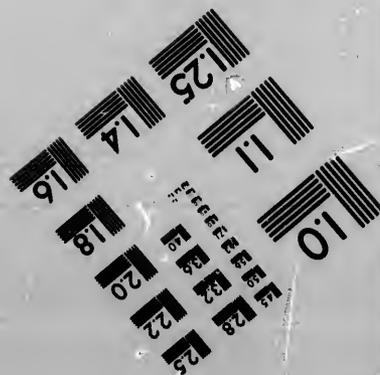
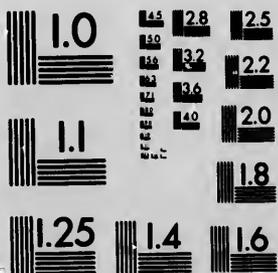


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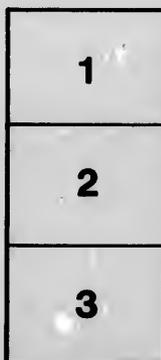
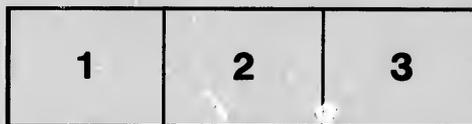
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3 1156 001

McGILL  
OBSTETRIC  
NOTE BOOK,

BY

J. C. CAMERON, M.D.,

*Prof. of Obstetrics and Diseases of Infancy,  
McGill University.*

---

MONTREAL :

E. M. RENOUF, Publishers, 2238 St. Catherine Street,

1896.

Entered according to Act of Parliament of Canada, in the year one thousand  
thousand eight hundred and ninety-six, by E. M. RENOUF, in the  
Office of the Minister of Agriculture.

## PREFACE.

---

Want of success in Obstetric Work is traceable to carelessness and lack of method on the part of the obstetrician rather than to ignorance and incompetence. It is well therefore for the student to learn from the very outset how to make a careful, systematic examination of his patient, to know what he should observe during labor and the puerperium, and to learn how to report what he observes. The methods which he learns as a student are apt to be those which he will use as a practitioner, and he should remember that six or eight cases thoroughly worked up and well reported will be more profitable than a much larger number observed in a careless manner.

At the present day great attention is being paid to external palpation and pelvimetry as means of diagnosis. The cuts of the various presentations and positions will aid the student in mapping out the foetal members, and gaining a mental picture of the attitude of the foetus and its relations to the uterus and pelvis. Strassmann's excellent outline-diagrams which are used in Berlin for recording the results of external palpation, have been appended, and the blanks for the case-reports have been arranged after the model of those used in the Montreal Maternity. A number of useful tables have been added, which will be found serviceable for reference and comparison.

As the metric system is coming rapidly into general use, the student is recommended to record measurements in centimetres, and weights in grammes, placing the English equivalents in brackets. He will thus familiarize himself with both systems and the methods of converting the one into the other.



**THERMOMETER TABLE.**

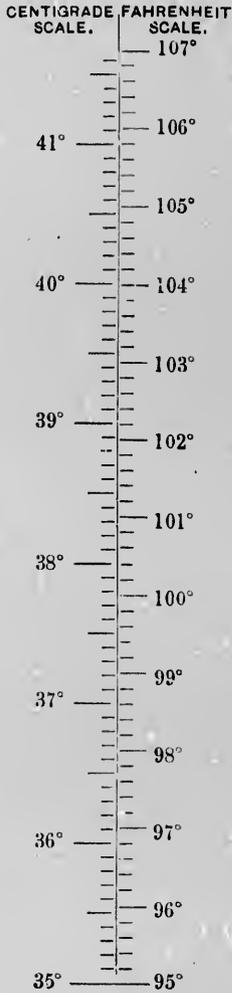


TABLE CALCULATING THE DURATION OF GESTATION.

Jan.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Nov.			
Oct.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7				
Feb.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	Dec.						
Nov.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5							
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Jan.			
Dec.	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5				
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Feb.				
Jan.	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4					
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	March			
Feb.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	April				
March	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7				
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	May			
Aug.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	June			
May	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7				
Sept.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	July				
June	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7				
Oct.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Aug.			
July	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7				
Nov.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Sept.			
Aug.	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6					
Dec.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Oct.			
Sept.	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7			

DIRECTIONS FOR USING TABLE.—As labor occurs in the latter proportion of cases between 270 and 290 days from the last menstruation, it is usual to reckon from the first day of this period, taking as the mean 280 days. The table presents at a glance the beginning and end of 280 days for every day in the year. Find the date of the menstruation in the upper line of the horizontal column, and the figure below, with the corresponding month, will indicate 280 days.

## Pelvimetry on the Living Patient.

Between the ant. sup. spines, . . . . .	26	centimetres (10.24 in.)
Maximum distance between the crests, . . . . .	28	" (11.02 in.)
External conjugate, . . . . .	19½ to 20½	" (7.68 to 8.07 in.)
Diagonal " . . . . .	12.5	" (4.92 in.)
True " . . . . .	11	" (4.33 in.)

N.B.—To get the conj. ver. from the conj. diag. subtract 1.5 to 2 cm. (.59 to .79 in.), according to the depth of the symphysis, the height of the promontory and the angle between the symphysis and conjugate.

Circumference of pelvis over the symphysis, under the crest of the ilium and over the middle of the sacrum behind, . . . . .	90	centimetres (35.43 in.)
Between the trochanters, . . . . .	11	" (4.33 in.)
From the lower margin of the symphysis to the tip of the sacrum, . . . . .	9.5	" (3.74 in.)

—:0:—

## Weights & Measures.—English & Metric Equivalents.

**WEIGHT**—1 gramme = 15.432 grains (15½ nearly).

1 centigramme = .01 grammes = 1.5432 grains (2/13 nearly).

1 milligramme = .001 " = .015 " (1/65 nearly).

1 kilogramme (kilo) = 1000 grammes = 15432.3487 grains = 2.2046 lbs., (2 1/5 lbs)

1 lb. avoirdupois = 16 oz = 7000 grains = 453.593 grammes.

1 oz. " = 437.5 " = 28.3495 "

1 grain " = .0648 "

**CAPACITY**—1 litre = 1000 grammes = 1 1/18 quarts (35¼ fl. oz. and 11

1 centilitre = 100 " = ½ fl. oz. minimis.

1 millilitre (cubic centimeter) = measure of 1 gramme of water = 1/20 fl. oz. = 15½ grains.

**LENGTH**—1 metre = 39.370432 inches (3 ft. 3¾ in.)

1 centimetre = .3937 " (¾ in. approx.)

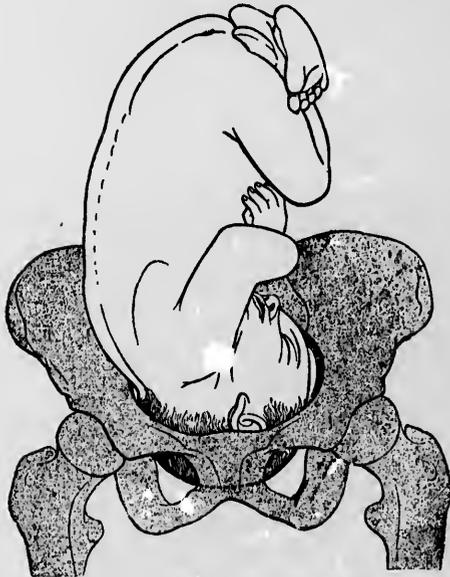
1 millimetre = .03937 " (1/32 in. approx.)

1 foot = 12 inches = 304 79726 millimetres (.305 metre).

1 inch . . . = 25.39977 " (.0254 metre).



1.—VERTEX PRESENTATION.—1st position.  
Occipito—Left—Anterior.



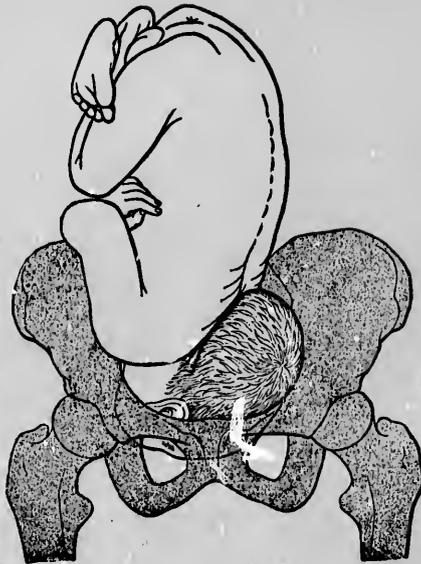
2.—VERTEX PRESENTATION.—2nd position.  
Occipito—Right—Anterior.



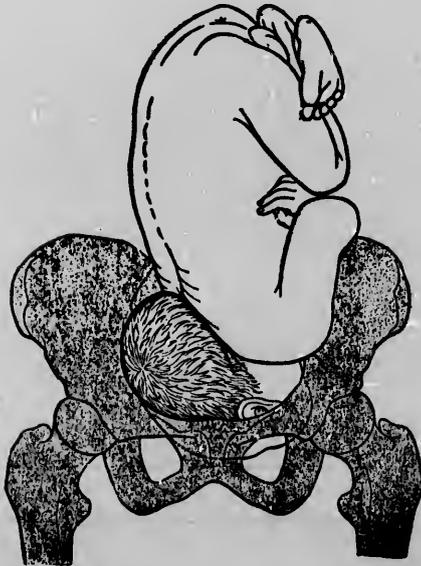
3.—VERTEX PRESENTATION.—3rd position.  
Occipito—Right—Posterior.



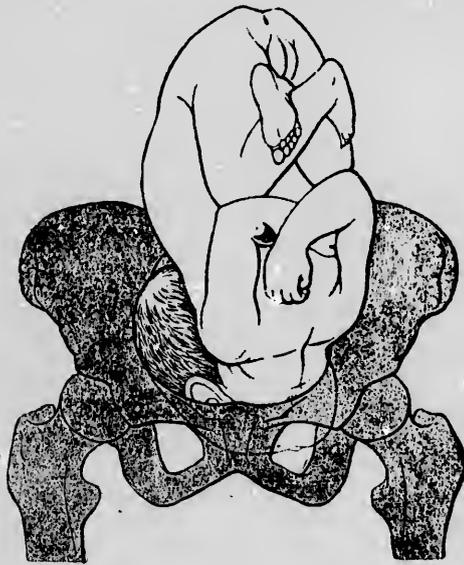
4.—VERTEX PRESENTATION.—4th position.  
Occipito—Left—Posterior.



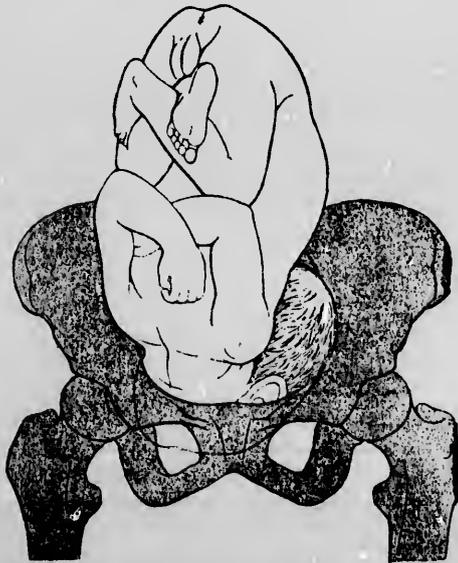
5.—FACE PRESENTATION.—1st position.  
Mento—Right—Posterior.



