

ET
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Public DEPARTMENT.
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No. 466
467.

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[Despatch Abstract.]

State Hospital
Reviewing the re-
ports on the —
in the preceding
hours for the
year 1892 —

Govt. of {1893} Madras.
PUBLIC.

Issued

Recd.

Encl.

G.O., &c., 17th June 1893,
Nos. 466, 467.

JUNE.

State Hospitals.

Reviewing the report on the — in the Presi-
dency town for the year 1892.

READ AGAIN ORDER OF GOVERNMENT, DATED
18, No.

ENCLOSURE.

CURRENT No.

1442 - a

STATEMENT WITH DITTO.

ORDER, &c., OF GOVERNMENT—A.

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(not paged.)

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Order complete.

Letter only.

Order complete with Letter.

N.B.—

A = Print in full.

B = Not to be printed.

P = Print abstract only.

Q = Print heading only.

R = Print, but not for monthly volume.

BACK PAPER, No.

OF 18

FURTHER PAPER, No.

262047
2780

OF 1893

2837228357
73

4. The total expenditure on the Lying-in, Ophthalmic and Women and Children's hospitals appearing in statement V submitted by the Surgeon-General differ from the amounts given in the separate reports as shown below. The discrepancies should be explained:—

	Statement V.			Separate report.		
	RS.	A.	P.	RS.	A.	P.
Lying-in hospital	61,202	0	9	60,848	10	7
Ophthalmic do.	18,794	9	10	18,747	2	10
Women and Children's hospital	56,304	4	1	55,729	4	10

(True Extract.)

Chief Secretary.

To the Surgeon-General.
 „ Examiner, Medical Accounts.
 „ Military Department.
 „ Financial do.
 „ Accountant-General.
 Editors' Table.

ENDORSEMENT—dated 17th June 1893, No. 467, Public.

Copy to the Government of India, Home Department.

J. F. PRICE,
Chief Secretary.

Gobt. of {1893} Madras.
PUBLIC.

Issued

Recd.

Encl.

G.O., &c., 17th June 1893,
Nos. 466, 467.

JUNE.

State Hospitals.

Reviewing the report on the — in the Presidency town for the year 1892.

17TH JUNE 1893, Nos. 466, 467, PUBLIC.

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following paper :—

From Surgeon-Major-General W. F. DEFABECK, M.D., Surgeon-General with the Government of Madras, to the Chief Secretary to Government, dated Ootacamund, 20th May 1893, No. O.-119.

I have the honour to submit, for the information of the Right Honorable the Governor in Council, the annual report (two copies) for the year 1892 of the special hospitals (Provincial) in the City of Madras.

2. As in 1891, a review of the work done during the year, with short notes on some of the important cases treated, are given in the appendix.

3. The outlay on original works and repairs in the General Hospital has since been reported by the Senior Medical officer to have amounted to Rs. 46,795-2-6.

ORDER—dated 17th June 1893, No. 466, Public.

With his letter read above, the Surgeon-General submits the separate report on the State hospitals in the Presidency town called for by the Government of India in its letter dated 30th December 1891, No. 807. The statistics relating to similar hospitals in the mofussil have, in accordance with the instructions contained in letter No. 28 of the 17th January last, been excluded.

2. The number of institutions in Madras continued to be six, and the following statement shows the results of the work carried on in them and the charges which they involved in 1892 as compared with the previous year :—

Year.	Number of patients treated.		Daily average attendance of patients.		Mortality among in-patients (percentage).	Number of operations.		Recoveries from paying patients.	Total expenditure.
	In.	Out.	* In.	Out.		Major.	Minor.		
1891	14,198	69,662	795.49	528.37	5.90	3,288	8,228	11,886	2,96,941
1892	13,185	76,087	861.71	576.40	6.19	3,498	8,570	15,987	3,02,974

* The total number of beds provided is 922.

† Excludes Rs. 46,795 expenditure on new works and repairs in the General Hospital, reported subsequently.

There was a slight fall in the number of in-patients treated and a small increase in the rate of mortality among them, but this was only nominal, being due to the omission under the new nomenclature, of 1,528 cases of natural labour in the Lying-in hospital. There was also an increase in the total cost which is, however, satisfactorily explained in paragraph 8 of the report. In other respects the results of the year's work showed a considerable advance and testify to the growing popularity of the institutions reported upon.

3. The separate reports on the various hospitals printed in the appendix contain, as usual, much valuable and interesting information. The suggestions made by Dr. Price in the fifth and concluding paragraphs of his report will be referred to the Surgeon-General for remarks.

4. The total expenditure on the Lying-in, Ophthalmic and Women and Children's hospitals appearing in statement V submitted by the Surgeon-General differ from the amounts given in the separate reports as shown below. The discrepancies should be explained :—

	Statement V.			Separate report.		
	RS.	A.	P.	RS.	A.	P.
Lying-in hospital	61,202	0	9	60,848	10	7
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(True Extract.)

J. F. PRICE,
Chief Secretary.

To the Surgeon-General.
„ Examiner, Medical Accounts.
„ Military Department.
„ Financial do.
„ Accountant-General.
Editors' Table.

ENDORSEMENT—dated 17th June 1893, No. 467, Public.

Copy to the Government of India, Home Department.

Chief Secretary.

Report on
State Hospitals,
Madras

17TH JUNE 1893, Nos. 466, 467, PUBLIC.

GOVERNMENT OF MADRAS.

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Year.	Number of patients treated.		Daily average attendance of patients.		Mortality among in-patients (percentage).	Number of operations.		Recoveries from paying patients.	Total expenditure.
	In.	Out.	* In.	Out.		Major.	Minor.		
1891	14,198	69,662	795.40	528.37	5.90	3,283	8,228	Rs. 11,886	Rs. 2,96,941
1892	13,185	76,087	851.71	576.40	6.19	3,498	8,570	15,987	† 3,02,974

* The total number of beds provided is 922.

† Excludes Rs. 46,795 Public Works expenditure on the General Hospital reported subsequently.

There was a slight fall in the number of in-patients treated and a small increase in the rate of mortality among them, but this was only nominal, being due to the omission under the new nomenclature of 1,528 cases of natural labour in the Lying-in hospital. There was also an increase in the total cost which is, however, satisfactorily explained in paragraph 8 of the report. In other respects the results of the year's work showed a considerable advance and testify to the growing popularity of the institutions reported upon.

3. The separate reports on the various hospitals printed in the appendix contain, as usual, much valuable and interesting information. The suggestions made by Dr. Price in the fifth and concluding paragraphs of his report will be referred to the Surgeon-General for remarks.

there was a slight fall in the number of inpatients treated and a small increase in the rate of mortality among them but this was only partial being due to the omission, under the nomenclature, of 1528 cases of natural fever in the Lying in Hospital. There was also ^{however} in the total cost which is satisfactorily claimed in para. 8 of the report. In other respects results of the year's work show a considerable improvement and testify to the growing popularity of the institutions reported upon.

The separate reports on the ^{various hospitals} ~~above institutions~~ inserted in the appendix contain a useful and interesting valuable information and ~~are very~~ ^{interesting}. The suggestions made by

in para. 13 in the fifth and concluding paras. of this report will be referred to the Surgeon General for remarks. With reference to the penultimate paragraph of Surgeon Captain Grant's report, Dr. De Zafreck will be requested to state whether measures can be adopted with a view to enable the physicians of the General Hospital to render the examination, treatment and record of all the cases coming under their observation ^{more} complete ^{than others under present circumstances, & in possible} as possible.

The following ~~discrepancies~~ ^{discrepancies} noticed in the Surgeon General's report and the Statute accompanying it ~~has been~~ ^{has been} ~~noted~~ ^{noted} and

1892	1893	1894
22,345	22,345	22,345
22,345	22,345	22,345



the discrepancy should be explained ~~as far as possible~~.
 (1) ~~No reference is made to the contribution paid by the Madras Municipality towards the support of the General Hospital.~~
 (2) ⁴ The total expenditure on the Lying in, Ophthalmic, and Women & Children's hospitals appearing in Statute I submitted by the Surgeon General differs from ~~the~~ the amounts given in the separate reports as shown below: The discrepancies should be explained

	Statute I	Separate reports
	R. - as - P.	Rs. - as - P.
Lying in hospital	61,202. 4 - 9.	60,848. 10 - 7.
Ophthalmic "	18,794. 9 - 10.	18,747. 2 - 10.
Women & Children "	56,304. 4 - 1.	55,729. 4 - 1.

14/6/93

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- .. Financial Departt. 1
- .. Accountant General 6
- Editor's table

7/6
 27/6/93

End to. d/17 June/93. N = 467.
 Copy to the Govt of India Home Deptt.

27-6/93

(seen by C.S. on 14/6/93)

Public (1893) DEPARTMENT.

From S. M. Genl. W. F. de Saabek ^{MD}

THE SURGEON-GENERAL, WITH THE
GOVERNMENT OF MADRAS,

Madras,

Notarandum

CHIEF SECRETARY
20 MAY 1893
GOVERNMENT

No.

9119

Dated 20th May 1893.

Received 20

Red for next 22 May

No.

SUBJECT.

Submitting the annual
report for the year 1892 of the
Special Hospitals in the
City of Madras.

One copy sent down to S. M. Genl.

Madras

27/5

[25]



PROCEEDINGS OF THE MADRAS GOVERNMENT.

Read the following paper :-

Res 1442

Order: 17th June 1893, No. 466

With his letter read above, the
Surgeon-General submits the separate report
State hospitals in the Presidency town of
called for by the Govt. of India in its letter of
30th Decr. 1891 No 807. The statistics relating
to similar hospitals in the provinces have,
accordance with the instructions contained in
15th June letter No 28 of the 17th Jan^y last, been called
from the report.

2. The number of institutions in Madras
continued to be six and the following statement
shows the results of the work carried on in the
charge which they involved
and their cost in 1892 as compared with the
previous year:-

Year	No of patients treated		Daily average attendance of patients		Mortality among inpatients (percentage)	No of Operations		Revenues from paying patients	Total expenditure
	In	Out	In	Out		Major	Minor	Rs	Rs
1891	14,198	69,662	795.49	528.37	5.90	3,283	8,228	11,886	296,94
1892	13,185	76,087	857.71	576.40	6.19	3,498	8,570	15,987	302,97

* The total number of operations provided is 912.
* Expenditure on the general hospitals is Rs. 15,495.

State Hospitals

M. J. P.

1916

2 copies

2 Copies for Public
C. No 1442/92

Put into G.O. 46667 Pub.
17/6/93
on receipt from Treas.

OFFICE OF SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS,

No. 7119

From S. M. Gent: W. F. de Faleck M.D.

THE SURGEON-GENERAL WITH THE

GOVERNMENT OF MADRAS,

Ootacamund
MADRAS,

To

THE Honble The Chief Secy. to Government,
Public Department,

SIR,

I have the honor to submit for the information of the Right Honble the Governor in Council the Annual Report for the year 1892, of the Special Hospital (Provincial) in the City of Madras.

2. As in 1891 - a review of the work done during the year with short notes on some of the important cases treated are given in the appendix.

3. The outlay on original works and repairs in the General Hospital has since been reported by the Senior Medical Officer to have amounted to Rs 46795-2-6.

I have the honor to be,

Sir,

Your most obedient Servant,

M. J. P.
S. M. Gent.

Surgeon-General with the Govt. of Madras.

aged 50 years, who came in June last with ascites due to disease of the liver, has been relieved of nineteen gallons of fluid from her abdomen under paracentesis on twelve occasions since admission. She is doing fairly well at present.

Several cases of extensive burns, mostly of the second degree, were brought in for treatment, but the majority of them died from tetanus.

A Hindu child, aged about 9 years, was brought to the hospital suffering from complete inversion of the bladder. No information could be obtained as to when and under what circumstances the inversion took place. The internal orifices of the ureters were distinctly seen on both sides of the bladder and urine was constantly dribbling through them. As the parents were not inclined to subject the child to any operation, the child was taken away.

A case of compound fracture of the skull, the result of sharp blows with a knife, was admitted in November last. There were two large wounds four inches and three inches each respectively with the brain exposed. The wounds were dressed simply with antiseptic lotion, and the case progressed favorably without any brain symptom and is now almost healed. The temperature rose 2°F. on the fourth day and after three days became normal and has continued since.

Operations.—Four cases of cancer of the breast were operated for; the gland had to be completely removed in three and all of them made a good recovery soon.

Three cases of amputation of the arm were performed for gangrene of the fore-arm, the result of the tight bandage applied at home by would-be professional bone-setters.

Internal Economy.—The total annual expenditure of the hospital including the salaries of the officers is Rs. 55,729-4-10 against Rs. 42,174-3-2, showing an increase of about 33 per cent. over that of last year, and is due mostly to the unusually large number of cases treated during the year and partly to the difference in salaries of the Medical officers. Besides, the building was thoroughly repaired and put in order at a cost of nearly Rs. 4,000. The average daily cost of a European diet including extras and stimulants was 8 annas 1 pie, and that of a native diet 3 annas 11 pies; but the average cost of each diet on the whole is only 5 annas 11 pies, being merely 2 pies in excess of the last year. Considering the high market rate of articles of consumption during the year, this increase falls within reasonable bounds. The recoveries under hospital stoppages credited to Government from European and East Indian patients amounted to Rs. 970-14-0 against Rs. 626-6-7, being more than 50 per cent. over that of last year.

