

Original Communications.

Midwifery Statistics. By A. A. FERGUSON, M.D., of Franklin Centre, Que. (Read before the Medical Association of Northern New York, Malone, Nov., 1877.)

The statistics which I offer have been gleaned from the fields of rural practice, and in this particular differ from the statistical tables we generally see, inasmuch as the latter are taken either from the practice of city physicians or from hospital reports, that is from cases occurring in the upper and lower classes—the extremes of society. Here at any rate extremes meet, for far apart as they are socially, yet physically are they near, and the common ground on which they meet are enervation and defective vitality; in the one arising from luxury and idleness, in the other from want and overwork. Country practice introduces a middle-class, in which, if we find work, and sometimes overwork, we also find a diet nutritious and ample enough to appease the appetite which that work has provoked. This equilibrium between demand and supply will probably account for the greater weight of the infants born in the country, as well as for the preponderance of male births.

Presentations.—Of a total number of 300 cases, there were 284 of vertex presentation. I regret that I have not kept a note of the different positions usually noted under this head. Of the remaining 16 cases, 2 were of the arm, 8 of the breech and 6 of the foot.

Results:—4 mothers died, 2 from epileptic convulsions, 1 from cerebral congestion and 1 from peritonitis. 8 children were born dead. The cases of arm presentation were favorable to the mother; 1 child died. In the footling presentations the results also were favorable to the mother, but 2 of the children were lost. The breech presentations were favorable to both, though one of the children (premature) was still-born. Ratios of vertex presentations, 94 p. c.; arm, 1 in every 150 labors, or 0.6 p. c.; breech, 1 in 37½, or 2½ p. c.; foot, 1 in 50, or 2 p. c. Of deaths:—mothers, 1 in 75, or 1.3 p. c.; children, 2½ p. c.

Births.—296 were single, 4 cases producing twins. In one case the mother had twins twice in succession. Of the 8 twin children, 3 presented by the foot. Ratio of twin cases, 1 in 75.

Funis.—Prolapse of the funis occurred twice, and was not returned. Results favorable:—1 born

alive, the other still-born but resuscitated. The cord was found coiled round the neck in 64 cases, or about 1 in 5. Around other parts of the body in 8 cases. This complication existed in 40 males and 32 females.

Sex.—Of 304 children, 176 were males and 128 females, an excess of males of 16 p. c.

Weight.—The weight of 180 children was correctly ascertained: 4 weighed from 3 to 4 lbs.; 6 from 4 to 5 lbs.; 12 from 5 to 6 lbs.; 22 from 6 to 7 lbs.; 24 from 7 to 8 lbs.; 56 from 8 to 9 lbs.; 38 from 9 to 10 lbs.; 10 from 10 to 11 lbs., and 8 from 11 to 12 lbs. Maximum weight 11¼ lbs.; minimum, 3¼. Average weight of male, 8½; of female, 8½ lbs.

Placenta.—In 182 cases, the placenta was expelled naturally within 5 minutes. In 68 from 5 to 10 minutes, in 24 from 10 to 15 minutes, in 10 from 15 to 30 minutes in 12 from 30 to 60 minutes; in 2 cases 2 hours. 2 exceeded that time and were extracted by hand.

Duration of Labor.—Longest time, 96 hours. This was rather an uncommon case, the birth being that of a monster-female, and of course born dead. The shortest time 1½ hour, and occurred in a case of twins, both children were born within 2 hours. The average duration of male births was but very slightly in excess of that of females. The average duration in 200 cases was 10 hours. Where cord coiled round the neck the average duration was 13 hours.

Version.—Podalic version was performed 3 times; results favorable to 3 mothers and 2 children.

Forceps.—These were applied in 30 cases, or 1 in 10. Epileptic convulsions called for their use twice, and though resulting favorably to the children, both mothers subsequently died. In four instances the children were born dead.

Craniotomy.—No case calling for this operation has occurred in my own practice, but I have been twice called upon to perform it, both cases occurring in the practice of unlicensed practitioners. In the first case the head had become so impacted that it was impossible to pass the forceps. The mother, a primipara, had been thirty-six hours in labor, and so severe were the pains that rupture of some of the minute bronchi had taken place, producing a fearfully emphysematous condition of the face, arms, etc. Fearing lest rupture of the womb should occur, I resorted to craniotomy. In this instance the mother made a good recovery. The second case was that of a multipara. On my arrival I found that