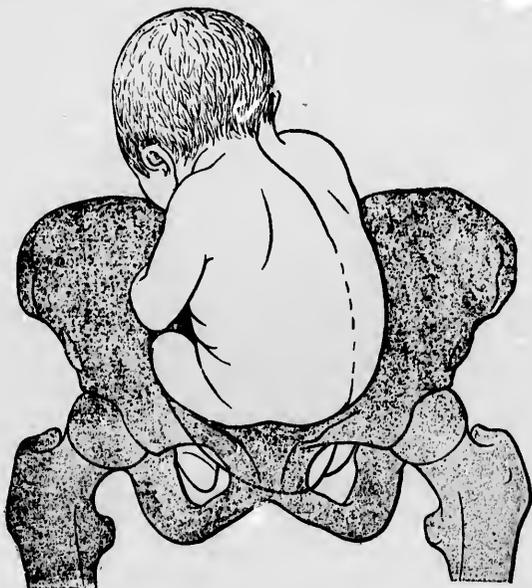
6.—FACE PRESENTATION.—2nd position.  
Mento—Left—Posterior.



7.—FACE PRESENTATION.—3rd position.  
Mento—Left—Anterior.



8.—FACE PRESENTATION.—4th position.  
Mento—Right—Anterior.



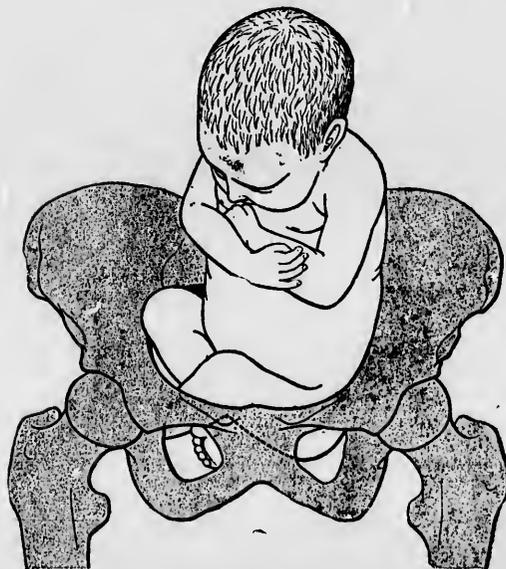
9.—BREECH PRESENTATION.—1st position.  
Sacro—Left—Anterior.



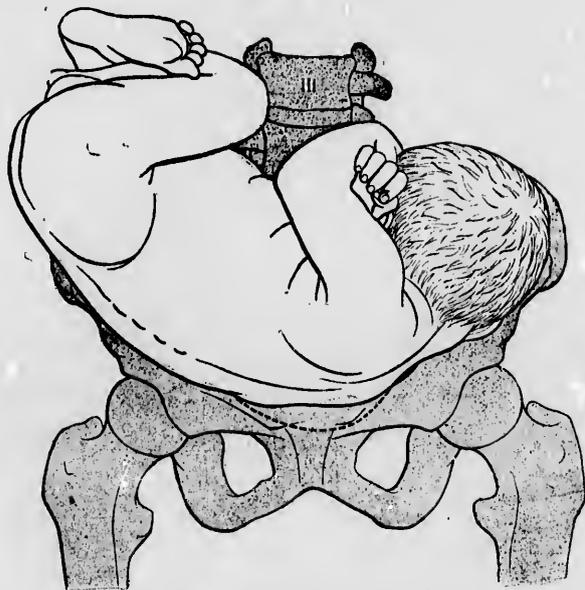
10.—BREECH PRESENTATION.—2nd position.  
Sacro—Right—Anterior.



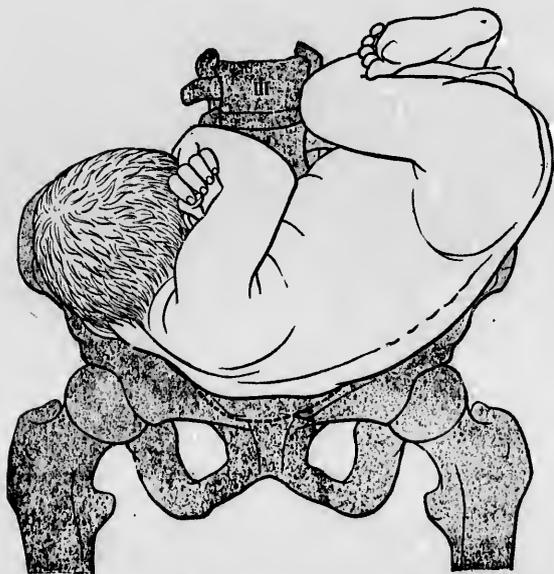
11.—BREECH PRESENTATION.—3rd position.  
Sacro—Right—Posterior.



12.—BREECH PRESENTATION.—4th position.  
Left—Sacro—Posterior.



13.—SHOULDER PRESENTATION.—1st position.  
Scapula—Left—Anterior.



14.—SHOULDER PRESENTATION.—2nd position.  
Scapula—Right—Anterior.



15.—SHOULDER PRESENTATION.—3rd position.  
Scapula—Right—Posterior.



16.—SHOULDER PRESENTATION.—4th position.  
Scapula—Left—Posterior.



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RECORD OF CHILDREN.

---

---

Av

Un

Pla

Dr

Cir

At

1st

1 to

6 to

1 to

2 to

6

8

14

Ad

## CHILD.

---

Average weight, . . . . . 3000 to 3600 grammes (6.6 to 7.9 lbs.)  
 " length, . . . . . 46 to 54 centimetres, (18.9 to 21.26 in.)  
 Umbilical cord, av. length, 50 centimetres (19.69 in.); 0 to 200 cm. (0 to 78.74 in.)  
 Placenta, av. weight, 1/5 weight of child, i.e., 600-1000 grammes (1.32 to 2.2 lbs.)

### DIAMETERS,—

Head—Occipito-frontal (O.F.) 11.5 to 12 c.m. (4.53 to 4.72 in.)  
 Occipito-mental (O.M.) 13 cm. (5.12 in.)  
 Sub-occipito-bregmatic (S.O.B.) 9½ cm. (3.74 in.)  
 Biparietal, (B.P.) 9¼ cm. (3.55 in.)  
 Shoulders, . . . . . 12 cm. (4.72 in.)  
 Hips, . . . . . 9.5 to 10 c.m. (3.74 to 3.94 in.)

### CIRCUMFERENCES,—

Occipito-frontal, . . . . . 32 to 34 cm. (12.6 to 13.39 in.)  
 Sub-occipito-bregmatic, . . . . . 32 " (12.6 in.)  
 Occipito-mental, . . . . . 36 " (14.17 in.)

—:0:—

## Normal Pulse and Respiration per Minute.

---

	PULSE.		RESPIRATION.
At birth, . . . . .	130 to 150	}	30 to 50, average about 44.
1st month, . . . . .	220 to 140		
1 to 6 months, . . . . .	about 130	}	25 to 35, " " " 30.
6 to 12 " . . . . .	" 120		
1 to 2 years, . . . . .	110 to 120	—	about 28.
2 to 4 " . . . . .	110	—	" 25.
6 " . . . . .	100		
8 " . . . . .	88	}	20 to 25.
14 " . . . . .	87		
Adult, . . . . .	72	—	16 to 18.

## Table Showing Growth in Height and Weight of Child.

AGE.	HEIGHT.	WEIGHT.
Birth,	..19 in...	7 lbs.
1 day,	.....	6 " 11 oz. Lost 5 oz.
2 days,	.....	6 " 8 $\frac{3}{4}$ " " 2 $\frac{1}{4}$ "
3 "	.....	6 " 9 $\frac{3}{4}$ " Regained 1 oz.
4 "	.....	6 " 11 " " 1 $\frac{1}{4}$ "
5 "	.....	6 " 12 $\frac{3}{4}$ " " 1 $\frac{3}{4}$ "
6 "	.....	6 " 14 " " 1 $\frac{1}{4}$ "
7 "	.....	7 " .....Original weight.
1 month,	..20 $\frac{1}{2}$ in..	8 " " " " " " " " " "
2 months,	..21 " ..	10 " .....Gained 1 oz. a day.
3 "	..22 " ..	11 $\frac{1}{4}$ " } ..... Gained 5 oz. a week.
4 "	..23 " ..	12 $\frac{1}{2}$ " }
5 "	..23 $\frac{1}{2}$ " ..	14 " .....Double the original weight,
6 "	..24 " ..	15 " }
7 "	..24 $\frac{1}{2}$ " ..	16 " }
8 "	..25 " ..	17 " }
9 "	..25 $\frac{1}{2}$ " ..	18 " .....Gained 1 lb and $\frac{1}{2}$ inch a month.
10 "	..26 " ..	19 " }
11 "	..26 $\frac{1}{2}$ " ..	20 " }
1 year,	..27 " ..	21 " }

Capacity of stomach of infant at birth =  $1/100$  body-weight approximately.

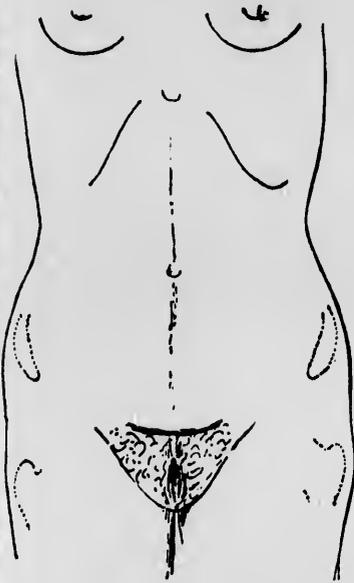
Average quantity of food at each meal at birth = 1 oz.

Average rate of increase  $\frac{3}{155}$  each week for first six months, subsequently somewhat less.

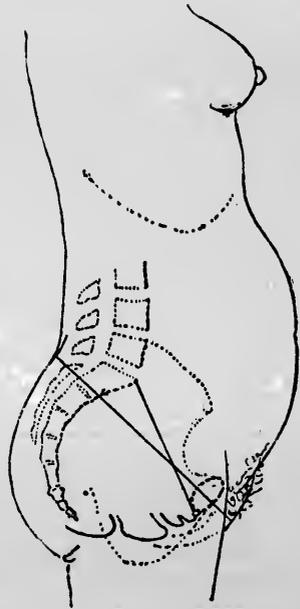
Intervals between feedings—2 hours at birth, increased gradually to 3 hours by the end of the 3rd month.

Temp. of food for young infants, 100° F.