(Signed) A. L. HACKETT, Brigade-Surgeon-Lieut.-Colonel,
In charge of Hospital for Women and Children.

No. 6.—VOLUNTARY VENEREAL HOSPITAL.

ANNUAL MEDICAL REPORT OF THE VOLUNTARY VENEREAL HOSPITAL, MADRAS, FOR THE YEAR 1892.

I HAVE the honour to submit a report on the Voluntary Venereal Hospital during the year ending 31st December 1892.

The total number treated in hospital was 577 as compared with 442 in the previous year. There have been 9 deaths, being an increase of 1 over last year; and it is interesting to note that, although cholera prevailed to a great extent in the immediate neighbourhood of the hospital, the inmates were not attacked.

Nine deaths occurred during the year, 1 European admitted for syphilis, secondary, died from general debility, 8 Natives died, the causes being—

- 2 Syphilis primary, and syphilitic cachexia.
- 2 Syphilis secondary, and general debility.
- 1 Syphilis primary, and general debility.
- 1 Syphilis secondary, and diarrhoea.
- 1 Syphilis primary, and dysentery.
- 1 Gonorrhoea and general debility.

The most common disease was primary syphilis (360 cases), an increase of 93 over those treated in 1891. There was also an increase of 28 cases of gonorrhoea as compared with the return from the previous year.

The character of the cases was very bad in fact; I have never seen such frightful results from syphilitic poison. Mere children and old women presented themselves in a shocking state, huge sloughing ulcers with great loss of tissue being common. No such cases were seen during the period the Contagious Diseases Act was in force; cases only come in now when disease is far advanced and the system thoroughly poisoned, and they can leave hospital when they please. Many insisting on leaving before a cure is complete; these widely spreading a bad form of syphilis amongst the population.

The number of patients treated is steadily increasing.

(Signed) A. L. HACKETT, Brigade-Surgeon-Lieut.-Colonel,
Superintendent, Voluntary Venereal Hospital, Madras.

No. 4.—LEPER HOSPITAL.

ANNUAL MEDICAL REPORT OF THE GOVERNMENT LEPER HOSPITAL FOR THE YEAR 1892.

THE total number of patients treated during the year was 583 against 521 of the previous year, showing an increase of 62. The daily average of Europeans has been 33.97, showing an increase of .77 over that of the previous year, and that for natives was 213.20 with an increase of 10.76 against that of the previous year. The cause of the increase year by year can be attributed to the popularity of the institution and the comforts rendered to them. I repeat what I have stated in my last year's report that the hospital will have to be enlarged shortly to give reception to all lepers who seek admission into it, irrespective of the mild or advanced stage of the disease they suffer from at the time they seek admission. The female ward which accommodates only 28 beds is always overcrowded, the present number including children being 50. The excess is accommodated both in the verandah and between cots. The number of deaths this year is 88 against 62 of the last year, showing rather a high death-rate this year owing to some having been admitted in a dying state and others suffering from chronic diarrhoea and dysentery; about 20 of them died within a month after admission. There were 27 deaths among those of below 40 years of age and the rest between 40 and 88.

Under diets the average expenditure per head this year was annas 4 and pies 3 against annas 3 and pies 8 of the last year, showing an increase of 7 pies per head. This increase is due partly to the high rates of the contractors and partly to the extras that had been given to some of the bad cases.

(Signed) H. D. COOK, M.B., Surgeon-Lieut.-Colonel,
Superintendent, Government Leper Hospital.

No. 5.—WOMEN AND CHILDREN'S HOSPITAL.

ANNUAL REPORT OF THE HOSPITAL FOR WOMEN AND CHILDREN FOR THE YEAR 1892.

THE total number of patients treated during the year under review was 3,872 against 3,607 of the previous year, showing a marked increase of 265 over that of last year and 405 over the mean of last five years.

The chief diseases treated with their numbers are as follow :—

Diseases.	Number.
Diseases of the digestive system	720
Fevers, malarial, simple and continued .. .	476
Diseases of the respiratory system .. .	342
Ulcers .. .	242
Dysentery .. .	198
Rheumatic affections .. .	180
Diseases of the urinary system .. .	161
Cholera .. .	116

The daily average number treated was 116.74 against 119.47, being 2.73 less than that of the previous year. The greatest number admitted in one month was 409 in August and the smallest was 258 in December last.

Races and Castes.—The percentage of the various races and castes is given in the following table :—

Races.	Total Admission.	Percentage.
Europeans .. .	36	.93
Eurasians .. .	1,066	27.54
Mahomedans .. .	86	2.22
Hindus .. .	1,375	35.51
Other classes { Native Christians .. .	549	14.18
{ Pariahs .. .	760	19.62

Among the high caste Hindus, five Brahmins sought relief in this hospital. The other divisions, sub-divisions and denominations of the different castes of the Hindus are too numerous to be brought on this report.

Deaths.—There were 245 deaths against 287, being 42 less than the previous year. The percentage of deaths to total treated is 6.32; and mortality among children is considerably low, being only 3.65. The principal diseases that contributed the largest number were—

Diseases.	Number died.
Cholera .. .	59
Diseases of digestive system .. .	37
Dysentery .. .	28
Fevers .. .	23
Diseases of the urinary system .. .	17
Tubercular diseases .. .	16
Injuries .. .	15

Most of the cholera cases admitted into hospital were brought in a highly collapsed state, when little or nothing could be done for them; hence the high death-rate in cholera. The failure of the monsoons and the consequent scarcity of food-grains have probably been the cause of increased number of admissions under diseases of the digestive system and fevers.

GENERAL REMARKS.

Epidemics.—There was a sharp outbreak of cholera in April last, which continued till the end of May when it passed off as suddenly as it broke out. But it came on again in July and raged in August and gradually declined in September. The largest number admitted were in May and August.

There were many cases of ascites, in which large quantities of fluid were repeatedly drawn off by paracentesis of the abdomen, and the temporary relief thus afforded had been in several cases followed by complete cure in the end under appropriate treatment. Mrs. A.—(European),

(c) *Ulcerative Enteritis (Ulcus Carteri)*.—Five cases I have returned under this peculiar heading. Of these, one was a Hindu, aged 18 years, one a European aged 32 years, and three were Eurasians aged respectively 18, 24 and 35 years. Perforation occurred in four cases. The type of ulcer is characteristic; occurring in the ileum, shallow, generally transverse, thin-edged, with generally a smooth base, in which the middle coat of the bowel is often exposed, mostly affecting a Peyerian patch, but hardly ever the whole of it. Sometimes, however, Peyer's patches are not affected. Sometimes the ulcers seem little more than gaping transverse slits in the mucous membrane. Carter has described these ulcers in his book on fevers. I therefore call them *ulcus Carteri*. I find them every year in our *post-mortem* room. The cases are frequently diagnosed typhoid fever or remittent fever; but I think the idea of there being a peculiar fever, whose characteristic lesion is the ulcer I have described, is gaining ground in our hospital.

(d) *Typhoid Fever*.—There was only one case, where the lesions characteristic of this fever were found. It was the body of a delicate European lad 21 years old. The specimen was a very beautiful one and is preserved in the Museum of the Medical College.

(e) (1) *Poisoning, Irritant*.—This was caused by perchloride of mercury. It was of great interest. The details may be found in the *Transactions of the South India Branch of the British Medical Association for 1892*.

(2) *Poisoning, Narcotic (Opium)*.—The interest in this case lay in the fact that it was mistaken for idiopathic tetanus.

(f) *Apoplexy*.—The hæmorrhage was due to a lesion, in my experience unique, viz., rupture of a military aneurism of the right anterior cerebellar artery. It occurred in a Hindu, 50 years old. The specimen is in the Medical College Museum.

(g) *Intestinal Obstruction*.—Five bodies were examined—one a twisted sigmoid, one a twisted mesentery, ileum only involved, one a twist of whole mesentery, one due to helminthiasis with acute cedema of the small bowel, and one to pressure by bands the result of old peritonitis. The details of these are of extreme interest, but for want of space must here be omitted. I would note, however, the extreme necessity of bearing in mind the frequency of twist on the mesentery as a cause of obstruction, otherwise the lesion may readily be overlooked. It is such a curious lesion that I have known it to be overlooked by the Surgeon operating, and even by a Surgeon looking for the cause of the obstruction in the *post-mortem* room.

The case recorded as due to cedema of the bowel is of extreme interest. The wall of the small bowel was nearly half an inch thick from clear acute cedema and presented a gigantic mouiliform appearance due to collections of round worms here and there along its course. There were only eight ounces of serum in the peritoneal cavity. The liver markedly cirrhotic—a polylobular cirrhosis, little masses of hepatic tissue being clean separated from the body of the liver by the new fibrous growth.

(h) *Heart Disease*.—This body was examined and reported on by Dr. Wright. The chief and great interest in it lies in the other conditions present, viz., (1) heart to right of middle line, (2) spleen and liver exchanged sides, (3) cæcum in left instead of right side, (4) aorta extended down right instead of left side of bodies of vertebrae.

(i) *Lympho-sarcoma*.—The interest in this lay in the manner in which the generalization had taken place into the lungs, liver and mesentery, leaving the spleen free.

(j) *Chloroform, death during the administration of*.—The *post-mortem* appearances were those of general traumatic anæmia. The only blood to be found in the body was in the inferior vena cava and veins of the lower limbs. The tissues were stained by the blood pigment. The heart very soft and flabby.

During the operation at which he died the heart ceased to beat, while gasping respiration continued for a brief space. The patient was in a state of intense debility from hæmorrhage and septic poisoning. In one of the cases of obstruction of the bowels included in the above list, the patient was in a state of great weakness on admission. I nevertheless placed him on the table for operation; on attempting to give the chloroform the heart began to fail; several subsequent trials at intervals of a few minutes were made, but always with the same result to the heart, the pulse sometimes becoming imperceptible; so I removed the patient from the table, and he lived several hours.

I am quite satisfied that to have pushed the chloroform would have killed the patient. These two cases are quoted as clinical evidence of the direct action of chloroform in the heart.

GENERAL HOSPITAL,
MADRAS, 12th March 1893.

(Signed) J. SMYTH, M.D., Surgeon-Captain,
Resident Surgeon.

ANNUAL REPORT ON THE OUT-PATIENT WORK IN THE GENERAL HOSPITAL, MADRAS, DURING THE YEAR 1892.

DURING the year there were 37,007 native patients and 7,959 Europeans treated in the out-patient room; the figures for last year were 31,970 natives and 7,735 Europeans. The regular staff consisted of myself, a Senior and a Junior Apothecary. A second Junior Apothecary helped occasionally. Throughout the year Mr. Mahomed Ghouse has rendered me invaluable assistance, as he has done ever since I became Resident Surgeon. Without his assistance the women and children's department would be very inadequately attended to indeed. This is the special morning duty of the Senior Apothecary, but he is delayed on business so long in the mornings by the Senior Medical Officer, and then has to go back to his office by 10 o'clock that it is quite impossible for him to do the work without assistance; this assistance Mr. Mahomed Ghouse has voluntarily and most efficiently rendered during the last several years.

Ear Disease as usual was very prevalent; 2,511 cases having been treated during the year.

I have continued the treatment of hydrocele by the cocaine and iodine injections recommended in my report of last year with satisfactory results so far as I have been able to follow the cases.

There were 103 major and 2,955 minor operations performed during the year.

(Signed) J. SMYTH, M.D., Surgeon-Captain,
General Hospital,
MADRAS, 12th March 1893.
Resident Surgeon.

perineum, and a large drainage tube passed along one of them in the direction of the bladder. There was extensive sloughing of the parts, especially above the bubes and over the bladder. Patient for two or three days lay in an insensible and delirious state with severe constitutional symptoms, but finally rallied and recovered.

For the radical cure of hernia Barker's operation was chiefly adopted. In several cases Bennet's operation was performed, but no comparison as to the comparative merits as regards results has been possible owing to the difficulty of seeing patients afterwards.

Twenty-two cases were operated upon for elephantiasis of scrotum. All did well, except one, who died of nephritis. This latter case was one of elephantiasis in a European, and had all the symptoms and appearances of scrotal elephantiasis as it occurs in the native.

Inguinal colotomy on the left side was performed for cancer high up in the rectum. The bowel was opened on the fourth day after operation, firm union having then taken place. Patient experienced much relief from the pain that formerly arose in passing his motions.

Amputation through the knee joint was performed in a case of elephantiasis of the leg. Very rarely will cases submit to have amputation performed for elephantiasis, however extensive the disease may be; but this case was complicated with osteo-myelitis of the femur arising probably from the knee joint, which was acutely inflamed. The pain was intense, and patient begged to have the leg amputated. He felt relief from pain to some extent after the operation, but septic absorption had previously taken place, and he died about a week afterwards.

Malignant tumours affected chiefly the generative organs, the face and jaws. Those about the cheek especially were remarkable for their rapidity of growth and the hopeless condition at which they arrived within a very short period.

Altogether 433 major operations were performed, the total mortality among these being 42 or 9.6 per cent.

