals. The Obstetricians are not the only ones who sin in this respect, but propaganda for good work among the General Practitioners must be constant and itself good.

Baird, in his Ingleby Lectures (13) at Birmingham, has painted a sorry picture of midwifery before the Second World War, and, while great progress has been made, there is still room for improvement. My first case of domiciliary midwifery was in the kitchen of a two roomed house, where the patient lay in an alcove bed. Everything went well. The baby was born without injury to itself or the mother, but my greatest difficulty was the grandmother's constant demand for the application of forceps to hasten the birth. This demand was made at increasingly frequent intervals. I returned well pleased with myself after an absence of some two hours, to be met in the hall by the principal rudely demanding an explanation for my late return. It was then that I realised that to most doctors of that age, forceps had a time-saving function which was not taught in hospital. The inability to supervise a case without neglecting other work is a great difficulty in domiciliary midwifery outside the hospital, and it is a pity there are not more of them. Teamwork and close co-operation between the hospital, midwife and General Practitioner could improve domiciliary midwifery still further.

The Flying Squad has also played its part in reducing mortality, but its role is for the unexpected complication and not the delivery at home of a case who, from the start, needed specialised hospital treatment.

The chief and most common hazard to be encountered by the General Practitioner is the occurrence of Pre-eclampsia and if his organisation of ante-natal care is haphazard, he will quickly run into trouble. It is amazing how a pregnant woman will see herself become bloated and be miserable with severe Pre-eclampsia without seeking advice. Some people have always to be rescued from themselves.

Nevertheless, in spite of the above, I do not think that midwifery should be completely separated from the General Practitioner's other work. To have a baby is the true fulfillment of marriage, and pregnancy is not an abnormality occurring in the family pattern of life like a surgical operation. The General Practitioner takes a keener interest in the subsequent progress of a child he has brought into the world.

The Confidential Enquiries into Maternal Deaths in England and Wales 1955 - 57 concludes "that 41% of deaths (339 out of 861) could have been averted by better medical care. Almost every branch of the Maternity Services has been guilty of mistakes which have led to deaths. Family

doctors time and time again have booked totally unsuitable cases for home or nursing home confinement. In not a few cases the patient herself has been responsible by failing to seek medical care or by refusing to accept advice.

Proper selection for hospital confinement is one of the two factors which would have reduced the maternal death rate.

The second factor is deficient ante-natal care. Clearly it is not enough for the patient to attend regularly during pregnancy, for in cases where ante-natal care is deficient, the number of attendances was for the most part adequate, the fault lying in failure to appreciate the significance of the findings. An inflexible routine which did not allow for the special risk case was sometimes to blame" (14).

It has been calculated that with the present maternal death rate, each doctor will have one death during his life time. If constant vigilance is sufficient to prevent this death, though the temptation to lower one's standards may be great when the pressure of work is high, the reward will be worth the effort.

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SUMMARY

This thesis shows the work done during the first ten years of the National Health Service in a small semi-rural practice. It illustrates the type and number of the cases which are met with in such a practice. The geography of the district, the social history of the people, and the organisation of the practice are described, as well as the system of antenatal care. The yearly case notes are given, followed by a discussion on the initial examination, incidence of hypertension, home confinement, and the type of feeding at six weeks, as these are applicable to the practice. The final chapter is devoted to discussion of, and some minor suggestions for the improvement of, midwifery by the family doctor.