CASE No. 1.



weight,  
each a month.  
approximately.  
subsequently  
to 3 hours



**CASE NO. 1.**

**CASE NO. 1.**

**CASE NO. 1.**



**CASE NO. 2.**  
**RECORD OF PARTURIENT.**

Name and Age Mrs Dawson aged 18.  
 Occupation \_\_\_\_\_ } M.  
 { Admitted Sept 26 1896  
 { Delivered Sept 28 1896  
 { Discharged \_\_\_\_\_  
 Last menst. period began Jan 17 96 Dur. of Preg. 286 days  
 " " " ended Jan 23 96  
 No. of Pregnancy I Labors at full term I  
 F. Heart { Frequency \_\_\_\_\_  
 { Position \_\_\_\_\_  
 { Presentation vertex  
 { Position L. O. R  
 Urine { Reaction sl acid Albumen none  
 { Quantity \_\_\_\_\_ Urea \_\_\_\_\_  
 { Sp. Gr. 1020 Sugar \_\_\_\_\_  
 { Pains began 12. a. 772  
 { Membs. Ruptured 7.20 P.M.  
 { Hour of Delivery 8. P.M.  
 Hours in Labor  

1st	2nd	3rd	Total
<u>8.20</u>	<u>40</u>	<u>22</u>	<u>9 hr. 22 min</u>

 Perineum Ruptd. \_\_\_\_\_ Union { Complete  
 { Partial  
 { Non  
 Labor Easy & rapid  
 Complications none  
 Lactation established \_\_\_\_\_ day after delivery.  
 Condition on entering Hospital Pregnant

Tongue	Lochia	No. of Stools	Amount of Urine	Case No.
			<u>3 LXXII</u>	
	<u>M.R.</u>			
	<u>M.S.</u>	<u>0</u>		
	<u>M.S.</u>	<u>1</u>		
	<u>M.R.</u>	<u>0</u>		
	<u>M.R.</u>	<u>1</u>		
	<u>M.R.</u>	<u>1</u>		
	<u>M.R.</u>	<u>0</u>		
	<u>M.R.</u>	<u>0</u>		
	<u>M.R.</u>	<u>1</u>		
	<u>M.S.</u>	<u>0</u>		
	<u>M.S.</u>	<u>1</u>		
	<u>none</u>	<u>0</u>		
	<u>none</u>	<u>0</u>		

Abbreviations.  
Prefix.—V. Ve

Sept.

Date.	28	29	30	1 <sup>st</sup>	2	3	4	5	6	7	8	9												
Time.	M	E	M	E	M	E	M	E	M	E	M	E												
Day P. Partum.	1	2	3	4	5	6	7	8	9	10	11	12												
106																								
105																								
104																								
103																								
102																								
101																								
100																								
99																								
98																								
97																								
96																								
PULSE.	165	160	155	150	145	140	135	130	125	120	115	110	105	100	95	90	85	80	75	70	65	60	55	50
Amount of Urine.	3 Lxiii																							
No. of Stools.							0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
Leucina.																								
Temp.																								
Hour																								
Time	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
Day P. Partum	1	2	3	4	5	6	7	8	9	10	11	12												

Child born 8 P.M.

Ol. Ricini 3i

Pur. Glyceroh. C.

Put up in bed.

Ol. Ricini 3iv

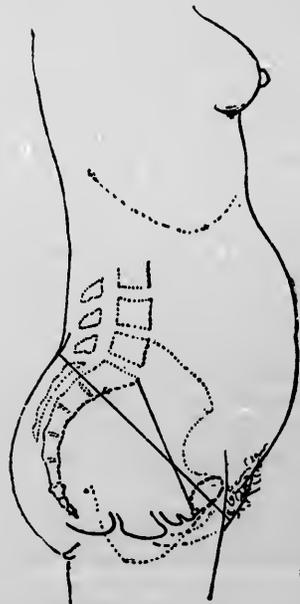
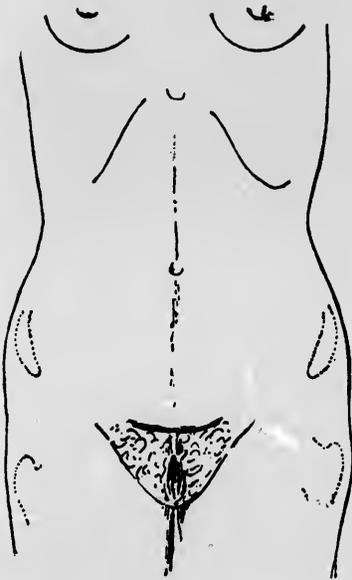
Ol. Ricini.

Abbreviations.—F. Free. M. Moderate. S. Scanty. R. Red. Pk. Pink. Br. Brown. P. Pale. O. Offensive.  
 Prefix.—V. Very. Sl. Slightly.

CASE No.



CASE No. 2.



## CASE NO. 2.

Previous History: Patient was born in Sept 27/80 Scotland. Came to Canada in May 1891 & since then has resided in Montreal. Had none of danger of child-hood except measles which she had when quite a child. About a year ago last July she had a growth removed from her throat but since that has been quite well. Began menstruate at 15. Was regular. Discharge lasting 5-6 days.

### History of pregnancy -:

Last menstruated in Dec, 7/95. Morning sickness began in Jan, 96 getting worse in February accompanied by vomiting. This condition continued till Apr 14/96. Sickening was first noticed by patient in past since that time she had felt well but appetite was not rightly established till within last two months of pregnancy.

### History of Labor -:

Labor pains came on at 12 A.M. starting in lower lumbar region & radiating towards abdomen. The pain was in character at first but near 2 stage this became more intense & occurred at shorter intervals.

On vaginal examination at 6.30 P.M. the cervix was found to be dilated to about the size of a silver dollar. The head was presenting & in the oblique position midway between but deep pelvic brim below the foetal head, perineal men striched (Upper Manual).

After the perineum began to dilate, warm & sterile water out of hot water were applied to it with the result of causing good dilatation. so that head was easily delivered. perineum was then retracted by manipulation with finger in vagina. the rest of the delivery was comparatively easy.

The Cord was then tied about 2 inches from the umbilicus & a wet dressing of boracic applied.

**CASE NO. 2.**

a drop of 1% solution of silver nitrate was dropped into each eye.

Placenta came away in about 15 minutes after delivery of child after which 15 Oct. Eng. at 100 fms to patient.

On examining the perineum it was found to be in tact. There being only a slight abrasion of the exterior of all of the vagina which had not required suturing. A binder next being applied. The patient's condition rapidly improved. In about 2 hours patient was fit to rest.

At 7.15. 3rd Surgeon was drawn off by Captain. Report on examination of the uterus, cervix, & vagina. Very dry, pale, & in position. No albumen in vagina.

Oct 2<sup>nd</sup> Fundus about 1 1/2 inches below level of umbilicus. Contractions well established. Nipples small & very tender. Patient feels well was sent 31 St. Albans

Oct 6<sup>th</sup> Breasts & nipples in good condition. Fundus of uterus about 1 inch above pubic bones

7<sup>th</sup> Sat by bedside a while but on attempting to walk with persistence of nausea felt a feeling of faintness & had to be put to bed.

8<sup>th</sup> Felt well but remained in bed all day

9<sup>th</sup> Felt well, free milky secretion. Sat by bedside for about 1 hour

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CASE NO. 2.



### CASE NO. 3.

#### RECORD OF PARTURIENT.

Name and Age Blanche Wells age 17  
 Occupation School girl } M.  
 { S.  
 { Admitted Mar. 14<sup>th</sup> 1916  
 { Delivered Apr. 22<sup>nd</sup> 1916  
 { Discharged Did Apr. 29/1916  
 Last menstr. period began Could not be determined  
 Dur. of Preg. \_\_\_\_\_ days  
 " " " ended \_\_\_\_\_  
 No. of Pregnancy I Labors at full term I  
 F. Heart { Frequency \_\_\_\_\_  
 { Position \_\_\_\_\_  
 { Presentation Vertex  
 { Position L.O.P.  
 Urine { Reaction sl. acid Albumen none  
 { Quantity \_\_\_\_\_ Urea \_\_\_\_\_  
 { Sp. Gr. 1024 Sugar none  
 { Pains began 4. A.M. Apr. 22<sup>nd</sup> 1916  
 { Membs. Ruptured 4. P.M. " "  
 { Hour of Delivery 2.20 P.M. " "  
 Hours in Labor 

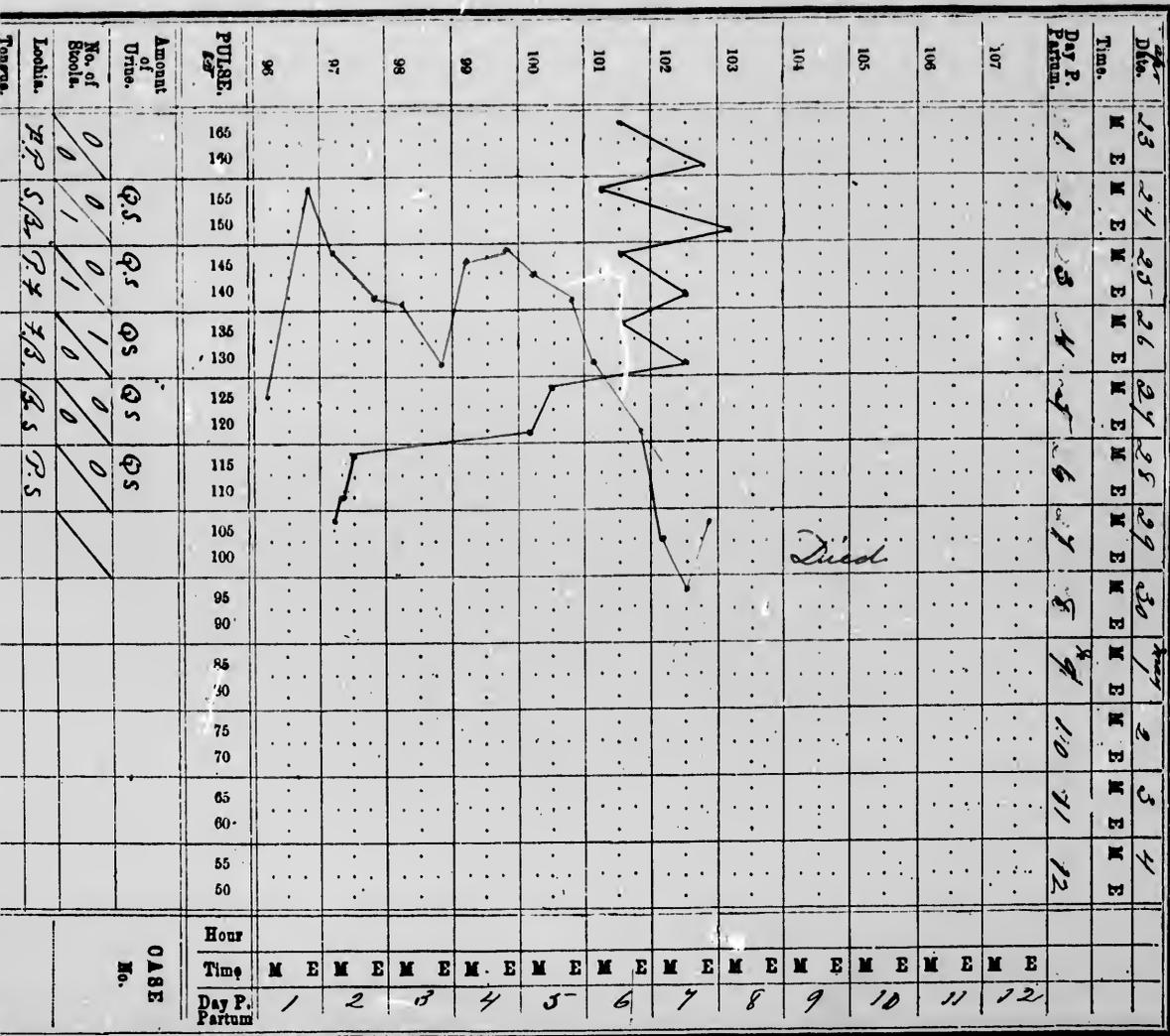
1st	2nd	3rd
3	7	20 min

 Total 10 hr. 20 min  
 Perineum Ruptd. Very slight | \_\_\_\_\_ | \_\_\_\_\_ Union { Complete  
 { Partial  
 { Non  
 Labor Slow & difficult  
 Complications Patient weak & anemic from Tuberculosis  
 Lactation established never day after delivery.  
 Condition on entering Hospital Pregnant

Tongue.	Lochia.	No. of Stools.	Amount of Urine.	No.	Date	Time	Temp.	Pulse.	Respiration.	Blood Pressure.	Casts.	Microscopic.
		0		Q.S.								
	M.P.	0	Q.S.									
	S.A.	0	Q.S.									
	P.T.	0	Q.S.									
	T.B.	0	Q.S.									
	B.S.	0	Q.S.									
	P.S.	0	Q.S.									