(Signed) D. SIMPSON, M.B., Surgeon-Captain,
Acting Second Surgeon.

GENERAL HOSPITAL,
MADRAS, 15th March 1893.

ANNUAL REPORT ON THE POST-MORTEM EXAMINATIONS PERFORMED IN THE GENERAL HOSPITAL, MADRAS, DURING 1892.

DURING 1892 records of 73 post-mortem examinations were drawn up. Besides these examinations, many partial necropsies were made, of which no formal report was kept.

I was absent on other duty for two months, and during that period 6 of the above 73 reports were made by Surgeon-Captain Wright who acted for me. One of these cases was of much interest, and will be referred to below. The average duration of an examination was about two hours. Sometimes, however, they took over three hours.

The following is a list of the reports:—

Pneumonia lobular	2
Do. chronic	1
Liver, abscess of, multiple	2
Do. do. large, solitary	1
Do. cirrhosis of	3
Dysentery, chronic	1
Ear, suppurative, middle (pyæmia)	2
Colon, cancer of	3
Stomach, cancer of	1
Do. chronic perforating ulcer of	1
Ankylostomiasis	5
Enteritis, ulcerative	2
Kidney, cirrhosis of	5
Intestinal obstruction	1
Poisoning, irritant	1
Do. narcotic	1
Cholera	3
Tetanus	1
Lung, abscess of	1
Do. contusion of	1
Dyspepsia, chronic	1
Typhoid fever	3
Multiple injuries	1
Abscess, ischio-rectal	1
Apoplexy	1
Paraplegia	1
Peritonitis, idiopathic	2
Skull, fracture of base of	1
Spine, fracture of	1
Brain, abscess of	1

Phthisis pulmonalis	3
Brain, gumma of	1
Aneurism, aortic	1
Hernia, obstructed, inguinal	2
Gun-shot wound of abdomen, penetrating	1
Morbus coxæ	2
Starvation	1
Malarial cachexia	2
Heart, valvular disease of	1
Cut throat	1
Fæcal fistula	1
Intestine, rupture of small	2
Stricture of urethra	1
Bronchocele, cystic	1
Chloroform, death during administration of	1
Lympho-sarcoma	1
Total	73

A few notes on some of these cases may be of interest.

(a) *Chronic Pneumonia*.—This occurred in a European lad, 12 years old, of good constitution, who had, many months before death, inhaled accidentally a morsel of cocoanut, which he coughed up a fortnight or so afterwards. Instead of setting up a definite local pneumonia only, general bronchitis of the affected lung soon developed, accompanied by severe cough. It was the right lung. After a time this cough was usually followed by a copious expectoration of pus. Signs of abscess in the lung now developed, and, on exploration, pus was immediately struck deep in the lung. This was regarded as confirmatory of the presence of abscess. This abscess could not, however, again be struck. On the last occasion on which an exploration was made, the patient was seized with convulsions while under chloroform, the spasms taking the form of strong outward rotation and extension of both arms with opisthotonos. The pupils at the same time dilated widely. He never recovered consciousness and died in a day or so, the spasms continuing in an intermittent form to the end.

Post-mortem on lungs, heart and brain.—“Left lung and pleura quite normal. Right lung adherent throughout, except at anterior upper margin, the adhesions being very dense. The right bronchus was filled with frothy muco-purulent tenacious secretion tinged red; many of its sub-divisions greatly dilated, the dilatations extending on-wards to near the surface of the lung, terminating there in sacculated pouches filled with yellow tenacious pus. These terminal pouches varied from a pea to a small walnut in size. Minor bronchi leading off from the main ones were nearly all distended and converted into sacs of pus, their orifices, at the same time, being hardly at all dilated. The lining of the tubes and sacculæ was thickened, studded over with a close set bright-red mottling, and eroded here and there. The true pulmonic tissue was much tougher than normal and quite airless, except at the apex, which also was the only portion free from bronchiectatic abscess.

Heart.—Right auricle and innominate vein filled with tough dark thrombus.

Brain.—Sinuses of dura mater distended with tough dark thrombus; weight of brain 52 ounces; rather soft, except along the outer upper aspect of the right cerebral hemisphere, where the cortical substance was of a livid purple colour, and much firmer than the surrounding parts. The veins of the pia mater in this region were also much distended. The cortex bordering the left fissure of sylvius was similarly affected. The anterior end of the right centrum ovale was intensely congested, the congestion being continuous with that already noted in the cortex. Many small ruptured vessels with slight laceration of brain substance were noticed in this region.”

In explanation of these appearances, it is not difficult to conceive the dislodgment of a piece of thrombus from a vein in the diseased lung, its transport to the heart by the pulmonary veins, and thence to the cerebral arteries.

(b) *Ankylostomiasis*.—This body presented the usual appearances met with in such cases, viz., intense anæmia, with catarrh of the small bowel accompanied by a most profuse production of mucus in which the parasite literally swarms, and in which its ova may be detected with the greatest ease. One of the cases, which I have returned under the heading *Chronic Dysentery*, was also the subject of *ankylostomiasis*, but the dysenteric lesions were so pronounced I decided to attribute death to dysentery rather than to the parasite. I should say that in quite a quarter of the whole 73 cases reported, the ankylostomum was found—two or three specimens only in some cases. I am not quite certain whether it is the parasite that causes the terrible cachexia found in the cases I have called *ankylostomiasis*, or whether it is the cachectic condition which makes the bowel a very favorable breeding ground for the parasite. The parasite is common in very small numbers in apparently healthy bowels; I have never seen it in large numbers in a healthy bowel, or in the bowel of a man of vigorous constitution. A great deal of cock-sure writing has appeared recently in connection with this subject, necessity for a revision of which, will, I am certain, shortly appear.

ANNUAL REPORT OF THE SENIOR SURGEON OF THE GENERAL HOSPITAL, MADRAS, FOR 1892.

DURING the year 2,213 patients were admitted into the surgical wards, 83 less than in the preceding year; 1,767 were admitted into the Native wards and 446 into the European wards, the great majority of the latter admissions being Eurasians. With a few exceptions all the patients were adult males, for I have again to state that in our so-called 'General' Hospital there are no female wards, though it is to be hoped, more especially on account of the clinical teaching, that this year will be the last in which the students will not have the advantage of seeing cases of disease among women and children treated in the wards and that the long deferred plan of handing over the part of the building now used as a Station Hospital may be at last carried out. The exceptions just mentioned were a few cases of women and children that immediate urgency on account of serious injury or a desire for operative interference not otherwise to be carried out led to their being admitted.

Among 446 Europeans there were 15 deaths in the 1,767 natives, 98 deaths, a percentage of 3.3 and 5.6, respectively. The figures for last year were 3.8 and 4.3, so that the mortality was less among the Europeans than in 1891, but distinctly greater in the natives. The cause of this increased mortality is to be sought for in the graver type of illness present in many of the patients on admission. Though reluctance to seek relief cannot now be said to prevail among the natives of Madras, particularly where the disease is such that relief may be expected from operative measures, still the distance that many of the patients had to travel combined often with ignorance as to the necessity for early treatment if a 'cure' was to be expected led to many admissions of cases in a very dangerous and hopeless condition.

The general type of disease showed no difference from that of the preceding year, we had still to treat a relatively enormous number of cases of venereal disease, and of disease of the male genito-urinary organs (stricture of the urethra for instance) due to old venereal disease. There are no obvious indications that the spread of venereal disease is lessening, or that the desirable consummation of its dying out, if left to itself, is likely to take place; nor do I see any evidence that one of the chief points insisted on by the advocates of the abolition of the Contagious Diseases Act, viz., that the type of disease is less severe than of yore is in the slightest way borne out by the evidence afforded in the cases treated in our surgical wards. The absence of infective surgical disease (erysipelas, pyæmia, septicæmia and tetanus in particular) was as noteworthy and satisfactory as in last year.

Turning to tumours, as in the preceding year, there were a large number of cases of tumours, both innocent and malignant, treated by removal of the new growth. In the class of innocent tumours with the exception of one death from nephritis following removal of an elephantoid scrotum, the mortality was nil out of 64 cases operated on. Elephantiasis of the genitals furnished 48 cases, all of which were removed successfully, with the exception of the death from nephritis just alluded to. The number of cases is nearly the same as last year, when 44 were operated on with one death. These cases vary much in size of tumour, and in age and constitutional condition of the patient, but no 'selection' of cases is made. Provided that serious visceral organic disease is absent, and that the patient gives his consent and either one or the other rarely stands in the way of operating; every case of the elephantiasis of the genitals that comes to hospital for treatment is operated on, and the results can be classed as extremely satisfactory.

It might have been expected that more than 19 cases of other innocent growths would have been admitted, but so long as the tumour is painless or nearly so, and does not cause much inconvenience, the natives of Madras do not mind carrying about with them growths that Europeans would be anxious to get rid of, if only on account of the disfigurement they frequently cause.

Statistics in England show that there has been a decided increase in the prevalence of malignant growths (especially cancer) during the last quarter of a century. It is impossible to say from statistics here if a similar increase is going on in Madras; but it is certain that a much larger number of patients suffering from malignant tumours present themselves for treatment than formerly, but this may be due to the undoubted growth of confidence in the success of surgical operative measures. Sixty cases of malignant disease (26 of sarcoma and 34 of epithelioma) were operated on during the year with an immediate mortality of 11.6 per cent. chiefly caused by shock. This does not well represent the actual results, as 'relief' could only be claimed in a considerable number, and doubtless recurrence of the growth took place in many who left the hospital apparently 'cured,' but who failed to return after a moderate interval of time to let the results be properly gauged.

Major Operations.—In the annual return of operations 861 major operations are shown as having been performed during 1892, 87 more than in 1891. Owing to paracentesis abdominis, thoracique being included in 'major' operations, seventyappings of either the abdominal or thoracic cavity were recorded as having been performed in the medical wards. Deducting these, 791 major operations were performed by the Senior and Second Surgeons, 386 and 405, respectively. Including the 48 cases of operations remaining from last year, of the 861 patients 521 were declared to be cured, 200 relieved, 54 discharged otherwise, 69 died and 65 were remaining

on the 31st December 1892. The mortality was equal to 8.0 per cent. of those operated on (the same as last year), and seeing, as I have said above, that the cases are not 'selected,' but that relief is sought to be given by operation when at all justifiable, the mortality is not excessive. Details of cases of great surgical interest would run out this report to an unconscionable length, and they are, I think, better given at a medical society than in an official report, and some of them were described at the Local Branch of the British Medical Association and published in its transactions, and I therefore conclude by saying that enough has been given, I consider, in the foregoing, to point out that the great increase of surgical operative work, that the records of the hospital show has taken place in the last six years, has been well sustained during 1892.

(Signed) W. R. BROWNE, M.D., Surgeon-Major,
Senior Surgeon.

GENERAL HOSPITAL,
MADRAS, 19th March 1893.

ANNUAL REPORT OF THE ASSISTANT PHYSICIAN OF THE GENERAL HOSPITAL, MADRAS, FOR THE YEAR 1892.

THE total admissions into the wards of the Assistant Physician during 1892 were 1,330 consisting of Europeans 448 (including 19 'remaining' at end of 1891) and Natives 882 (including 34 'remaining' at end of 1891). The corresponding figures for 1891 were 1,462 divided into 484 and 178, showing a total decrease of 132. The difference is due to a decrease in number of the cholera cases, the entire absence of influenza and the fact that no 'extra' beds were allowed while the native patients were in tents. Early in 1892 the old native medical wards (Hobart and Argyle) were closed permanently, and the occupants were placed in tents pitched in the hospital compound. These they occupied for a period of about four months. At the end of that time they were removed to the third storey, and placed in the new Hobart and Argyle wards. These new wards being situated at a considerable elevation and with no obstructing buildings in their immediate neighbourhood are well lighted and very airy. In fact, the latter quality is in excess, and I am convinced that for six months in the year (*i.e.*, during the rains and in the cold weather) these wards are too airy for native patients, poorly clad and nourished as they are, and that renal and pulmonary cases do not do well. Partial closing of the doors and windows does not remedy this evil; complete closure interferes seriously with the ventilation.

It is interesting to note that the number of patients who come to the General Hospital for treatment from the West Coast is steadily increasing. Quite a large percentage of the patients in the native wards under my charge came from that part of India. They are good and intelligent patients, as a rule, and the cause of their leaving too soon, as happens in some cases, is the fact that they suffer from 'home sickness' a good deal. The number of admissions for 'idiopathic' tetanus, so called, during the year was 4 (including 1 remaining at end of the year 1891), of these 3 were cured and 1 'discharged otherwise,' his friends insisting on removing him. Since 8th April 1892 there has been no admission for tetanus to these wards. Very many interesting cases were treated and recorded, but, owing to the enormous number of admissions coupled with the clinical teaching of the students and multifarious official duties, the examination, treatment, and record of each individual case was not, and under existing regulations, never can be what it should be in the Presidency General Hospital. The result is that a great number of clinical studies on the diseases of India, which might, under favorable circumstances be carried to a successful termination and prove of great use are left either untouched or incomplete.