CASE No.

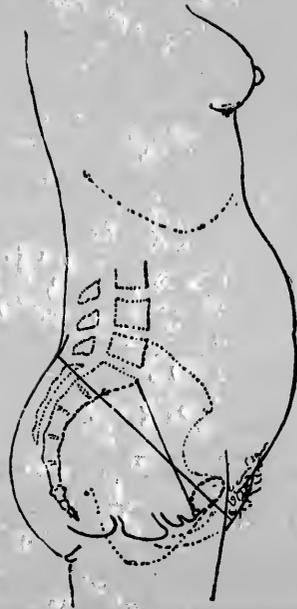
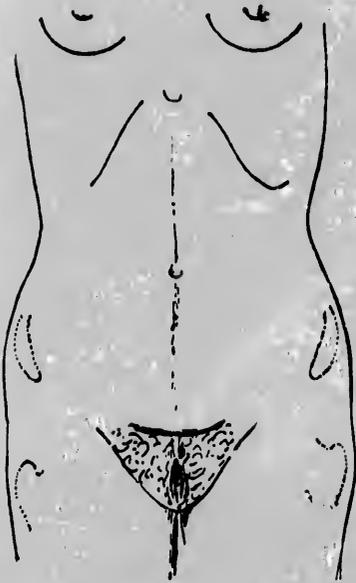
Abbreviations. —  
 Prefix. — V. Ver



Abbreviations.—F. Free. M. Moderate. S. Scanty. R. Red. Pk. Pink. Br. Brown. P. Pale. O. Offensive.  
 Prefix.—V. Very. Sl. Slightly.

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CASE No. 3.



CASE NO. 3.

Patient was born in Bakersfield Vermont & has lived there all her life. Had the ordinary disease of childhood, was a healthy vigorous girl until menstruation started that was at the age of 15. After the first discharge there was complete amenorrhoea for 5 months during which time she felt out of sorts <sup>but</sup> not having any pain to speak of. When patient began to menstruate <sup>again</sup> it was regular & continued to be so till pregnancy occurred.

Patient has been subject to attacks of cold.

Father long & well. Mother died from Consumption as did also one sister, has two sisters still living one being in good health the other troubled with a cough. Two Brothers also well.

Examination of Thorax

Heart - Slightly enlarged to left. Soft systolic murmur at apex. Accumulation of pulmonary 2<sup>d</sup> sound.

Lungs - Note somewhat high pitched over right lung in front & tympanitic note over left at apex & over latter area heard bronchial rales were heard.

Sputum gave evidences of Tubercle bacilli

History of pregnancy (not definite)

History of labor & treatment

Labor pains came on at 4 A.M. without any warning & the membranes ruptured almost immediately. The pains were slow & sluggish after this not much progress was made for a long time. The patient was in a very weak state

### CASE No. 3.

so that patient was given *Sif Sij chloral hydrate* at 1:50 P.M. Therefore the patient came erect as the pains following were more effectual, still they were not sufficient to delay the proceess. The child was delivered at 2:20 with a pain, the head being caught by the palm of the hand placed near region of *frons* so that the head was phelled out, the rest of the delivery was easy. The child soon began to breathe and was tied & child taken away.

The patient soon got very weak the pain could scarcely be counted as the tension was so low. & patient fell into a state of collapse. The head of the bed was now lowered & a *Sij* of *Sloset* of *60* & *Ergetin* got to me administered. Pressure on the fundus was maintained but the placenta did not come away so after an hour of waiting it was decided to remove it by hand in utero which was done but being so adherent it was not all removed. The hemorrhage following was slight. Pressure on fundus was maintained till following morning.

A hot saline enema was given (1127) hot water better kept, the enema was not retained, another enema of *Reuf* tea & Brandy *3vi* was given. followed later by another saline enema this also was not retained. At 5:30 *3viii* saline enema was given. the tube being introduced very slowly & left some time before administration of enema. by this means the enema was retained. Two more enemae were given at 6:30 & 8:30 respectively. both of which were

### CASE NO. 3.

retained. the patient now got brighter & con-  
tinued to improve as shown by the pulses

The course of treatment following this was Stimulating  
& liquid. Milk, brandy beef tea, white of egg ~~or~~  
alternating with digitalis or Strophanth to every shower.  
Hot water baths were constantly kept to feet.

During the condition in the uterus the patient  
received uterine douches of creolin (1-100) after  
which Iod. bougies were inserted. after  
2<sup>d</sup> treatment in this way the uterus was  
corrected & flushed out by a good uterine  
douche. Yet the condition did not improve  
and the patient died on Apr 29<sup>th</sup>/97. 7 days  
after delivery of puerperal pyelitis  
combined with the weakened state of the  
patient, from the tuberculous condition  
in the lungs.

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### CASE No. 4.

#### RECORD OF PARTURIENT.

Name and Age Mr Beard aged 15

Occupation \_\_\_\_\_ { M. }  
}

{ Admitted Jan 19/97 7.30 a.m.

{ Delivered " 19/97

{ Discharged Jan 31/97

Last menstr. period began Apr 196 15-17 days of month.

Dur. of Preg. \_\_\_\_\_ days

" " " ended (menstruation lasted 7 days)

No. of Pregnancy I Labors at full term I

F. Heart { Frequency 120 - 130 per minute

{ Position just below umbilicus & left of mid line

{ Presentation Breech

{ Position I

Urine { Reaction Al. acid Albumen disturbing

{ Quantity 3xxxvi Urea \_\_\_\_\_

{ Sp. Gr 1025 Sugar No sugar

{ Pains began 6 a.m.

{ Membs. Ruptured \_\_\_\_\_

{ Hour of Delivery 11.05 a.m.

	1st	2nd	3rd	
Hours in Labor	<u>1.45</u>	<u>3.34</u>	<u>2.0</u>	Total <u>5 hr. 8 min.</u>
	1st	2nd	3rd	

Perineum Ruptd. complete Union { Complete }  
 { Partial }  
 { Non }

Labor Fast & easy

Complications None

Lactation established on 3<sup>rd</sup> day after delivery.

Condition on entering Hospital In labor

Tongue.	Lochia.	No. of stools.	Amount of Urine.	Amount of Milk.
			3	xxxvi
	NR	0	0	
	NR	0	0	
	NR	0	0	
	NR	0	0	
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	NR	0	0	
				CASE No.

Abbreviations  
 Prefix.—V. V.

*Jan*

Date.	Time.	Day P. Partum.	107	106	105	104	103	102	101	100	99	98	97	96	Amount of Urine.	No. of Stools.	Lochia.	Tongue.
19	M	1													165			
20	M	2													155			
21	M	3													145			
22	M	4													135			
23	M	5													125			
24	M	6													115			
25	M	7													105			
26	M	8													95			
27	M	9													85			
28	M	10													75			
29	M	11													65			
30	M	12													55			
															50			

Hour	19	20	21	22	23	24	25	26	27	28	29	30
Time	M	E	M	E	M	E	M	E	M	E	M	E
Day P. Partum	1	2	3	4	5	6	7	8	9	10	11	12

*Child Born 11.45 Am*

*Ol. Riser*

*Ol. Riser*

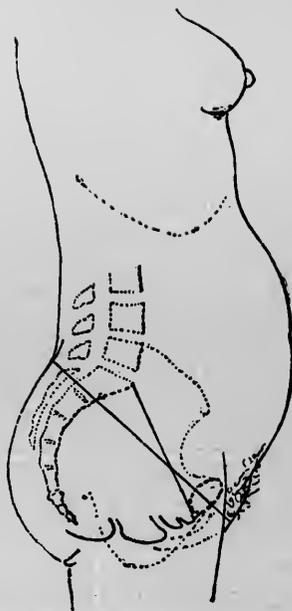
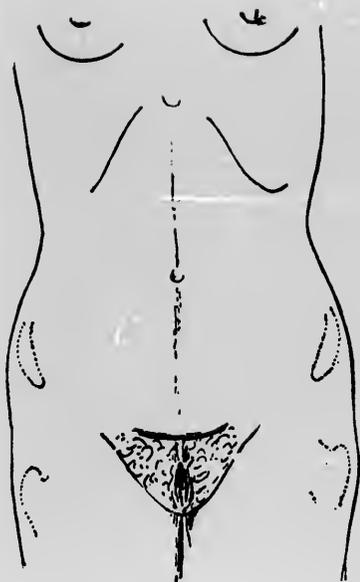
*Set up in bed*

CASE No.

Abbreviations.—F. Free. M. Moderate. S. Scanty. R. Red. Pk. Pink. Br. Brown. P. Pale. O. Offensive. Prefix.—V. Very. Sl. Slightly.



CASE No. 4.



#### CASE No. 4.

Patient was born in Australia 15 yrs ago. At age of 7 went to England and lived there till 4 years ago when she came to Canada Apr/93. Had Measles & Chicken pox in childhood, but apart from that has always been healthy.

Has two brothers younger than herself. Brother alive and well. Father died at sea. She began to menstruate at the age of 11. The discharge is profuse & lasting on an average 6-7 days. has been regular except, on one occasion about 2 years ago when the flow lasted for nearly 2 wks. was painless. patient could ascribe no cause to this.

#### History of Pregnancy

She last menstruated in beginning of Apr 96 but is not certain of date. Morning sickness began, in June she did not vomit much but had a poor appetite, but could take bread & butter. This condition lasted till about Aug/96

Quickening began about the first of Sept as far as she can remember. Her appetite continued to be poor till within a few wks of full term.

#### History of Labor

Labor pains set in about 6. a. m. Jan 1997 they were first felt in the small of the back, were weak, recurring at intervals of 5 minutes, & did not seem to radiate

CASE NO. 4.

She entered the hospital at 7.30 AM, and about 7.45 an emema & a hot vaginal douche were given. Patient said that the membranes did not rupture before entrance & as they were not noticed to rupture after entrance, it is therefore likely that the waters came away when the douche was being given.

When Dr. Schaw examined her he found her to be in the 2<sup>d</sup> stage of labor, and on external examination the fundus was found to be slightly below the xiphoid cartilage, the head presented. Fetal heart sounds were heard just below a little to the left of the umbilicus. On examination the head was found low down & as fully dilated. When the head began to descend the perineum hot fomentations were applied to the perineum. Towards 8.15 part of the stage the pains were relieved by whiffs of chloroform. The head was delivered, the cord being about the neck was slipped over the body, the part of the delivery was easily effected.

The mother was now removed from the mouth the child breathing immediately in delivery 1/2 solution of silver nitrate dropped into each eye. cord tied & child was taken away.

The placenta was expelled 20 minutes afterwards was healthy looking & membranes

CASE NO. 4.

in tact; Fundus was now 3 fingers breadth below the umbilicus. 3d fluid etc of goat was now given, a binder applied & hour after woman put to rest.

- Jan 19<sup>th</sup> 3.30 PM - Has just slept passed labor feels very tired but pretty well. Fundus 2 inch below umbilicus. N 100. R 24 1/2
- " 20<sup>th</sup> Patient feels tired. Loath movement. Compa for diet. Colostrum easily squeezed from breast supplies for 9. Fundus 3 inch below umbilicus
- " 21<sup>st</sup> Lactation established, feels well Fundus 1 1/2 inches below umbilicus.
- " 22<sup>nd</sup> Binder applied to breasts. Lactation abundant feels well Fundus about 2 inches below umbilicus
- " 23<sup>rd</sup> Her milk good on nurse another child as well as her own. Fundus 2 inches below umbilicus
- " 26<sup>th</sup> Fundus 3 inches below umbilicus
- " 28<sup>th</sup> Now only nursing her own child Fundus now reached pelvis. Breast bandage still on. Feels well
- " 29<sup>th</sup> Binder removed. got out of bed yesterday
- " 30<sup>th</sup> Patient walking around. Feels well.
- " 31<sup>st</sup> Left hospital today feeling well. Child also in good health.

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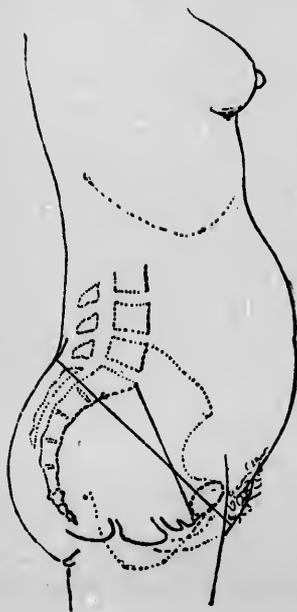
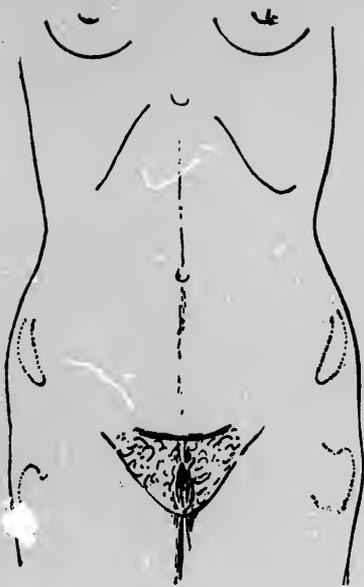


Date.	Time.	Day P. Partum.	107	106	105	104	103	102	101	100	99	98	97	96	PULS.	Amount of Urine.	No. of Shots.	Leobils.	Tongue.	
	M														166					
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	E														155					
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	E														130					
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															Hour					
															Time	M	E	M	E	M
															Day P. Partum					

Abbreviations.—F. Free. M. Moderate. S. Scanty. R. Red. Pk. Pink. Br. Brown. P. Pale. O. Offensive.  
Prefix.—V. Very. Sl. Slightly.



CASE No. 5.



CASE NO. 5.

**CASE No. 5.**

**CASE NO. 5.**



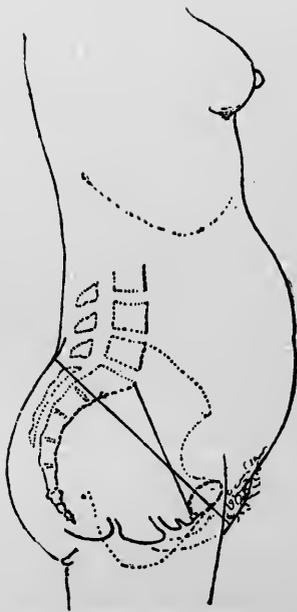
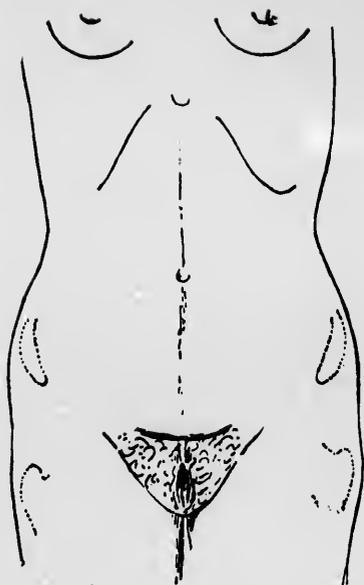


Date.	Time.	Day P. Partam.	107	106	105	104	103	102	101	100	99	98	97	96	PULSE.	Amount of Urine.	No. of Stools.	Lochia.	Tongue.
			M	E	M	E	M	E	M	E	M	E	M	E	165				
			M	E	M	E	M	E	M	E	M	E	M	E	160				
			M	E	M	E	M	E	M	E	M	E	M	E	155				
			M	E	M	E	M	E	M	E	M	E	M	E	150				
			M	E	M	E	M	E	M	E	M	E	M	E	145				
			M	E	M	E	M	E	M	E	M	E	M	E	140				
			M	E	M	E	M	E	M	E	M	E	M	E	135				
			M	E	M	E	M	E	M	E	M	E	M	E	130				
			M	E	M	E	M	E	M	E	M	E	M	E	125				
			M	E	M	E	M	E	M	E	M	E	M	E	120				
			M	E	M	E	M	E	M	E	M	E	M	E	115				
			M	E	M	E	M	E	M	E	M	E	M	E	110				
			M	E	M	E	M	E	M	E	M	E	M	E	105				
			M	E	M	E	M	E	M	E	M	E	M	E	100				
			M	E	M	E	M	E	M	E	M	E	M	E	95				
			M	E	M	E	M	E	M	E	M	E	M	E	90				
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			M	E	M	E	M	E	M	E	M	E	M	E	60				
			M	E	M	E	M	E	M	E	M	E	M	E	55				
			M	E	M	E	M	E	M	E	M	E	M	E	50				
															Hour				
															Time	M	E	M	E
															Day P. Partam				

Abbreviations.—F. Free. M. Moderate. S. Scanty. R. Red. Pk. Pink. Br. Brown. P. Pale. O. Offensive.  
Prefix.—V. Very. Sl. Slightly.

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CASE No. 6.



**CASE NO. 6.**

CASE No. 6.

**CASE No. 6.**

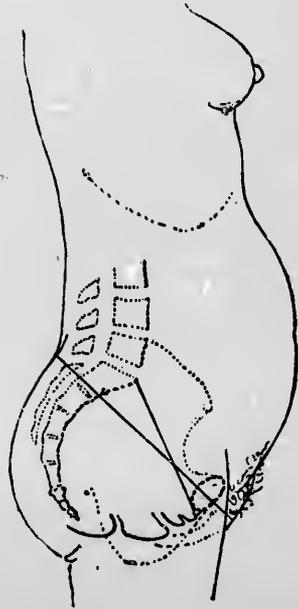
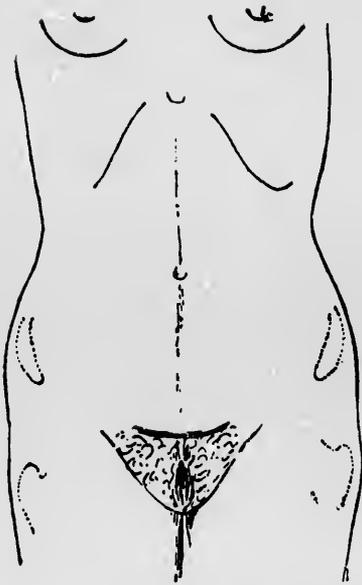








CASE No. 7.



CASE NO. 7.

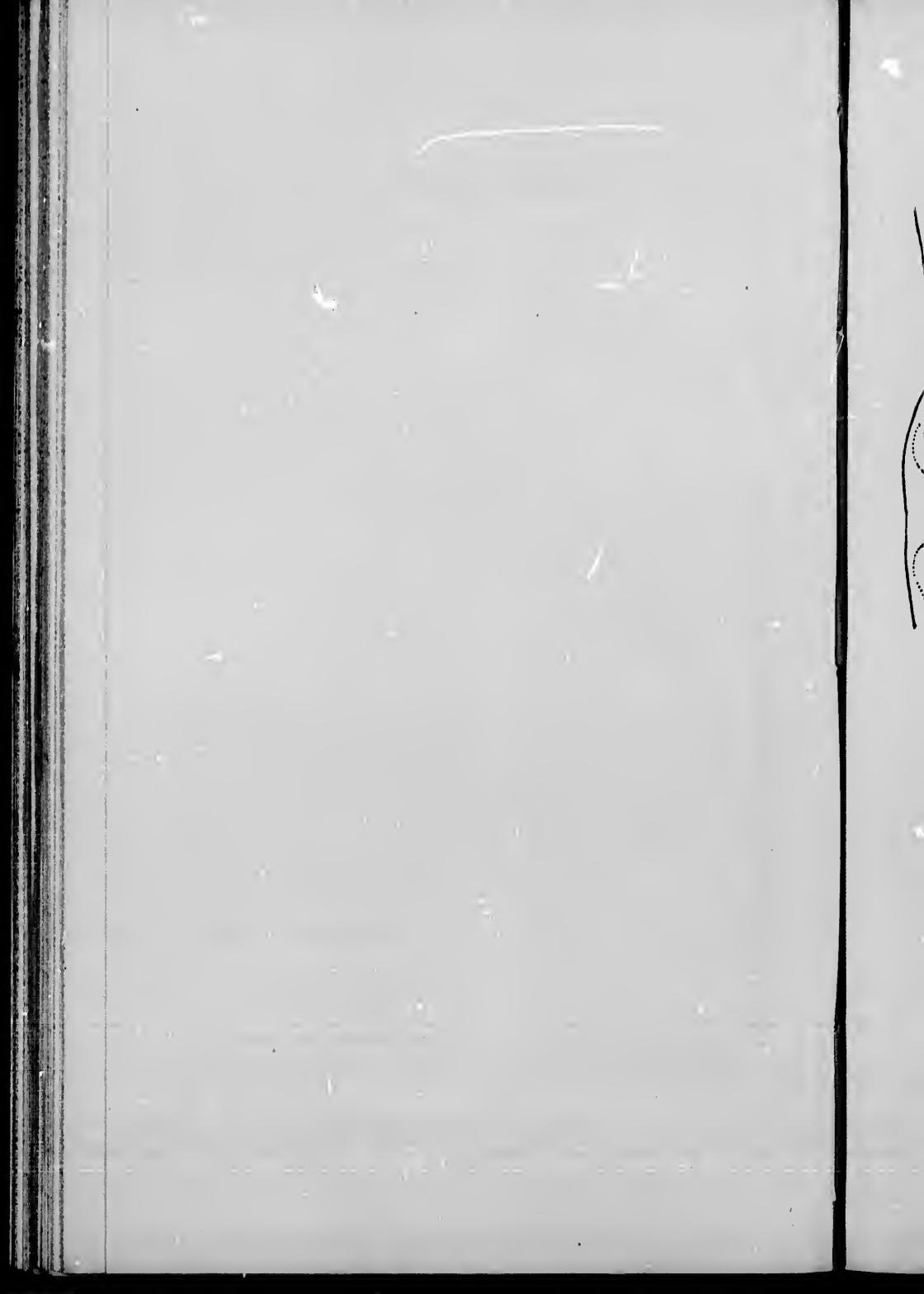
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**CASE NO. 7.**

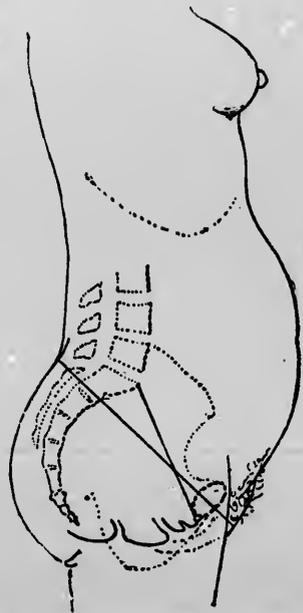
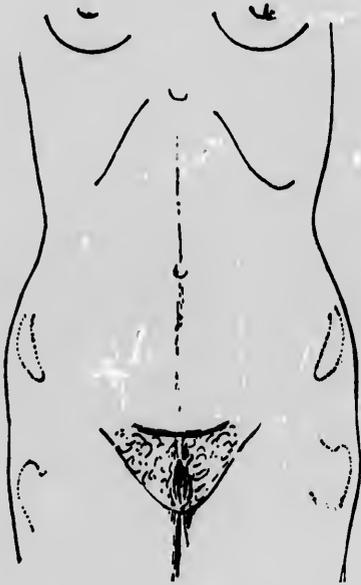








CASE No. 8.