Cholera.—There were 88 cases admitted—21 Europeans and 67 Natives—with 15 and 49 deaths, respectively. The percentage of deaths (72.8) is high, but this is due, as explained previously, to the fact that only very advanced bad cases are brought, as a rule, and also to the fact that all cases, which are not true Asiatic cholera, are rigidly excluded from the cholera returns.

(Signed) A. E. GRANT, M.B., Surgeon-Captain,
Assistant Physician.

GENERAL HOSPITAL,
MADRAS, 9th March 1893.

ANNUAL REPORT OF THE SECOND SURGEON OF THE GENERAL HOSPITAL, MADRAS, FOR THE YEAR 1892.

AMONG major operations *external urethrotomy* for perineal fistulæ was one of the most frequent. The method adopted was Wheelhouse's operation or some modification of it adapted to the particular case. In several cases the tissues surrounding the urethra were so permeated with urinary fistulæ that little trace of the urethra was left. In such cases the operation was often tedious and protracted, and had sometimes to be repeated, and another attempt made before the passage was found and a catheter ultimately passed into the bladder. In none of the cases was perineal section or Cock's operation adopted.

A case of extravasation of urine, arising from stricture, was admitted, in which, according to the account given, urine had not been passed for eight days. Free incisions were made in the

small and weak 92, respiration 28, and she is restless, tongue coated with white fur, bowels relieved four times during the day and greenish in color, heart and respiratory sounds normal. She was delivered of a live male premature child at 11 A.M. on the 2nd November, the temperature fell to normal after delivery, but rose again to 103 on the 3rd and kept so. The woman continued very weak, and although freely stimulated and nourished she died from syncope at 4 A.M., 7th November, the temperature falling to 95° F. before death.

CASE XLVIII.—*Labour Compex, Pernicious Anæmia.*—*Ammacunnoo*, æt. 28 years, Hindu, VII Para. An out-case, admitted 6th January in a very anæmic condition in the ninth month of gestation; conjunctæ, tongue and face pale, legs œdematous, pulse 108 soft, full; hæmic bruit heard over the base of the heart and also over jugulars, foetal heart and uterine souffle audible; complains much of head-ache; no albumen in urine; diarrhœa set in on the 9th January, motions being yellowish, green and liquid. The diarrhœa continued, and she was delivered at 12-30 A.M., 23rd January, of a live male child by natural powers. After delivery the diarrhœa became less, but again became worse the day after, and she gradually sank and died from exhaustion at 9-45 P.M. on the 27th January.

CASE XLIX.—*Abortion, Albuminuria, Anasarca.*—*Rungamah*, æt. 22 years, Hindu, IV Para. An out-case, admitted 31st August in the sixth month of pregnancy with general anasarca and cough of two months' duration. Is anæmic, temperature 100° F., pulse 128 small and irregular, respirations 48, cooing rales heard posteriorly on right side of chest, and medium crepitation at the bases of both lungs; urine contains one-sixth volume of albumen, and is scanty. She improved slightly under treatment, but on the 4th September cough became distressing and vomiting occurred frequently. She aborted on the 8th September at 2-40 P.M., after which became very weak, and although freely stimulated the breathing became more hurried, and she sank and died at 4-45 P.M.

CASE L.—*Abortion, Albuminuria, Anasarca.*—*M. P.*, æt. 30 years, Native Christian. An out-case, a weakly woman, was admitted 2 P.M. 30th July, in the fifth month of pregnancy and suffering from diarrhœa and general anasarca; urine contains one-sixth volume of albumen, foetal heart and uterine souffle audible, pulse 120 weak, respiration 26, temperature normal. She aborted on the 2nd August at 11 A.M. She gradually sank and died from exhaustion at 9 P.M., 3rd August.

CASE LI.—*Abortion, Albuminuria, Anasarca—Induction of Abortion.*—*Lutohmee*, æt. 21 years, Hindu, I Para. An out-case, admitted 15th September in a low state in the seventh month of pregnancy and suffering from dyspnoea and general anasarca. Is anæmic, face very puffy, and body and extremities anasarcaous, temperature 99° F., pulse 120 small, respirations 30, urine contains three-fourths albumen. Abortion was induced on the 17th September, a male foetus being extracted by the feet. She became weak, and died from exhaustion at 7 P.M. on the 19th September.

CASE LII.—*Abortion, Excessive Vomiting, Induction by Rupture of Membranes.*—*Mrs. E. T.*, æt. 21 years, European, IV Para. Admitted 17th March five months pregnant in a much debilitated state, having had excessive vomiting for three weeks before admission. Voice husky, pulse irritable and jerky, 108, tongue furred, uterus acting, bowels constipated for three days, foetal heart audible. Notwithstanding the treatment the vomiting continued, and on the 19th the membranes were ruptured artificially, cervix admitting one finger, temperature 99° F., pulse 144 small. She aborted at 5 P.M., 21st March, a macerated foetus being expelled. The vomiting moderated after evacuation of liquor amnii, and dilatation of external os and entirely after the abortion, but she gradually sank and died from exhaustion at 1-15 P.M., 22nd March.

CASE LIII.—*Abortion, Leprosy.*—*Ammacunnoo*, æt. 36 years, Hindu, IV Para. An out-case, admitted 26th June in a weakly state in the fourth month of pregnancy suffering from fever of ten days' duration. Is a leper and very emaciated. She aborted on the 29th June, and diarrhœa occurred a day after, which weakened her much. On the 6th July at 12 noon she was suddenly seized with a convulsive fit, became very restless, and gradually sank and died.

CASE LIV.—*Abortion, Pneumonia.*—*Puthay Ammah*, æt. 20 years, Hindu, II Para. An out-case, admitted 11 A.M., 8th December, six months pregnant and suffering from dyspnoea and pain in chest; foetal heart audible. On percussion dullness is present over right lung, and on auscultation crepitant rales are heard all over the same lung, pulse bounding 138, respiration 48, temperature normal. She aborted at 10 P.M. She became much weaker, and sank and died at 6 A.M., 9th December.

CASE LV.—*Abortion, Thrombosis of Cerebral Sinuses.*—*Mrs. A. C.*, æt. 20 years, East Indian, I Para. An out-case, admitted six months pregnant, 27th March, with hæmorrhage from vagina. On examination cervix was found closed, and slight blood in the vagina, foetal heart inaudible, slight pains present. Was given chloral hydras, which gave her sleep and mitigated the pain. The pain became stronger on the 29th and she aborted at 8 P.M., a macerated foetus being expelled. She did well up to the 1st April, when she complained of severe pain in the left side of head (she is subject to neuralgic head-ache) which was relieved by phenacetin and ammonia. On the 4th April severe head-ache again occurred with vomiting, and she lapsed into a comatose condition, in which state she died, the temperature before death (8-30 P.M., 9th April, being 106° 6° F. Remarks.—The patient had a severe hysterical attack during the puerperal period, and the symptoms at first pointed to this disease, as there was no rise in temperature when the head-ache occurred or even after unconsciousness first commenced.

MADRAS,
1st January 1893.

(Signed) A. M. BRANFOOT, M.B., Surgeon-Lieut.-Col.,
Supt., Lying-in Hospital and Egmore Female Dispensary.

No. 3.—GENERAL HOSPITAL.

ANNUAL REPORT OF THE SENIOR PHYSICIAN OF THE GENERAL HOSPITAL, MADRAS, FOR 1892.

DURING the calendar year 1892, 3,077 Natives and 1,273 Europeans and Eurasians were treated as in-patients in this hospital; of these 428 Natives and 379 Europeans and Eurasians were admitted into the Senior Physician's wards.

1 The principal diseases, in order of frequency, among the natives in the medical wards, were malarial fevers, diseases of the respiratory system, dysentery, dyspepsia and diarrhœa.

2 The total number of deaths in the Senior and Assistant Physicians' wards among the natives was 208 (including 49 deaths from cholera). Among the Europeans the principal diseases were malarial fevers, diseases of the respiratory system, rheumatism, dysentery and tuberculosis.

3 The total number of deaths among Europeans in the Senior and Assistant Physicians' wards was 59 (including 15 deaths from cholera).

4 I understand that in some hospitals it is the routine custom in all cases of operation to discharge the patient "otherwise for operation," and re-admit as a fresh and distinct admission. This is not done in this hospital. It will be seen at once that by following this plan the number of admissions must be considerably augmented when operations are numerous. I think some uniform plan ought to be followed in all the hospitals in order that comparison, when made, may be as correct as possible.

The closure of the old Hobart and Argyle wards mentioned by the Assistant Physician was due to these wards having been turned into store-rooms, as they were found unsuitable for use as wards.

The over-ventilation, during certain seasons of the year, complained of by him, is a fact that I have previously recognized, but find it difficult to remedy satisfactorily. I have had fixed almirahs, so made as to permit of ventilation above and below, put up in some of the archways and find that they are a decided help. If they prove satisfactory more ought to be put up.

Another subject that I think worth mentioning has reference to bandages, of which, as might be expected, we use a very large quantity in this hospital. Those most in use are made out of thin open dungry manufactured for this special purpose in the suburbs of Calcutta and retained in our books as "Calcutta bandage cloth." It is delivered in hospital in pieces of 9 yards each at a cost of annas 12 pies 3 to annas 10 pies 6 per piece. When torn into bandages in the usual way the openness of its fibre causes each bandage to bias very much; this had to be rectified (imperfectly and with difficulty) by hand, and also with considerable loss of material.

Some time ago I saw a small paragraph in one of the Medical Journals (American I think) recommending the cutting of bandages by the machine used in cutting paper by book-binders. I showed this to the Senior Apothecary Mr. Hellein. He saw the advantage of it at once and took a very considerable amount of trouble in trying to have the matter carried out practically. He had some pieces of cloth cut at Mr. Fonceca's Printing office and at the Government Printing Press.

Although the cutting itself was all that could be desired, there were certain objections in getting it done in a private establishment and also in the Government Press. Mr. Hellein then thought of trying the Army Clothing Board with the happiest results. The machine used there for cutting cloth cuts the bandages to perfection. The officer in charge and the subordinates gave Mr. Hellein every assistance, and at present all the bandages are cut by the machine as required. We use here on an average 3,143 bandages each month, and Mr. Hellein tells me that a piece of cloth that would tear into 12 bandages cuts into 18, i.e., when cut 174 pieces give the number of bandages required, whereas if torn 262 pieces would be required. The cut bandages are also much pleasanter to work with than those torn in the old fashion. I think it would be well if the Medical Store could purchase this cloth direct, have it cut by machine, and supply it as required to this and all other hospitals in the presidency.

(Signed) W. PRICE, M.D., Surgeon-Lieut.-Colonel,
Senior Physician, General Hospital.

24th March 1893.

5 A.M., 26th November, three hours in labour with her second child at full term. On examination a loop of the funis was found prolapsed from the vagina, and the head of the child pressing on the perineum, and within five minutes a still female child was born. On the 27th temperature was 103° F., pulse 126, respiration 44, and the lochia were offensive. The fever continued with offensive lochia, and rigors occurred with parametric effusion in the left side. She became worse, and died at 4 P.M. on the 4th December.

CASE XXIX.—*Labour Complex, Anæmia, Puerperal Septicæmia.*—Govindoo, æt. 29 years, Pariah, III Para. An out-case, admitted 12 noon, 18th May, in a low state, and said to have been a few hours in labour; pulse small, perspiring profusely, much emaciated and very anæmic. Has suffered from fever and privation for some months. Is eight months pregnant, foetal heart inaudible, pains feeble. Was delivered by natural powers at 6 A.M., 19th May, of a still premature child. A rigor occurred soon after delivery, and the temperature rose to 105° F., and on the 21st another rigor occurred, and the lochia were offensive. The fever continued with rigors and offensive lochia, and she gradually sank and died at 4-30 P.M., 3rd June.

CASE XXX.—*Labour Complex, Anæmia and Anasarca.*—Lutchmee, æt. 17 years, Hindu, I Para. An out-case, admitted into the delivery ward at 8 P.M., 18th January, in a weak state, suffering from headache, giddiness, and general anasarca for the past month. Is eight months pregnant, foetal heart and uterine souffle audible, a loud systolic bruit heard at the base of the heart. Is very anæmic, cervix admitted one finger. No albumen in urine, labour progressed slowly, and she was delivered at 12 noon, 19th January, of a live male child. She improved somewhat after delivery, the oedema of the legs became much less, but on the 30th January, ten days after confinement, vomiting occurred, which weakened her very much, and she became suddenly unconscious, and died on the 2nd February, comatose.

CASE XXXI.—*Labour Complex, Broncho-Pneumonia.*—Nagamah, æt. 22 years, Hindu, III Para. An out-case, was admitted at 7 A.M. on the 21st February in the eighth month of her third pregnancy with fever, pain in chest and cough of three days' duration. On admission she was much exhausted, pulse 130, respiration 30, temperature 100° F., and broncho-pneumonia was found present on the left side, tongue coated white, gums and teeth covered with sordes, foetal heart inaudible, uterus acting, cervix admits one finger. She was delivered by natural powers at 8-20 P.M. The exhaustion increased with dyspnoea, and she expired at 1-0 P.M., 22nd February, the day after admission.