**CASE No. 8.**

**CASE NO. 8.**

CASE No. 8.

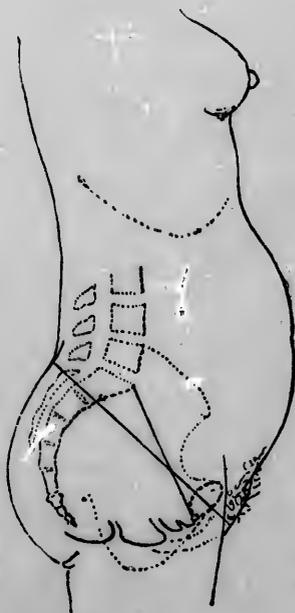
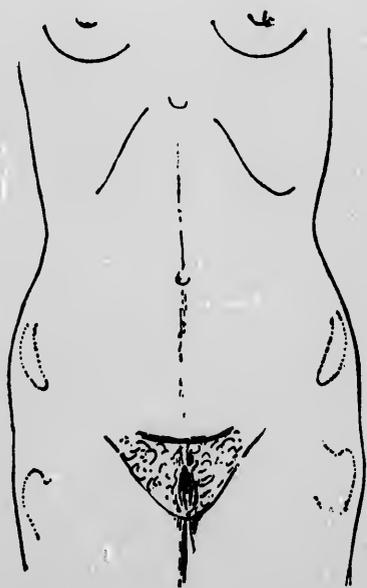








CASE No. 9.



**CASE NO. 9.**

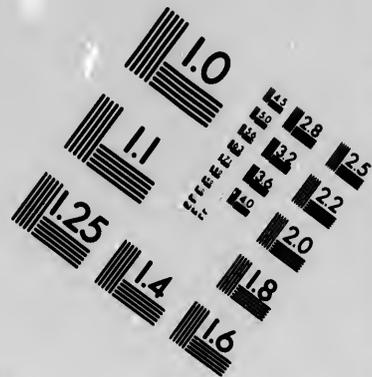
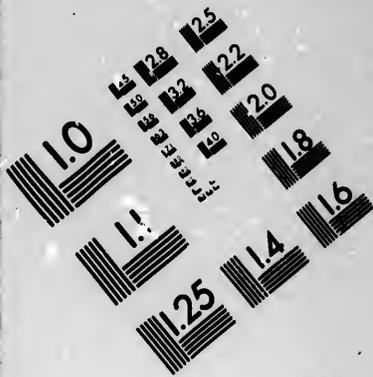
**CASE No. 9.**

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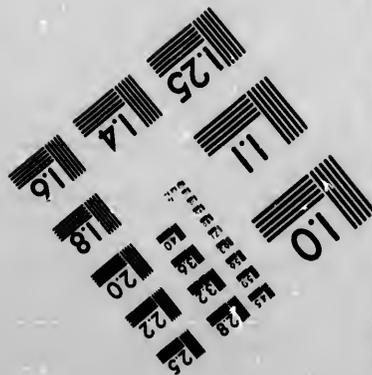
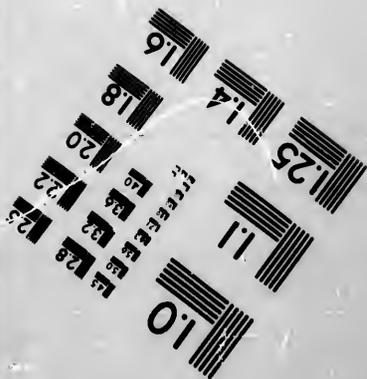
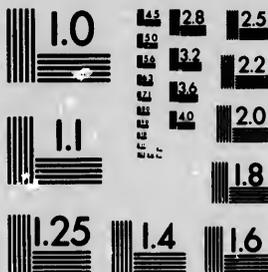






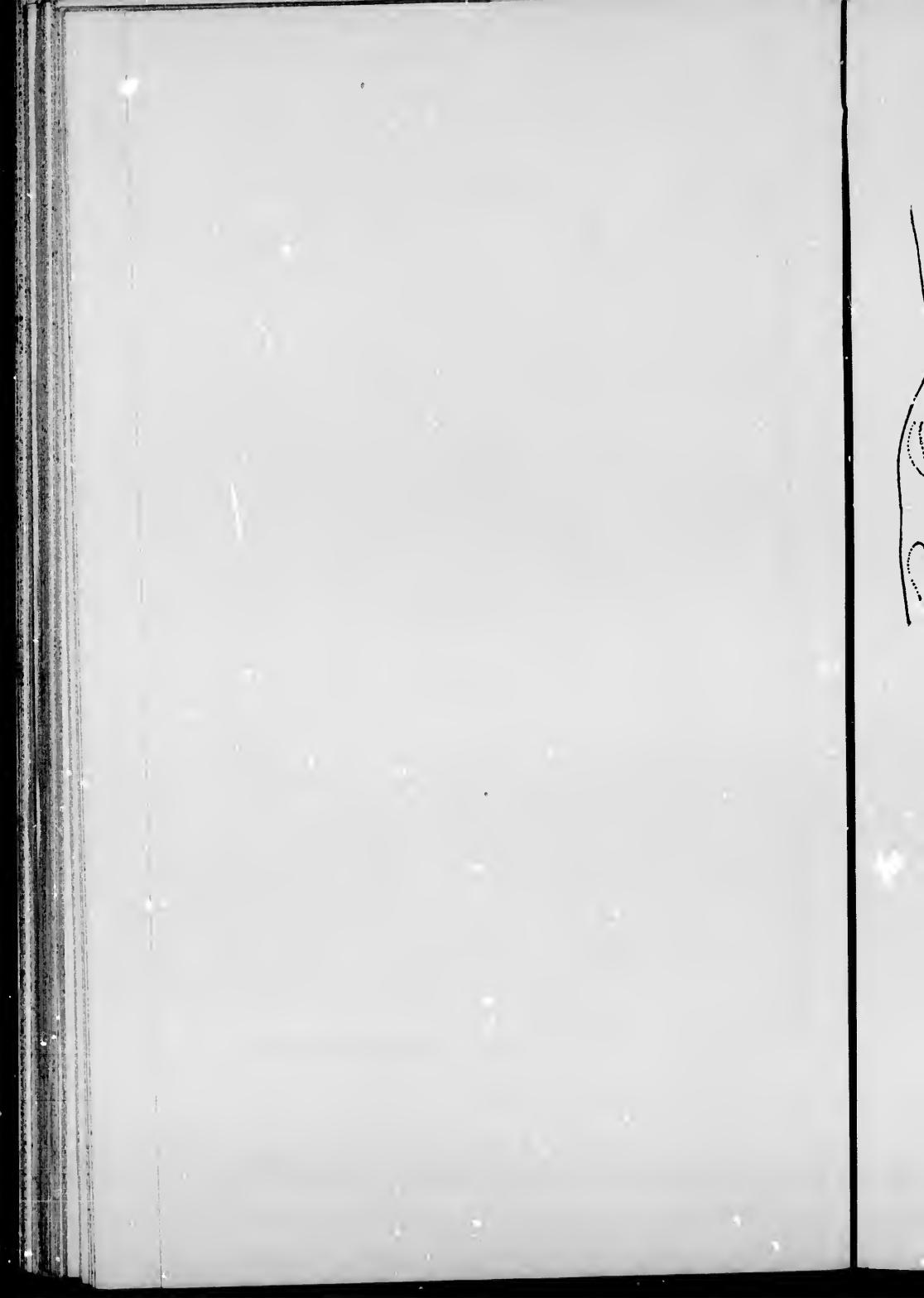


**IMAGE EVALUATION  
TEST TARGET (MT-3)**

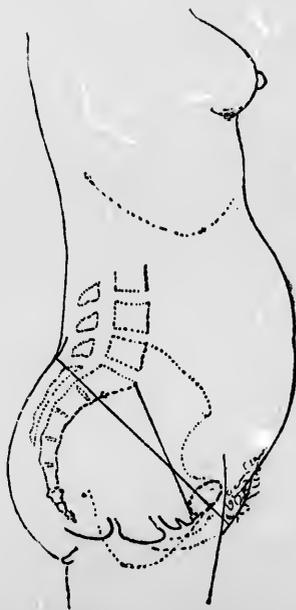
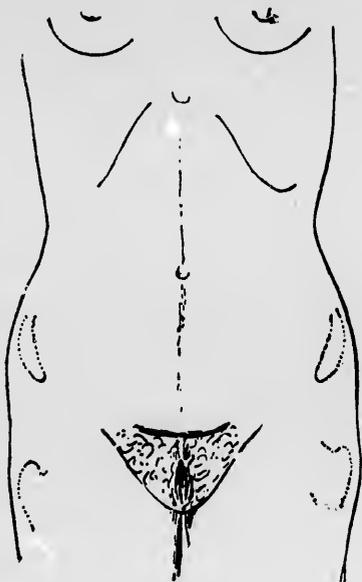


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CASE No. 10.



CASE No. 10.

**CASE No. 10.**

CASE No. 10.





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RECORD OF CHILDREN.

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At birth

1st mo

1 to 6

6 to 12

1 to 2

2 to 4

6

8

14

Adult,

## CHILD.

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Average weight, . . . . . 3000 to 3600 grammes (6.5 to 7.9 lbs.)  
 " length, . . . . . 48 to 54 centimetres, (18.9 to 21.26 in.)  
 Umbilical cord, av. length, 50 centimetres (19.69 in.); 0 to 200 cm. (0 to 78.74 in.)  
 Placenta, av. weight, 1/5 weight of child, i.e., 600-1000 grammes (1.32 to 2.2 lbs.)

### DIAMETERS,—

Head—Occipito-frontal (O.F.) 11.5 to 12 c.m. (4.53 to 4.72 in.)  
 Occipito-mental (O.M.) 13 cm. (5.12 in.)  
 Sub-occipito-bregmatic (S.O.B.) 9½ cm. (3.74 in.)  
 Biparietal, (B.P.) 9¼ cm. (3.55 in.)  
 Shoulders, . . . . . 12 cm. (4.72 in.)  
 Hips, . . . . . 9.5 to 10 c.m. (3.74 to 3.94 in.)

### CIRCUMFERENCES,—

Occipito-frontal, . . . . . 32 to 34 cm. (12.6 to 13.39 in.)  
 Sub-occipito-bregmatic, . . . . . 32 " (12.6 in.)  
 Occipito mental, . . . . . 36 " (14.17 in.)

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## Normal Pulse and Respiration per Minute.

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	PULSE.	RESPIRATION.
At birth, . . . . .	130 to 150	} 30 to 50, average about 44.
1st month, . . . . .	220 to 140	
1 to 6 months, . . . . .	about 130	} 25 to 35, " " 30.
6 to 12 " . . . . .	" 120	
1 to 2 years, . . . . .	110 to 120	—about 28.
2 to 4 " . . . . .	110	— " 25.
6 " . . . . .	100	} 20 to 25.
8 " . . . . .	88	
14 " . . . . .	87	
Adult, . . . . .	72	—16 to 18.

**Table Showing Growth in Height and Weight of Child.**

AGE.	HEIGHT.	WEIGHT.
Birth,	..19 in...	7 lbs.
1 day,	.....	6 " 11 oz. Lost 5 oz.
2 days,	.....	6 " 8 $\frac{3}{4}$ " " 2 $\frac{1}{4}$ "
3 "	.....	6 " 9 $\frac{3}{4}$ " Regained 1 oz.
4 "	.....	6 " 11 " " 1 $\frac{1}{4}$ "
5 "	.....	6 " 12 $\frac{3}{4}$ " " 1 $\frac{3}{4}$ "
6 "	.....	6 " 14 " " 1 $\frac{3}{4}$ "
7 "	.....	7 " .....Original weight.
1 month,	..20 $\frac{1}{2}$ in..	8 " }
2 months,	..21 " ..	10 " .....Gained 1 oz. a day.
3 "	..22 " ..	11 $\frac{1}{4}$ " }
4 "	..23 " ..	12 $\frac{1}{2}$ " } ..... Gained 5 oz. a week.
5 "	..23 $\frac{1}{2}$ " ..	14 " }
6 "	..24 " ..	15 " .....Double the original weight.
7 "	..24 $\frac{1}{2}$ " ..	16 " }
8 "	..25 " ..	17 " }
9 "	..25 $\frac{1}{2}$ " ..	18 " } .....Gained 1 lb and $\frac{1}{2}$ inch a month.
10 "	..26 " ..	19 " }
11 "	..26 $\frac{1}{2}$ " ..	20 " }
1 year,	..27 " ..	21 " }

Capacity of stomach of infant at birth = 1/100 body-weight approximately.

Average quantity of food at each meal at birth = 1 oz.

Average rate of increase  $\frac{3}{168}$  each week for first six months, subsequently somewhat less.

Intervals between feedings—2 hours at birth, increased gradually to 3 hours by the end of the 3rd month.

Temp. of food for young infants, 100° F.

**CASE NO. 1.**  
**RECORD OF CHILD.**

..... Sex *Female*  
Weight ~~5.17 lbs. female~~ Born *1.05 P.M. Sept 27<sup>th</sup>* 1896  
Mother's Name and age *Maggie Moore 32 yrs.*  
*I* para. Health .....

Previous History .....

Presentation and Position *Buxter + L.O.A*

Caput Succedaneum .....

Umbilical Cord *19 inches*

Delivery *1.05 P.M. Sept 27<sup>th</sup> 1896*

Duration *30* hrs. *20* min.

—:—

**NOTES AT TIME OF BIRTH.**

Primary respirations .....

Circulation .....

Temperature .....

Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth .....

## MEASUREMENTS.

### DIAMETERS.

Occipito-frontal .....	11	c. m. (	ins.)
"    mental .....	14	" (	ins.)
Sub-occipito-bregmatic .....	10.50	" (	ins.)
Bi-parietal .....	9.	" (	ins.)
Shoulders <i>Circumference</i> .....	30	" (	ins.)
Hips .....	<i>31 cm</i>	" (	ins.)

### CIRCUMFERENCES.

Occipito-frontal .....	35	c. m. (	ins.)
Occipito-mental <i>Diag. 14 cm</i> .....		" (	ins.)
Sub-occipito-bregmatic .....	33.50	" (	ins.)

Length of child *53 cm* .....

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### GENERAL REMARKS.

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HISTORY.

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PULSE

TEMP.

DATE.

# HISTORY.

DATE.	TEMP.		PULSE.		DEFECATIONS.		WEIGHT.
	A.M.	P.M.	A.M.	P.M.	DAY.	NIGHT.	
Sept. 27		96子		126	1	2	3395
" 28	98子	95子	140	136	1	0	3265
" 29	98子	95子	132	142	1	1	3200
" 30	98子	95子	136	132	0	1	3144
Oct 1	97子	97子	136	128	1	1	3510
" 2	98	97子	110	144	1	1	3223
" 3	98子	98	140	140	1	1	3306
" 4	98子	98子	122	128	1	3	3415
" 5	98子	98子	124	126	0	1	3338
" 6	98子	98子	114	144	1	2	3430
" 7	98子	98子	120	128	1	1	3392
" 8	98子	98子	114	148	1	0	3445
" 9	99		118				3427

*Card detached.*



**CASE No. 1.**

**CASE No. 1.**

**CASE NO. 1.**

CASE NO. 1.

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CASE NO. 2.

RECORD OF CHILD.

Sex. *M.*  
Weight <sup>*3653 grams*</sup> lbs. oz. Born *8. P. m. Sept 28<sup>th</sup>* 1896  
Mother's Name and age *Mrs Dawson aged 15*  
*Pinnapara.* Health *Good*  
Previous History *Appears good*  
Presentation and Position *Vertex. L. O. A.*  
Caput Succedaneum  
Umbilical Cord  
Delivery *8. P. m. Sept 28<sup>th</sup> 1896*  
Duration *9* hrs. *22* min.

—:—

NOTES AT TIME OF BIRTH.

Primary respirations *Began to breathe almost immediately after delivery*  
Circulation  
Temperature  
Taken in rectum for five minutes immediately after birth.  
Temperature 6 hrs. after birth

## MEASUREMENTS.

### DIAMETERS.

Occipito-frontal	12	c. m.	( $4\frac{1}{8}$ ins.)
“ mental	14	“	( $5\frac{1}{2}$ ins.)
Sub-occipito-bregmatic	10	“	( $3\frac{7}{8}$ ins.)
Bi-parietal	8	“	( $3\frac{1}{8}$ ins.)
Shoulders	15	“	( $5\frac{7}{8}$ ins.)
Hips	11	“	( $4\frac{7}{8}$ ins.)

### CIRCUMFERENCES.

Occipito-frontal	35.51	c. m.	(14 ins.)
Occipito-mental	<i>Diameter</i> 14	“	( $5\frac{1}{2}$ ins.)
Sub-occipito-bregmatic	22.51	“	( $13\frac{1}{8}$ ins.)

Length of child .....

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### GENERAL REMARKS.

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HISTORY

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# HISTORY.

DATE.	TEMP.		PULSE.		DEFECATIONS.		WEIGHT.
	A.M.	P.M.	A.M.	P.M.	DAY.	NIGHT.	
Sept 29	97 $\frac{1}{2}$	98 $\frac{1}{2}$	132	116	1	2	found 3633
30	98 $\frac{1}{2}$	98 $\frac{1}{2}$	132	140	1	3	3449
1	97 $\frac{1}{2}$	98 $\frac{1}{2}$	140	136	3	2	3450
2	98 $\frac{1}{2}$	98 $\frac{1}{2}$	112	160	1	2	3537
3	98 $\frac{1}{2}$	98 $\frac{1}{2}$	130	140	1	1	3605
4	98 $\frac{1}{2}$	99 $\frac{1}{2}$	118	160	2	3	3725
5	98 $\frac{1}{2}$	98 $\frac{1}{2}$	120	140	1	1	3710
6	98 $\frac{1}{2}$	98 $\frac{1}{2}$	120	140	1	3	3743
7	98 $\frac{1}{2}$	98 $\frac{1}{2}$	122	132	1	3	3762
8	98 $\frac{1}{2}$	98 $\frac{1}{2}$	122	132	1	2	3702
9	98 $\frac{1}{2}$	98 $\frac{1}{2}$	124	132	2	0	3752

Oct



**CASE No. 2.**

CASE NO. 2.

**CASE No. 2.**

CASE No. 2...

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MEASUREMENTS.

DIAMETERS.

Occipito-frontal.....	12	c. m. ( ins.)
“ mental.....	14	“ ( ins.)
Sub-occipito-bregmatic.....	9.75	“ ( ins.)
Bi-parietal.....	9.25	“ ( ins.)
Shoulders <i>Circumference</i> .....	35.50	“ ( ins.)
Hips.....	31	“ ( ins.)

CIRCUMFERENCES.

Occipito-frontal.....	36.50	c. m. ( ins.)
Occipito-mental <i>Diameter</i> .....	14	“ ( ins.)
Sub-occipito-bregmatic.....	32.50	“ ( ins.)

Length of child *53 cm*.....

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GENERAL REMARKS.

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HISTORY.

# HISTORY.

DATE.	TEMP.		PULSE.		DEFECATIONS.		WEIGHT.
	A.M.	P.M.	A.M.	P.M.	DAY.	NIGHT.	
Jan 19		98 $\frac{1}{2}$	128	148	/		3150 <sup>fast</sup>
20	98	98 $\frac{1}{2}$	120	120	/	2	3116
21	98 $\frac{2}{3}$	98 $\frac{1}{2}$	120	130	/	1	2885-
22	98 $\frac{2}{3}$	98	120	160	/	1	2937
23	98 $\frac{1}{2}$	98 $\frac{2}{3}$	120	150	/	1	3063
24	98 $\frac{2}{3}$	97	138	130	/	2	3100
25	98	98	124	118	/	1	3043
26	98 $\frac{1}{2}$	98 $\frac{1}{2}$	150	130	/	1	3100
27	98 $\frac{1}{2}$	98 $\frac{1}{2}$	140	124	/	1	3165
28	98 $\frac{1}{2}$	98	120	120	/	1	3160
29	98 $\frac{1}{2}$	98	120	120	/	1	3270
30	98 $\frac{2}{3}$	13	150		/		3535



**CASE No. 3.**

CASE NO. 3.

**CASE No. 3.**

**CASE No. 3.**

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**CASE NO. 4.**  
**RECORD OF CHILD.**

..... Sex.....

Weight.....lbs.....oz. Born.....m.....18

Mother's Name and age.....  
.....para. Health.....

Previous History.....  
.....

Presentation and Position.....

Caput Succedaneum.....

Umbilical Cord.....  
.....

Delivery.....

Duration..... hrs. .... min.  
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**NOTES AT TIME OF BIRTH.**

Primary respirations.....  
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Circulation.....  
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.....

Temperature.....  
Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth.....

MEASUREMENTS.