CASE XXXII.—*Labour Complex, Broncho-Pneumonia.*—Valliamah, æt. 28 years, Pariah, V Para. An out-case, admitted 4th April with fever and cough of three days' duration. Is nine months pregnant and in labour. She is badly nourished, tongue covered with white fur; temperature 100-8° F., pulse 128; broncho-pneumonia present on the left side, expectoration scanty and frothy mucus; has a warty growth on the umbilicus, from which an offensive purulent discharge comes. She was delivered two hours after admission of a live male child by natural powers. She did not improve after delivery; temperature rose to 103° F., with dyspnoea, and she gradually sank and died at 7-30 P.M., 12th April.

CASE XXXIII.—*Labour Complex, Dysentery.*—Jassy, æt. 19 years, Native Christian, I Para. An out-case, was admitted 18th January nine months pregnant with hystericalgia, for which she was treated and relieved. Was delivered by natural powers on the 27th January of a still male child. The third stage was natural. On the 28th the abdomen was tender and tympanitic, pulse 120, temperature 99° F. On the 29th had three loose watery motions, and on the 1st February mucous and blood passed with the motions. The motions continued to be frequent, and on the 4th February she passed a considerable quantity of dark blood from the bowel, and a slough about 2 inches square was also passed. She did not improve, and although no further hæmorrhage from the bowel occurred, she became weaker; vomiting set in, and she sank and died, 13th February.

CASE XXXIV.—*Labour Complex, Dysentery.*—Doorgamah, æt. 34 years, Native Christian, VII Para. An out-case, admitted 14th May, in the eighth month of pregnancy suffering from dysentery of eleven days' duration. On admission temperature was 102° F., pulse small 112, great emaciation present. Motions are frequent, small, feculent with mucus. She was delivered of a premature child at 2 P.M., 16th May, by natural powers. The placenta required removal, being retained, slight bleeding occurring. She did not improve, and died at 10 A.M., 17th May.

CASE XXXV.—*Labour Complex, Dysentery.*—Anthiamah, æt. 19 years, Hindu, I Para. An out-case, admitted 8th November in a very low state suffering from dysentery of ten days' duration. Is eight months pregnant, temperature 101° F., pulse 128 small; bowels moved frequently, and motions contained slime and blood, with feculent matter, stomach very irritable; has not been able to keep down anything for the past five days. She was delivered at 1 P.M. of a still female child by natural powers. She became worse, and died at 2-15 A.M., 19th November.

CASE XXXVI.—*Labour Complex, Dysentery.*—Coopoo, æt. 25 years, Hindu, III Para. An out-case, admitted 13th August, nine months pregnant and suffering from dysentery of a week's duration. Is very weak, motions are frequent and contains slime and blood; tongue foul, pulse 120, temperature 100° F. Was delivered at 4-30 P.M., 15th August, of a still female child by natural powers. The dysentery continued, and she was removed from hospital by her friends in a precarious state on the 20th November.

CASE XXXVII.—*Labour Complex, Dysentery.*—Yellee, æt. 27 years, Pariah, VII Para. An out-case, admitted at 6 A.M., 8th July, suffering from dysentery of a week's duration. Is badly nourished. Was delivered at 3 P.M. on the same date of a male live child by natural powers; temperature 100° F., pulse 128 small, motions are frequent, and contain slime and blood, and are very offensive. The dysentery continued, and she became weaker, and died on the 18th July, 6 A.M.

CASE XXXVIII.—*Labour Complex, Discephalous Monster, Puerperal Septicæmia.*—Thayee, æt. 32 years, Hindu, VI Para. An out-case, admitted on the 19th October with head of the child projecting out of the vulva and said to have been in labour nineteen hours; has been manipulated by native midwives; is very much exhausted, pulse feeble and 130, body cold and covered with perspiration. The labia enormously swollen and bruised with superficial veins distended, foetal heart inaudible. The head

was quite blue and swollen. On examination another head was felt in the pelvic cavity. This was pushed up, and an arm liberated, and then on making traction the other head with the body was extracted. Placenta cast naturally. She was freely stimulated and nourished and antiseptic douches given frequently. The soft parts began to slough, and on the 23rd the discharge was very offensive. On the 30th secondary hæmorrhage occurred from detachment of a large slough from the vagina. Temperature ranged from 101° to 103° F. On the 4th November hæmorrhage again occurred, and she fell into collapse, and in spite of free stimulation she never rallied, gradually sank and died at 9-25 A.M. on the 7th November. *Description of Fetus.*—Weight 285 tolas (7½ lbs.) two separate heads with two spinal columns parallel to one another, and attached to one large broad sacrum with ribs from external borders of vertebrae. The heart was broad with bifid apex, and the ventricles only partially divided by septum. The aorta and vessels of one child were normal. Two extra arteries proceeded from right upper angle of ventricle to the head of the other child. There was a large diverticulum on the small intestines, and the liver was large.

CASE XXXIX.—*Labour Complex, Heart Disease.*—Hoosain Bee, æt. 30 years, Muhammadan, VII Para. Admitted 7 A.M., 26th April, in a moribund state, eight months pregnant, face puffy and anæmic, skin cold, pulse thready, foetid smell from the patient, heart's action accelerated, a bruit heard at the apex of the heart. Is said to have suffered from dysentery for the past three days. She was delivered at 9-10 A.M. of a macerated child; was freely stimulated, but did not rally, and died at 10-20 P.M. the same day.

CASE XL.—*Labour Complex, Obstruction of Bowels, Intussusception, Chronic.*—Annamah, Native Christian, æt. 20 years, II Para. An out-case, was delivered by natural powers on the 6th October, the first stage being attended with vomiting and which continued after delivery. On the 7th vomiting was present, and she was very weak, and complained of pain over the abdomen, and tympany was present with tenderness over the cæcum. On the 8th the vomiting was better, and her bowels were freely moved by an enema of soap and water given with a long tube. The tympany, however, was not relieved, and a tender swelling was made out on the right side; tongue furred, respiration hurried, pulse weak. The abdominal distention continued with hurried respiration, and she gradually sank and died at 12 noon, 12th October, from peritonitis.

CASE XLI.—*Labour Complex, Malarial Cachexia, Forceps Delivery.*—Mrs. H., æt. 23 years, East Indian, III Para. An out-case, admitted 2nd September in the eighth month of pregnancy in a very anæmic state, having suffered from malarial fever and diarrhoea for the past six months. On admission tongue and lips white, the former furred thickly, breath offensive, temperature normal, pulse 120 small and irregular. Labour set in on the 8th September, 6 A.M., and required help towards the end by forceps. She became worse, and died at 6 P.M. on the same date, six hours after delivery.

CASE XLII.—*Labour Complex, Peritonitis before admission.*—Ramanjee, æt. 24 years, Hindu, II Para. An out-case, admitted at 8 P.M., 1st June, in an exhausted condition three hours in labour with her second child at full term, temperature 100, pulse small and quick, cervix two fifths dilated, membranes entire, head presenting. Is said to have had fever and pain in abdomen twenty days ago, for which she was treated at home. Was delivered at 10 A.M., 2nd June, of a still male child. She became much weaker after delivery, the abdomen became more distended, vomiting set in, and she died at 3-15 P.M., 3rd June. *Post-mortem.*—Small intestines much distended with flatus. Coils of bowels matted together and to the uterus with a large quantity of purulent offensive fluid in the peritoneal cavity.

CASE XLIII.—*Labour Complex, Phthisis Pulmonalis.*—Soobamah, æt. 20 years, Hindu, II Para. An out-case, admitted 19th August, nine months pregnant and suffering with cough of several days' duration, temperature 101° F., pulse weak, breath offensive. On percussion both apices of lungs are dull, especially on the left, and on auscultation the breathing is rough and in places cavernous, expectoration purulent. She was delivered at 8 P.M. of a live child by natural powers. She became worse and died at 9 P.M., 25th August.

CASE XLIV.—*Labour Complex, Pneumonia, Puerperal Septicæmia.*—Lutchmee, æt. 18 years, Pariah, I Para. An out-case, admitted at 7 A.M., 19th September, two hours in labour with her first child, at full term, and suffering with fever of two days' duration, temperature 103° F., pulse small 120. Was delivered four hours after admission of a male child. Has a cough and respiration is hurried 26. On examination of chest she is found to have pneumonia of left lung at the base, where minute crepitation is heard. The fever continued, and the lochia became offensive, parotids on both sides swelled, diarrhoea occurred, and the woman sank and died at 1-30 A.M., 2nd October.

CASE XLV.—*Labour Complex, Pneumonia, death from Serous Apoplexy.*—Thayee, æt. 34 years, Hindu, V Para. An out-case, nine months pregnant; was admitted 9th September in a debilitated state with abscess of the left breast; has suffered from diarrhoea. On the 27th September, 5 A.M., had high fever, temperature 103° F., and on the 28th was delivered of a live male child by natural powers. After delivery breathing became hurried, and on examination pneumonia of both sides was found present. On the 29th September, 1 A.M., a convulsive fit occurred, after which she became unconscious, temperature 103-2° F., pulse 116, respiration 32 and laboured. She continued unconscious, and died at 9-30 A.M., 30th September.

CASE XLVI.—*Labour Complex, Remittent Fever.*—Nayagam, æt. 28 years, Native Christian, VI Para. An out-case, admitted 17th August nine months pregnant with her sixth child at full term and suffering from fever of ten days' duration, temperature 101° F., pulse 120, cervix two-fifths dilated. She was delivered at 6 P.M. by natural powers of a living female child. The fever is said to be continued, but with exacerbations, which are irregular. She continued in much the same state till the 19th at 1 A.M., when she was suddenly seized with heaviness in chest, dyspnoea and stertorous breathing. She became unconscious and died in a comatose condition at 1-30 A.M. on the 21st August.

CASE XLVII.—*Labour Complex, Remittent Fever.*—Jagathamba, æt. 23 years, Hindu, III Para. An out-case, admitted 31st October eight months pregnant and suffering from fever of two weeks' duration and which came on chiefly at nights, foetal heart and uterine souffle audible, temperature 105° F., pulse

CASE XIV.—Labour Complex, Post-partum Hemorrhage, Retained Placenta.—Tirumalai Anniah, et. 20 years, Hindu, II Para. An out-case, admitted in a moribund state at 6 A.M., 24th December, six hours after the birth of her second child at full term and with the placenta still in utero; is said to have lost a considerable amount of blood at her home. On admission pulse almost imperceptible, extremities cold, temperature 97° F., respiration hurried, uterus was contracted on the placenta. She was freely stimulated, but did not rally, and died twenty minutes after admission.

CASE XV.—Labour Complex, Post-partum Hemorrhage, Forceps Delivery, Puerperal Septicæmia.—Muni-amah, et. 24 years, Hindu, II Para. An out-case, an emaciated woman, admitted 8 P.M., 20th April, with slight uterine action, cervix one-fifth dilated, membranes entire, head presenting above brim. Pains, which were feeble, passed off, and labour set in at 10 P.M., 2nd May. Labour progressed, but towards the end delivery was accelerated by forceps as the pains became feeble and the woman exhausted; a live male child was extracted without difficulty. Slight bleeding occurring, the placenta was expressed, and 3i tinc. ergot given, but bleeding continuing and uterus remaining relaxed, ergotine 4 grains was injected hypodermically, soon after which the uterus contracted and hemorrhage ceased. The woman had been semi-starved for the past four or five months, and was very thin and weak. On the 4th May temperature was 100° F., pulse 112. On the 5th diarrhoea occurred, which exhausted her much. On the 6th temperature was 101.6° F., lochia healthy, uterus large and soft. The fever continued with diarrhoea, and the lochia became purulent and offensive. She became worse, and died on the 23rd May.

CASE XVI.—Labour Complex, Retained Placenta, Simple Retention, Protracted Labour, Forceps Delivery, Puerperal Septicæmia.—Kalamamuthoo, et. 18 years, Hindu, I Para. An out-case, admitted 8-30 A.M., 29th May, forty-eight hours in labour with her first child at full term, temperature 101° F., pulse 128 small, foetal heart audible. On vaginal examination cervix was two-fifths dilated, membranes absent; said to have ruptured three hours before admission, head presenting in the bium in the fourth position, bladder distended, labour progressed slowly, and delivery was effected at 6-45 P.M. by forceps. The child, a male, was born still. At 6-25 P.M. some bleeding occurred, and expression failing to expel the placenta, it was easily removed by hand passed in utero under chloroform, being simply attached to the uterine wall. She did well up to 1st June, when temperature in the morning was 102° F., pulse was 128, and she was restless, and the lochia offensive, and sloughing of right labium is present. She continued to have fever and offensive lochia, and gradually sank and died on the 5th June, eighth day after delivery.

CASE XVII.—Labour Complex, Retained Placenta, Morbid Adhesion, Puerperal Septicæmia.—Kamachee, et. 24 years, Hindu, I Para. An out-case, admitted at 2 P.M., 15th September, with a history of retained placenta, having given birth to a still child twenty-two hours previously. On admission she is found to be weak, temperature 100° F., pulse 120; the cord is found protruding from the vagina, vulva much bruised from attempts outside to remove the placenta, vagina filled with clots, and the uterus is large and contracted. At 2-30 P.M., under chloroform, after previous stimulation, the placenta, which was morbidly adherent in great part was removed piecemeal. She became very weak after this, and required free stimulation to rally her. On the 16th she is reported to have passed a fair night, pulse 120, temperature 97.4° F. On the 17th temperature was 101° F., pulse 100, and lochia very offensive. Fever continued with offensive lochia, and she became worse and died on the 24th September, ninth day.

CASE XVIII.—Labour Complex, Puerperal Convulsions, Barnes' Bags, Forceps.—Thayee, et. 22 years, Hindu, II Para. An out-case, admitted 5-30 P.M., 7th June, in a semi-conscious state, having had six eclamptic seizures before admission. On examination she is found to be nine months pregnant, pulse small and weak 148, temperature 101.2° F., both feet oedematous, uterus rigid, foetal heart audible, cervix admits one finger, membranes absent, head presenting, no albumen in urine. The cervix was dilated artificially, and at 6-55 P.M. a convulsive fit occurred. Delivery was effected at 7-45 P.M. by forceps, a live female child was extracted without difficulty. At 8-10 P.M. the temperature rose to 103.6° F., and the pulse became very small. No more fits occurred, but the patient gradually sank at 4-15 P.M., 8th June.

CASE XIX.—Labour Complex, Puerperal Convulsions, Barnes' Bags, died undelivered.—Meenachi, et. 19 years, Hindu, I Para. An out-case, admitted 9-30 A.M., 5th July, in a moribund state, having had several convulsive fits before admission; temperature 99° F., pulse 132 small, eight months pregnant; foetal heart inaudible, urine contains three-fourths albumen, cervix two-fifths dilated, membranes entire, head presenting. The membranes were ruptured artificially, and the cervix artificially dilated, and the patient stimulated and nourished freely, but she became weaker and sank undelivered at 2 P.M.

CASE XX.—Labour Complex, Puerperal Convulsions (Accidental Hemorrhage), Forceps.—Chundramah, Hindu, et. 26 years, IV Para. An out-case, admitted at 7 P.M., 12th March, in a moribund state, having had several convulsive fits before admission during the past ten hours. She is unconscious; breathing hurried and noisy, pulse hardly perceptible, temperature 103.6° F. Very anæmic, oedema of both legs present, urine nearly solid on boiling from albumen, foetal heart inaudible. On vaginal examination head was found low down, and some oozing of dark blood going on. She was freely stimulated, and delivery easily effected by forceps at 8-25 P.M. with the patient on her back. The placenta was found lying loose in the uterus and removed, but no great amount of blood or clots was present in the uterus. The patient was freely stimulated, but did not rally and died at 11-5 P.M., the temperature rising to 106° F. immediately before death.

CASE XXI.—Labour Complex, Puerperal Convulsions, Cephalotripsy.—Hosain Bee, et. 20 years, Muhammadan, II Para. An out-case, admitted 10 A.M., 8th February, nine hours in labour with her second child at full term and said to have had several convulsive fits before admission. On admission she was in a maniacal condition, extremely restless and screamed continually; the cervix admitted a finger, and the liquor amnii was evacuated; urine contained three-fourths albumen. A fit occurred immediately after admission. An hour after this the cervix was two-fifths dilated, and the patient still

screaming and being very restless, rapid delivery under chloroform was imperative, and this was effected by cephalotripsy. Fits continued after delivery, and she died comatose at 8-20 P.M., 9th February.

CASE XXII.—Labour Complex, Puerperal Convulsions, Forceps.—Miniamah, et. 20 years, Hindu, I Para. An out-case, admitted 7 A.M., 29th August, in an unconscious state with her first child at full term, and said to have had convulsive fits before admission. Lower extremities oedematous, and general anasarca present; urine contains three-fourths albumen, cervix two-fifths dilated, head presenting, pulse 140 small, temperature 101° F. Delivery was effected easily by forceps, a still male child being extracted. She did not regain consciousness, and died at 1 P.M., four hours after delivery.

CASE XXIII.—Labour Complex, Puerperal Convulsions, Forceps.—Savanthoamah, et. 16 years, Hindu, I Para. An out-case, admitted 9-30 P.M., 2nd July, in an unconscious state, having had several convulsive fits before admission. Is nine months pregnant, and has been twelve hours in labour; temperature 102.4° F., pulse 144 full and bounding; urine contains one-half volume of albumen, foetal heart audible, cervix nearly fully dilated, membranes absent, head presenting in the pelvic cavity with a large scalp tumour. A fit occurred at 10 P.M. Delivery was effected easily by forceps, a still male child being extracted. Fits continued after delivery, and she gradually sank and died comatose at 4-20 P.M., 3rd July.

CASE XXIV.—Labour Complex, Puerperal Convulsions, Barnes' Bags, Cephalotripsy.—Kotamah, et. 18 years, Hindu, I Para. An out-case, admitted eight months pregnant at 6-15 P.M., 22nd November, in a comatose condition; said to have had several convulsive fits before admission. Is quite unconscious, pulse hardly perceptible, temperature 104.4° F., breathing stertorous, feet oedematous, face puffy, urine nearly solidified by heat and nitric acid, uterus rigid, cervix nearly two-fifths dilated, membranes absent, head presenting in the pelvic cavity, foetal heart inaudible. After 3i was at once injected hypodermically, and the cervix dilated artificially. At 8-20 P.M. her pulse had improved, and under A.C.E. mixture delivery was effected easily by cephalotripsy. She died soon after delivery.

CASE XXV.—Labour Complex, Rupture of the Vagina, Forceps and Laparotomy with total removal of Uterus.—Thayee, et. 22 years, Hindu, III Para. An out-case, admitted 5-30 A.M., 28th December; said to be forty-eight hours in labour with her third child at full term. On examination foetal heart was inaudible, os fully dilated, membranes absent, head presenting and impacted in the pelvis. Patient is very weak and exhausted. Delivery was effected at 8-15 A.M. by forceps, a still male child being extracted. Half an hour after, the placenta not being cast, expression was tried, and this failing, a vaginal examination revealed a circular rent in the vagina both before and behind, nearly severing the uterus from it, and the placenta was found to have escaped into the abdominal cavity. At 10-30 A.M., laparotomy was performed, the placenta in the abdominal cavity removed, and the whole uterus, after securing the broad ligament with silk ligature, was removed. The ligatures were brought out through the vagina and the abdominal wound was closed in the usual way and dressings applied. She did not rally, and died at 8 P.M. the same day.

CASE XXVI.—Labour Complex, Rupture of Vagina, Laparotomy with removal of Fetus from Abdomen.—Mungay, et. 35 years, Hindu, VIII Para. An out-case, admitted 4-15 P.M., 8th March, from a village 5 miles distant in an exhausted state; said to have been twenty-eight hours in labour, temperature 99° F., pulse 136; abdomen tender, face anxious, foetal heart audible, foetal limbs felt distinctly under abdominal parietes, cervix fully dilated, head jammed in the brim with a large scalp tumour. At 5-30 P.M. under A.C.E. mixture the fetus and placenta were removed by laparotomy, and the edges of the rent in the vagina, which was found to be extremely lacerated in front and on the left side, were brought together as far as practicable with silk sutures, and the abdomen closed in the usual way. She rallied slightly after the operation, but became worse on the 9th March, and died at 8-30 A.M. on the 10th March.

CASE XXVII.—Labour Complex, Laceration of Uterus, Osteo-malacia, Contracted Pvis, Caesarian Section, Porro's Operation.—Khadir Bee, et. 24 years, Muhammadan, III Para. An emaciated small-sized woman, was admitted at 2 P.M., 26th July, twelve hours in labour with her third child at full term. Her previous two pregnancies are said to have terminated by natural powers, the labour being easy. After the last labour, during the puerperium, she experienced severe tearing pains in the pelvis and back, and she found she could not walk unless helped to do so, and that her stature lessened somewhat. After some months she was able to walk without help, but her gait was unsteady. On examination the uterus corresponds to the full term of gestation, fundus at the ensiform cartilage and very prominent, the whole of the fetus being above the pelvis; temperature 101° F., pulse 120, exhaustion present. On vaginal examination the pelvic bones are found flattened together by their posterior surfaces, the bones forming a beak able to be seized by the finger and thumb, the tubera ischia are closely approximated, the bony outlet being almost obliterated by the falling in of the bones, not more than a finger can be passed between the tubera ischia, and passing the finger toward the sacrum, the promontory is reached easily, the whole sacrum felt narrow, and the antero-posterior diameter at the brim made out not more than 1½ inches. The pelvic cavity was encroached upon by the falling in of the acetabula. With a finger the head is felt presenting with a loop of the funis which is pulseless. On external examination the lumbar vertebrae were found to have fallen forward very much, a great hollow being felt. The right side of the pelvis was higher than the left, which was tilted up. The length of the lower extremities was the same. The pelvic bones were unyielding. Under A.C.E. mixture caesarian section was performed, and the child removed with the placenta from the uterus, a crucial incision being made in the latter. The fetus was a full term one. The uterus was then drawn out, a wire passed round it at the level of the internal os and secured by the serre neud and removed. A laceration in the uterus on the left side was found running up vertically from cervix to body for about 2 inches. The stump was secured at the bottom of the wound, and the abdomen closed in the usual way and the usual dressings applied. The stump separated after a week, and the woman did fairly well for three weeks, but an attack of diarrhoea and broncho-pneumonia weakened her very much, and she gradually sank and died on the 25th August, one month after the operation.

CASE XXVIII.—Labour Complex, Head and Funis Presentation, Puerperal Septicæmia.—Gembo, et. 20 years, Pariah, II Para. An in-case, a weakly woman, admitted into the delivery ward at

APPENDIX.

MATERNAL DEATHS, 1892.

CASE I.—*Labour Natural, Puerperal Septicæmia, Broncho-Pneumonia.*—Thayee, æt. 17 years, Hindu, Para I. An out-case, admitted 20th September and was delivered on the same date by natural powers of a premature child. The labour lasted nine hours; temperature on admission was 101° F., and the woman was badly nourished. On the 21st temperature was 99° F. in the morning, and 103.4° F. in the evening, and on the 22nd the lochia were offensive. The patient fretted much for the loss of her child, which died on the 21st from infantile convulsions. On the 23rd temperature was 101° F., and at 6 P.M. rose to 103.6° F., lochia continued offensive. The fever continued with offensive lochia, and, on the 25th broncho-pneumonia set in. She became much worse, refused nourishment; was delirious and gradually sank and died on the 4th October, fourteen days after delivery.

CASE II.—*Labour Difficult, Laborious, Forceps, Protracted Labour, Puerperal Septicæmia.*—Gungamah, æt. 17 years, Hindu, I Para. An out-case, admitted at 6.30 P.M., 8th April, twenty-four hours in labour with her first child at full term. On examination bladder is greatly distended, temperature 100.6° F., pulse 120, uterus in a state of spastic rigidity, abdomen tympanitic, foetal heart feebly heard, liquor amnii offensive, vulva much bruised, head jammed low down in the cavity of the pelvis, which is small. Delivery was effected easily by forceps, a still female child being extracted. The third stage was natural. On the 9th temperature was 100.6° F., pulse 140, respirations 24, and there was partial loss of power over both extremities. Soft parts are swollen and greyish. In the evening she became maniacal and very restless, and the temperature rose to 102° F. She became worse, and died at 6 P.M., 11th April, third day after delivery.

CASE III.—*Labour Difficult, Laborious, Brow Presentation, Cephalotripsy, Protracted Labour, Puerperal Septicæmia.*—Alangaram, æt. 19 years, Hindu, I Para. An out-case, admitted 4th December, twenty-four hours in labour with her first child at full term. On examination she was much exhausted, temperature 101° F., pulse small 128, uterus rigid, abdomen tympanitic in front and sides, foetal heart inaudible, bladder distended, labia much bruised and swollen. On vaginal examination the brow presented and was jammed in the pelvic cavity, liquor amnii offensive, and foul gas escaped from the uterus during the examination. Delivery was effected without much difficulty by cephalotripsy, the third stage was natural. After delivery she continued to have fever, temperature rising to 103° F., and several sloughs were removed from the vagina. The lochia continued very offensive, and she died of septic pneumonia on the 26th December, twenty-second day after delivery.

CASE IV.—*Labour Difficult, Protracted, Exhaustion, Died undelivered.*—Chinnamah, æt. 36 years, Hindu, IV Para. An out-case, admitted from Pallaveram, 10 miles distant at 7.50 P.M., 15th October, in a moribund state; said to have been three days in labour with her fourth child at full term. Previous pregnancies are said to have been natural. On admission temperature was 97° F., pulse imperceptible at the wrist, hands and feet cold, bladder distended, abdomen enormously distended and tympanitic. On vaginal examination the head is found to present tightly jammed in pelvis and with scalp torn in places (attempts having been made before admission to deliver). She expired at 8.25 P.M. Autopsy revealed no rupture of vagina or uterus, but considerable ecchymosis was present in the left and posterior aspects of the uterus. The foetus was in a state of maceration. No internal hæmorrhage had occurred.