DIAMETERS.

Occipito-frontal ..... c. m. ( ins.)  
" mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)  
Bi-parietal ..... " ( ins.)  
Shoulders ..... " ( ins.)  
Hips ..... " ( ins.)

CIRCUMFERENCES.

Occipito-frontal ..... c. m. ( ins.)  
Occipito-mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)

Length of child .....

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GENERAL REMARKS.

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HISTORY.

# HISTORY.

DATE.	TEMP.		PULSE.		DEFECATIONS.		WEIGHT.
	A.M.	P.M.	A.M.	P.M.	DAY.	NIGHT.	



**CASE No. 4.**

**CASE NO. 4.**

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**CASE No. 5.**  
**RECORD OF CHILD.**

..... Sex.....

Weight.....lbs.....oz.    Born..... m..... 18

Mother's Name and age.....

..... para.    Health.....

Previous History.....

.....

Presentation and Position.....

Caput Succedaneum.....

Umbilical Cord.....

.....

Delivery.....

Duration..... hrs..... min.

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**NOTES AT TIME OF BIRTH.**

Primary respirations.....

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Circulation.....

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Temperature.....

Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth.....

MEASUREMENTS.

DIAMETERS.

Occipito-frontal ..... c. m. ( ins.)  
" mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)  
Bi-parietal ..... " ( ins.)  
Shoulders ..... " ( ins.)  
Hips ..... " ( ins.)

CIRCUMFERENCES.

Occipito-frontal ..... c. m. ( ins.)  
Occipito-mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)

Length of child .....

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GENERAL REMARKS.

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HISTORY.





CASE No. 5.

**CASE NO. 5.**

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**CASE No. 6.**  
**RECORD OF CHILD.**

..... Sex.....

Weight ..... lbs. .... oz.    Born ..... m. .... .. 18

Mother's Name and age.....

..... para.    Health.....

Previous History.....

.....

Presentation and Position.....

Caput Succedaneum.....

Umbilical Cord.....

.....

Delivery.....

Duration..... hrs. .... min.

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**NOTES AT TIME OF BIRTH.**

Primary respirations.....

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Circulation.....

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Temperature.....

Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth.....

MEASUREMENTS.

DIAMETERS.

Occipito-frontal..... c. m. ( ins.)  
" mental..... " ( ins.)  
Sub-occipito-bregmatic..... " ( ins.)  
Bi-parietal..... " ( ins.)  
Shoulders..... " ( ins.)  
Hips..... " ( ins.)

CIRCUMFERENCES.

Occipito-frontal..... c. m. ( ins.)  
Occipito-mental..... " ( ins.)  
Sub-occipito-bregmatic..... " ( ins.)

Length of child.....

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GENERAL REMARKS.

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CASE NO. 6.

**CASE NO. 6.**

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**CASE No. 7.**  
**RECORD OF CHILD.**

..... Sex .....

Weight ..... lbs. .... oz.    Born ..... m. .... 18

Mother's Name and age.....  
..... para.    Health.....

Previous History.....  
.....

Presentation and Position.....

Caput Succedaneum.....

Unbilical Cord.....  
.....

Delivery.....

Duration ..... hrs. .... min.  
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**NOTES AT TIME OF BIRTH.**

Primary respirations.....  
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Circulation.....  
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Temperature.....  
  Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth.....

MEASUREMENTS.

DIAMETERS.

Occipito-frontal ..... c. m. ( ins.)  
" mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)  
Bi-parietal ..... " ( ins.)  
Shoulders ..... " ( ins.)  
Hips ..... " ( ins.)

CIRCUMFERENCES.

Occipito-frontal ..... c. m. ( ins.)  
Occipito-mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)

Length of child .....

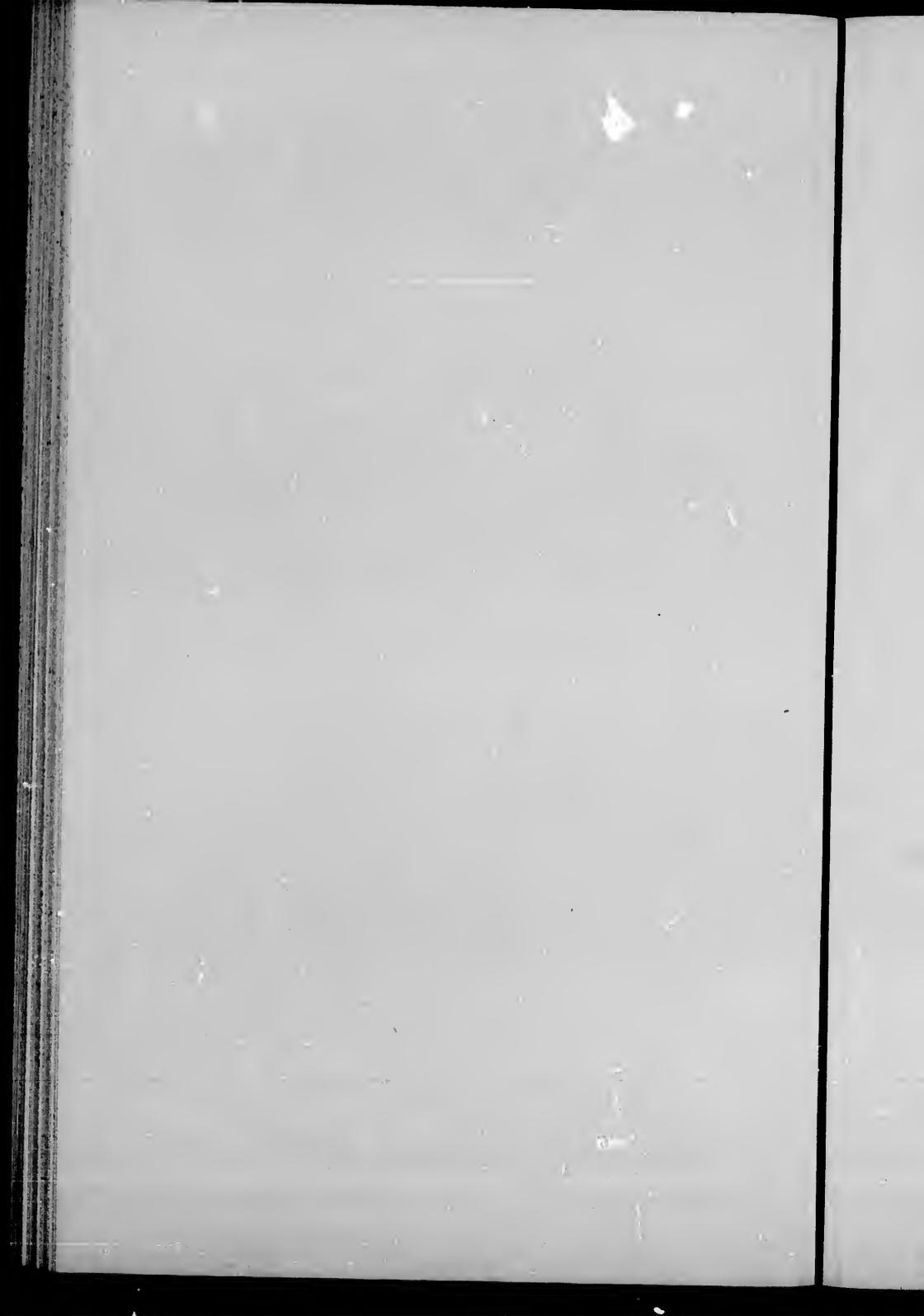
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GENERAL REMARKS.

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HISTORY.





**CASE No. 7.**

**CASE NO. 7.**

**CASE No. 7.**

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**CASE NO. 8.**  
**RECORD OF CHILD.**

..... Sex.....  
Weight ..... lbs. .... oz.    Born ..... m. .... 18

Mother's Name and age.....  
..... para.    Health .....

Previous History.....  
.....

Presentation and Position .....

Caput Succedaneum.....

Umbilical Cord.....  
.....

Delivery.....

Duration ..... hrs. .... min.  
  :0:.....

**NOTES AT TIME OF BIRTH.**

Primary respirations.....  
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Circulation.....  
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.....

Temperature.....  
Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth.....

MEASUREMENTS.

DIAMETERS.

Occipito-frontal.....c. m. ( ins.)  
" mental..... " ( ins.)  
Sub-occipito-bregmatic..... " ( ins.)  
Bi-parietal..... " ( ins.)  
Shoulders..... " ( ins.)  
Hips..... " ( ins.)

CIRCUMFERENCES.

Occipito-frontal.....c. m. ( ins.)  
Occipito-mental..... " ( ins.)  
Sub-occipito-bregmatic..... " ( ins.)

Length of child .....

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GENERAL REMARKS.

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HISTORY.

# HISTORY.

DATE.	TEMP.		PULSE.		DEFECATIONS.		WEIGHT.
	A.M.	P.M.	A.M.	P.M.	DAY.	NIGHT.	



CASE NO. S.

CASE No. 8.

CASE No. 8.

**CASE No. 8.**

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**CASE No. 9.**  
**RECORD OF CHILD.**

..... Sex .....

Weight ..... lbs. .... oz.    Born ..... m. .... 18

Mother's Name and age .....

..... para.    Health .....

Previous History .....

.....

Presentation and Position .....

Caput Succedaneum .....

Umbilical Cord .....

.....

Delivery .....

Duration ..... hrs. .... min.

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**NOTES AT TIME OF BIRTH.**

Primary respirations .....

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Circulation .....

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Temperature .....

Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth .....

MEASUREMENTS.

DIAMETERS.

Occipito-frontal ..... c. m. ( ins.)  
" mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)  
Bi-parietal ..... " ( ins.)  
Shoulders ..... " ( ins.)  
Hips ..... " ( ins.)

CIRCUMFERENCES.

Occipito-frontal ..... c. m. ( ins.)  
Occipito-mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)

Length of child .....

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GENERAL REMARKS.

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HISTORY.

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**CASE No. 9.**

CASE NO. 9.

**CASE No. 9.**

**CASE No. 9.**

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**CASE No. 10.**  
**RECORD OF CHILD.**

..... Sex.....

Weight.....lbs.....oz.    Born..... m.....18

Mother's Name and age.....

..... para.    Health.....

Previous History.....

Presentation and Position.....

Caput Succedaneum.....

Umbilical Cord.....

Delivery.....

Duration..... hrs. .... min.

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**NOTES AT TIME OF BIRTH.**

Primary respirations.....

Circulation.....

Temperature.....

Taken in rectum for five minutes immediately after birth.

Temperature 6 hrs. after birth.....

**MEASUREMENTS.**

**DIAMETERS.**

Occipito-frontal ..... c. m. ( ins.)  
" mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)  
Bi-parietal ..... " ( ins.)  
Shoulders ..... " ( ins.)  
Hips ..... " ( ins.)

**CIRCUMFERENCES.**

Occipito-frontal ..... c. m. ( ins.)  
Occipito-mental ..... " ( ins.)  
Sub-occipito-bregmatic ..... " ( ins.)

Length of child .....

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**GENERAL REMARKS.**

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HISTORY.

# HISTORY.

DATE.	TEMP.		PULSE.		DEFECATIONS.		WEIGHT.
	A.M.	P.M.	A.M.	P.M.	DAY.	NIGHT.	



CASE No. 10.

**CASE No. 10.**

CASE No. 10.

**CASE No. 10.**