CASE V.—*Labour Preternatural, Transverse, Arm, Protracted Labour, Trismus Uteri, Podalic Version, Metro-peritonitis.*—Fatma Bee, æt. 30 years, Muhammadan, V Para. An out-case, admitted 8.30 A.M., 10th June; said to be five days in labour with her fifth child at full term, temperature 103° F., pulse small and weak, uterus rigid, foetal heart inaudible, left arm prolapsed out of the vulva and beginning to decompose, cervix four-fifths dilated and rigid; native midwives had been pulling on the arm, which was partly dragged away from the body and greatly swollen. At 10.30 A.M. under chloroform the left arm was removed by cutting it away with a pair of scissors near the shoulder, and delivery effected by turning, as the neck of the child could not be reached well enough to decapitate. Great difficulty was experienced in turning, as the whole uterus was in a state of trismus. The anterior lip of the cervix lacerated, and the woman was almost collapsed after delivery. She was freely stimulated by æther hypodermically, and brandy by the mouth, and she rallied well. She passed a fair night, but, on the 12th, the lochia became offensive, and abdomen tender and tympanitic. On the 13th lochia continued offensive, temperature was 102° F., pulse 123 small. She became worse and died at 12.5 noon on the 15th June.

CASE VI.—*Labour Preternatural, Transverse, Arm, Decapitation, Exhaustion from Protracted Labour.*—Meenashi, æt. 20 years, Pariah, I Para. An out-case, admitted at 12 P.M., 17th November, in a moribund state; said to be twelve hours in labour (but probably much longer) before admission with her first child at full term. On examination temperature 100° F., pulse 116 weak, uterus rigid, left arm prolapsed out of the vulva and decomposed, shoulder jammed in the pelvis. Delivery was effected by decapitation with the single wire ecrasuer, the body delivered, and after it the head without much difficulty. The placenta was removed soon after. There was no hæmorrhage. The vagina was much dilated and the mucous membrane in a partly gangrenous condition. She gradually sank and died of exhaustion, eight hours after admission.

CASE VII.—*Labour Preternatural, Breech, Extraction and Forceps, Puerperal Septicæmia.*—Thavanay, An out-case, admitted at 1 P.M., 21st December 1891, nine hours in labour with her third child at full term. On examination foetal heart and uterine souffle audible on the left side, cervix admitting two fingers, membranes absent, breech presenting first position. The cervix gradually dilated under hot irrigations, and at 8.15 P.M. it was nearly four-fifths dilated, but as the uterus was rigid and the foetal heart getting weak chloroform was administered and delivery effected by drawing down a foot, the head required extraction by forceps. The child was born still and the perineum lacerated. On the 24th the uterus was tender, well contracted, and lochia unhealthy. On the 25th temperature was 102° F., and a severe rigor occurred at 10.30 P.M. The fever continued with rigors, and the lochia became offensive. She became gradually worse, and died on the 12th January 1892, twenty-one days after delivery.

CASE VIII.—*Labour Complex, Accidental Hæmorrhage, Head Presentation, Podalic Version.*—Thayee, æt. 35 years, Hindu, VIII Para. An out-case, admitted at 11.15 P.M., 13th July, in a moribund state, eight hours in labour, and with a history of having had bleeding since commencement of labour. On admission she was very restless, extremities cold, face pale, lips and conjunctiva white, pulse small and quick, cervix nearly three-fifths dilated, head presenting above the brim, membranes entire, dark blood escaping from the vagina, foetal heart and uterine souffle inaudible. The membranes were ruptured, and she was freely stimulated, and at 12.15 midnight, having rallied somewhat, delivery was effected under A.C.E. mixture easily by podalic version. A large quantity of dark blood escaped from the vagina on the birth of the child, and the placenta lying loose in the uterine cavity, with several dark clots were removed. Stimulation was continued, but she died at 2.10 A.M., three hours after admission.

CASE IX.—*Labour Complex, Placenta Prævia, Foot Presentation, Extraction.*—Dhavanay, æt. 22 years, Hindu, VII Para. An out-case, admitted at 4 P.M., 27th March, in an exhausted condition; said to have been four hours in labour with her third child in the eighth month of pregnancy, and to have had bleeding for the past three days. On examination the patient is found to be very anæmic, pulse small and soft 128, uterus corresponds to eight months of gestation, foetal heart audible, cervix admits two fingers, and a flap of placenta felt in front and in the left side; membranes entire, presentation not made out; bleeding going on, the membranes were ruptured artificially, and the placenta detached as much as possible from the cervical zone. This checked the hæmorrhage for the time, but at 5 P.M. sharp hæmorrhage occurred, and she became faint, pulse quick and thready. After stimulation with brandy under A.O.E. mixture, a foot which presented was drawn down and delivery easily effected, and the placenta removed soon after. The child was small and born still. She was freely stimulated, but did not rally, and died at 7.30 P.M., three and a-half hours after admission.

CASE X.—*Labour Complex, Placenta Prævia, Shoulder Presentation, Podalic Version.*—Parvathy, æt. 26 years, Brahmin, III Para. An out-case, admitted 11 A.M., 3rd October, in the seventh month of gestation with slight labour pains and hæmorrhage during the past twenty-four hours. On examination the tongue and palpebral conjunctiva were pale from loss of blood, pulse 120, temperature 101° F., foetal heart inaudible, cervix admitting two fingers, placenta felt centrally attached; no hæmorrhage occurred. She was left perfectly at rest, and nourishment ordered. At 5.15 P.M. some oozing had been going on, and a clot was removed from the vagina, the membranes were ruptured artificially, liquor amnii was excessive, slight oozing went on after the rupture of the membranes, and her pulse became weaker and more frequent, 140 per minute. At 9.45 P.M. delivery was effected easily by podalic version, the shoulder presenting a macerated child was born. She became much worse and restless, and died at 10.30 P.M., eleven hours after admission.

CASE XI.—*Labour Complex, Post-partum Hæmorrhage, Retained Placenta.*—Chinnamah, æt. 38 years, Pariah, XI Para. An out-case, admitted from Nungumbakum at 9.30 P.M., 22nd September, with a history of having bled profusely after the birth of her child, which occurred two and a-half hours previously. On examination the placenta was found still in utero, no bleeding present, pulse imperceptible, great restlessness present, skin cold and clammy. She was freely stimulated with æther hypodermically, and brandy and essence of beef by mouth, but she did not rally, and died twenty minutes after admission.

CASE XII.—*Labour Complex, Post-partum Hæmorrhage, Morbid Adhesion of Placenta.*—Anmoye, æt. 32 years, Hindu, VII Para. An out-case, admitted in a moribund state at 7.15 P.M., 15th June, one and three-fourths hours after delivery at home of a live male child, and with the placenta still in utero. On admission she was cold and clammy, pulse almost imperceptible at the wrist 150, face anxious and eyes sunken, conjunctiva and lips white, cervix bruised, swollen and prolapsed out of the vulva, and placenta felt within internal os. She was freely stimulated, and at 9 P.M. the pulse had improved much 130, the uterus was large, and on pressure some dark blood escaped. Under A.C.E. mixture the placenta was easily removed, although morbidly adherent in some places. No further hæmorrhage occurred. Stimulation was continued, but she gradually sank and died at 10 P.M., less than three hours after admission.

CASE XIII.—*Labour Complex, Post-partum Hæmorrhage.*—Mrs. F. W., æt. 23 years, East Indian, VII Para. An out-case, an anæmic and weakly woman, was admitted into hospital at 11 A.M., 18th July, two hours in labour with her seventh child at full term. Cervix admitted two fingers, membranes entire, head presenting, foetal heart audible. Her two last confinements are said to have been attended with some flooding. Pains, which were slight on admission, passed off, and, on the 19th July, 8 P.M., the membranes ruptured prematurely, the cervix being still two-fifths dilated. Pains began at 8 A.M., 20th July, and increased in force, and at 3.30 P.M. a female child was born alive by natural powers. Ten minutes after a large gush of blood occurred, the placenta, which had become detached, was at once expressed, and 4 grs. ergotine injected hypodermically, and the uterus supported firmly; but some oozing went on, and the uterus was washed out with hot water with good effect. The hæmorrhage had ceased, and the uterus was firm, but the woman became very restless and weak and perspired profusely. She was freely stimulated with æther hypodermically, and brandy by mouth; but she became worse, and died at 6.27 P.M., three hours after delivery.

Tubular Statement of Abdominal Sections and Operations involving opening of Peritoneal Cavity in the year 1892—continued.

Number.	Date of Operation.	Race.	Age.	Married or Single.	General Health.	Nature of Operation.	Length of Incision.	Disease requiring operation and special features.	Parts removed.	Treatment of Pelvic.	Drainage Tube.	Highest Temperature.	Immediate Result.	Subsequent History.
REMOVAL OF UTERUS PER VAGINAM—continued.														
7	28th April.	Eurasian.	62	Married.	Weak from long hæmorrhage and pain.	Complete removal of uterus per vaginam.	...	Cancer of uterus	Uterus and appendages.	...	...	...	Made a good recovery.	
8	20th Nov. ...	European.	53	Widow ...	Weak and cachectic.	Do.	...	Do.	Do.	...	...	...	Do.	
9	8th Dec. ...	Hindu ...	29	Married.	Anæmic and weakly.	Removal of cervix uteri above vaginal junction.	...	Cancer of cervix uteri	Removal of cervix at level of internal os uteri.	...	...	...	Do.	
GENERAL OPERATIONS.														
10	3rd April ...	Hindu ...	30	Married.	Collapsed with general peritonitis.	Laparotomy and division of band.	...	Obstruction of bowels from peritonitis, round an inflamed appendix caeci.	Relief of obstruction by division of band.	...	...	...	Died day following operation.	
INCOMPLETED OPERATION.														
11	21st May ...	Hindu ...	23	Married.	Very low pressure very great.	Exploratory incision.	...	Large solid sarcoma of pelvis springing from ilium and projecting into abdomen, weight of tumour 25 lbs.	...	...	...	...	Died 6 days after operation.	

INTERNAL ECONOMY.

The total expenditure of the Hospital and Egmore Female Dispensary for out-patients, excluding the Superintendent's salary, has been Rs. 60,848-10-7. Of this sum, Rs. 7,348-9-9 was spent in buildings and repairs, house, water and lighting taxes, leaving a sum of Rs. 60,559-3-10 for general expenditure.

The daily cost of dieting each European and East Indian woman has averaged annas 8 and pies 4, including all extras and stimulants.

The daily cost of dieting each Native woman has been annas 3 and pies 8.

The recoveries as hospital stoppages paid to Government from European and East Indian women amounted to Rs. 7,102-3-0, a considerable increase over 1891, in which year Rs. 4,213-2-0 was recovered.

No recoveries have been made from Native patients.

MIDWIFERY CLASS.

The expenses of this class amounted to Rs. 2,140-8-3, exclusive of Rs. 409-8-2 on account of Military nurse pupils.

Fifteen European and East Indian and 21 Native pupils have received diplomas as midwives during the year, and Rs. 86-8-0 have been received as diploma fees.

Thirteen European and East Indian women have been educated as unstipended pupils. Three European and 29 Native women have been under training from various Local Fund Boards and Municipalities or Branches of the Dufferin Fund.

Thirteen Native midwives and 1 European midwife have obtained appointments through this hospital to up-country stations and dispensaries.

Two European or East Indian pupils and 3 Native pupils were either dismissed or permitted to resign as unable to qualify.

Nineteen European and East Indian and 25 Native pupils remain under training.

MADRAS,
1st January 1893.

(Signed) A. M. BRANFOOT, M.B., Surgeon-Lieut.-Col.,
Supt., Lying-in Hospital & Egmore Female Dispensary.

Tabular Statement of Ovariectomies performed in the year 1892—continued.

Number.	Date of Operation.	Race.	Age.	Married or Single.	General Health.	Nature of Operation.	Length of Incision.	Disease requiring operation and special features.	Parts removed.	Treatment of Pedicle.	Drainage Tube.	Highest Temperature.	Immediate Result.	Subsequent History.
12	16th July ...	Native Christian.	19	Married.	Weak and anemic.	Ovariectomy, double.	3 INCHES.	Double pyo-salpinx and pelvic abscess left, both tubes and ovaries matted down in pelvis, abscess ruptured during removal.	Both ovaries and tubes.	Enucleated and ligatured each in four sections on each side.	Yes, 5 days.	100.2 2 days.	Recovery.	
13	10th Sept.	Hindu ...	30	Do. ...	Fair	Ovariectomy ...	6½	Large multilocular colloid ovarian cystoma; circumference of abdomen 42 inches; patient has tapped herself with a needle several times.	Left ovary with tumour and tube.	Pedicle ligatured, gained, silk.	No ...	100.4	Do.	
14	22nd Oct. ...	Do. ...	20	Do. ...	Weak and anemic; 4 months confined; mitral valve disease.	Ovariectomy, left.	3	Ovarian cystoma colloid; circumference of abdomen 48 inches, omental and peritoneal adhesions.	Left ovary with tumour and tube; weighed 1½ lbs. fluid 13 lbs.	Broad pedicle ligatured, silk.	Yes, 4 days.	99.4	Do.	
15	11th Nov. ...	Do. ...	36	Do. ...	Fair; temperature 102.	Ovariectomy, right.	3	Small suppurating cyst, right ovary and right pyo-salpinx; firm adhesions in pelvis.	Right ovary and dilated Fallopian tube.	Enucleated and ligatured, silk.	Yes, 2 days.	99	Do.	
16	19th Nov. ...	European.	32	Do. ...	Indifferent.	Ovariectomy, left.	2½	Small suppurating dermoid cyst left ovary; pelvic adhesions.	Dermoid ovary left and tube.	Ligatured, silk.	No ...	100.5 1 day.	Do.	
17	3rd Dec. ...	Hindu ...	40	Do. ...	Very poor; valve disease of heart and bronchitis.	Ovariectomy, right.	4	Medium-sized, inflamed and suppurating dermoid ovarian cystoma right; extensive omental adhesions and twisted pedicle.	Tumour with right Fallopian tube.	Pedicle thickened; crown with double twist; ligatured with silk.	No. ...	99.6	Do.	
18	3rd Dec. ...	Native Christian.	24	Do. ...	Anemic and weakly.	Ovariectomy, double.	4	Thick walled ovarian cyst right side between folds of broad ligament, very adherent to bowel and appendix caeci, left ovary cystic.	Right ovary with tumour and appendix caeci, left ovary and tube.	Tumour on right side enucleated and base ligatured with silk; left ovary and tube ligatured, silk.	Yes, 4 days.	10.2 1 day.	Do.	

Tabular Statement of Abdominal Sections and Operations involving opening of Peritoneal Cavity in the year 1892.

Number.	Date of Operation.	Race.	Age.	Married or Single.	General Health.	Nature of Operation.	Length of Incision.	Disease requiring operation and special features.	Parts removed.	Treatment of Pedicle.	Drainage Tube.	Highest Temperature.	Immediate Result.	Subsequent History.
1	25th May ...	Muhamedan.	40	Widow ...	Weak and thin.	Supra-vaginal hysterectomy.	INCHES. about 7	Vascular fibro-cystic tumour of uterus, weight 18 lbs. after drainage of blood.	Removal of tumour above vaginal junction.	Köberle's serre neud.	No ...	104° on 6th day, 98.4° on 9th day.	Recovery.	
CÆSARIAN SECTION AND GASTROTOMY FOR RUPTURED UTERUS, &c.														
2	8th Oct. ...	Hindu ...	26	Married, III Para.	Fair	Cæsarian section.	...	Extreme deformity of pelvis.	Living child removed.	...	...	...	Recovery ...	Is at present in good health.
3	26th July ...	Muhamedan.	24	Married, III Para.	Admitted with temp. 101° F., pulse 120 very weak.	Porro's Cæsarian section.	...	Deformity of pelvis, osteomalacia.	Still-child delivered above vaginal junction with appendages.	...	...	...	Died 32 days after operation from chronic diarrhoea.	
4	28th Dec. ...	Hindu ...	22	Married, III Para.	Admitted in collapse.	Complete removal of ruptured uterus and closure of vagina.	...	Rupture of uterus and vagina during labour.	Uterus with appendages and placenta, which was lying loose in abdomen.	...	...	...	Died 12 hours after operation.	
5	8th Mar. ...	Do. ...	35	Married, VIII Para.	Admitted in partial collapse, pulse 136.	Laparotomy...	...	Circular rupture of vagina with escape of fetus and placenta into abdominal cavity.	Still fetus and placenta, peritoneal cavity washed out and vaginal laceration stitched up.	...	...	...	Died 3rd day after delivery from shock and peritonitis.	
REMOVAL OF UTERUS PER VAGINAM.														
6	15th Feb. ...	Native Christian.	37	Married.	Anemic and cachectic.	Complete removal of uterus per vaginam.	...	Cancer of uterus	Uterus and appendages.	...	...	...	...	Made a good recovery.

Tabular Statement of Ovariectomies performed in the year 1892.

Number.	Date of Operation.	Race.	Age.	Married or Single.	General Health.	Nature of Operation.	Length of Incision.	Disease requiring operation and special features.	Parts removed.	Treatment of Pedicle.	Drainage Tube.	Highest Temperature.	Immediate Result.	Subsequent History.
1	6th Jan. ...	Hindu ...	25	Married.	Semi-collapsed and in great pain.	Ovariectomy, left.	3½	Large simple ovarian cystoma, left; walls acutely inflamed, and circulation strangulated by twisted pedicle; acute peritonitis present and hæmatoma in left broad ligament; uterus in fourth month of gestation.	Tumour and Fallopian tube.	Pedicle ligatured, silk.	Yes, 3 days.	99.6	Recovery ...	Confined naturally of a live child on 21st June. Convalesced normally. Seen 8 months afterwards in good health, but with some hæmorrhage from uterus due to a small polypus in cervix which was removed.
2	20th Feb. ...	Do. ...	26	Do. ...	Good	Ovariectomy, right.	3	Cystic ovary with chronic ovaritis and matted tube; left ovary apparently atrophied with matted tube.	Right ovary and tube.	Ligatured (silk) after enucleation	No ...	99.4	Do. ...	Was admitted into hospital eight months after operation with slight cellulitis on right side. Discharged well in 11 days; menstruates without pain.
3	24th Feb. ...	Do. ...	25	Do. ...	Anæmic and emaciated.	Do. ...	3½	Large simple cystoma right side; adhesions intestinal and omental; had been tapped in another hospital.	Right ovary with tumour and tube.	Pedicle ligatured, silk.	Yes, 5 days.	99.6	Do. ...	
4	19th Mar. ...	Native Christian.	24	Do. ...	Weakly and thin.	Removal of uterine appendages.	4	Small ruptured tubal gestation sac with hæmatocèle, right side right tube dilated with false decidua membrane; no embryo found; uterus large and bulky; left ovary dilated to a cystic sac and tube matted.	Both ovaries and tubes.	Enucleated and ligatured with silk.	Yes, 7 days.	99.8	Do. ...	Seen last in October fat and in excellent health. Has had a slight red discharge for one day only.

5	19th March.	Hindu ...	32	Do. ...	Fair	Ovariectomy, double.	2½	Left ovary apoplectic; right ovary small, and cystic tubes matted.	Both ovaries and tubes.	Enucleated and ligatured, silk.	Yes, 2 days.	99.8	Do. ...	Re-admitted a week after discharge with some symptoms of intestinal obstruction. Relieved by a dose of castor oil.
6	26th March.	Native Christian.	30	Do. ...	Good	Ovariectomy, left.	3½	Small cystic ovary left, size of fist with localized perimetric effusion; right ovary atrophied tubes matted.	Left ovary and both tubes.	Do. ...	No ...	99.0	Do. ...	
7	26th March.	Hindu ...	11	Single ...	Do. ...	Ovariectomy.	6	Remains of suppurating denoid cyst previously opened and drained right side; small colloid ovary left.	Remains of right ovary with tube, left ovary and tube.	Right enucleated and ligatured, silk; left ovary, pedicle ligatured, silk.	Yes, 18 days.	103.2 1 day	Do. ...	
8	30th March.	Muham. madian.	35	Widow ...	Fair	Ovariectomy, double.	3	Parovarian cyst with old adhesions developed in right broad ligament; fluid specific gravity 1005; no albumen; left ovary cystic.	Parovarian right tumour side with tube; left ovary and tube.	Right side tumour enucleated and ligatured at base and close to uterus; left ovary ligatured, silk.	No ...	99.6	Do. ...	
9	13th Apl. ...	Native Christian.	18	Married...	Do. ...	Do. ...	3	Encysted hæmatoma pelvis left side with hæmato-salpinx and matted, Fallopian tube; right ovary cystic.	Both ovaries and tubes with encysted hæmatoma.	Enucleated on left side ovarian pedicle with ligatured, right ovary and tube ligatured, silk.	Yes, 3 days.	99.4	Do. ...	
10	15th June.	Do. ...	32	Do. ...	Cachectic and thin.	Ovariectomy, right.	4	Papillomatous cystoma right with invasion of peritoneum.	Proliferating papillomatous right ovary weight 4 lbs. fluid 8½ lbs. Some papillomatous growth scraped out of Douglas' pouch; enlarged left ovary and tube.	Tumour pedicle ligatured in 2 loops, silk; left ovary and tube ligatured.	Yes, 3 days.	99.8	Do. ...	Re-admitted about 4 months after with ascites and general papillomatous disease of peritoneum.
11	29th June.	Eurasian.	29	Widow ...	Indifferent.	Ovariectomy, double.	3	Both ovaries and tubes matted down; patient had suffered from hysteromania.	Both ovaries and tubes.	Enucleated and ligatured, silk.	No ...	100.8 1 day	Do. ...	Is at present in excellent health.

Operations performed in the Gynecological Wards of the Government Lying-in Hospital, Madras, 1892—cont.

Number of Case.	Nature of Operation.	Number of Cases.	Results.				Remarks.
			Cured.	Re-lieved.	No better.	Died.	
	<i>Other Operations on the Uterus—cont.</i>						
43-44	Operation for enlarging os and cervix uteri by incision ..	2	2	..	..	..	
45-49	Removal of non-malignant growth from cervix uteri ..	5	5	..	..	..	
50	Application of caustic to interior of uterus	1	1	..	..	..	
51-62	Scraping of cavity of uterus for endometritis, hæmorrhage and cancer	12	8	3	..	1	
63-69	Destruction of cancerous growth of uterus and vagina by scraping and caustics	7	..	6	1	..	
70	Destruction of syphilitic ulceration of cervix uteri by scraping and cautery	1	1	..	..	..	
	<i>Operations on Peritoneum and Cellular Tissue adjacent to Uterus (71 to 74).</i>						
71, 72	Incision and drainage of pelvic hæmatocele	2	2	..	..	..	
73, 74	Incision and drainage of pelvic abscess	2	..	..	..	2	
	<i>Plastic Operations (75 to 172).</i>						
75, 76	Trachelorrhaphy	2	2	..	..	..	
77-79	Perineorrhaphy and anterior colporrhaphy	3	3	..	..	..	
80	Posterior colporrhaphy	1	1	..	..	..	
81-92	Recto-vaginal fistula	12	3	4	5	..	6 women: 3 cases cured at first operation and 3 discharged relieved.
93-148	Vesico-vaginal fistula	56	21	29	5	1	29 women: 10 cured at first operation, 8 cured at second operation, 2 cured at third operation, 1 cured at fourth operation, 7 left hospital relieved, and 1 died of secondary hæmorrhage.
149-168	Lacerated perineum	20	20	..	..	..	
169, 170	For restoring urethra	2	..	2	..	..	
171	Complete closure of vagina ..	1	1	..	..	..	
172	For narrowing urethra	1	1	..	..	..	
	<i>Operations about Vulva and lower end of Vagina (173-200).</i>						
173, 174	Operation for atresia of vagina ..	2	2	..	..	..	
175-179	Incision of cicatrices of vagina ..	5	5	..	..	..	
180	Operation for imperforate hymen and retained menses	1	1	..	..	..	
181	Operation for malformation of hymen	1	1	..	..	..	
182-185	Destruction of ulceration of urethra by cautery	4	3	1	..	..	
186-190	Amputation of labia	5	5	..	..	..	
191, 192	Destruction of syphilitic lupoid ulceration by scraping ..	2	1	1	..	..	
193-199	Destruction of syphilitic lupoid ulceration by scraping and cautery	7	6	1	..	..	
200	Dilatation with Hægar's dilators for partial atresia of vagina ..	1	1	..	..	..	

Operations performed in the Gynecological Wards of the Government Lying-in Hospital, Madras, 1892—cont.

Number of Case.	Nature of Operation.	Number of Cases.	Results.				Remarks.
			Cured.	Re-lieved.	No better.	Died.	
<i>General Operations (201—223).</i>							
201	Laparotomy	1	..	..	..	1	These operations, though not gynæcological, were performed in women suffering from some gynæcological affection or in the pregnant state or infancy.
202	Lumbar colotomy	1	..	..	..	1	
203	Ligature of radial artery for traumatic aneurism	1	1	..	..	..	
204	Removal of part of rectum for epitheleoma	1	1	..	..	..	
205, 206	Operation for imperforate anus..	2	..	..	..	2	
207-215	Paracentesis abdominis	9	..	8	..	1	
216	Incision and drainage of abscess abdominal wall	1	1	..	..	..	
217	Rapid dilatation of stricture of rectum	1	1	..	..	..	
218	Destruction of syphilitic ulceration of rectum by caustic	1	1	..	..	..	
219	Removal of papillomatous growth near anus	1	1	..	..	..	
220-223	Destruction of syphilitic ulceration of anus by scraping and cautery	4	2	2	..	..	
Total ..		223	144	58	11	10	

Cases treated in the Gynaecological Wards, 1892—cont.

Nature of Case.	Disease or Condition.	Number treated.	Number died.
Hyperplasia and atrophy of uterus.	Areolar hyperplasia ..	9	..
	Hypertrophic elongation of cervix ..	2	..
	Sub-involution of uterus ..	12	..
	Atrophy of uterus ..	1	..
	Total ..	24	..
Hyperæmia and inflammation of uterus.	Chronic metritis ..	2	..
	Endometritis, cervical and corporeal ..	23	..
	Syphilitic ulceration of cervix ..	1	..
	Total ..	26	..
New growths of uterus.	Carcinoma uteri ..	17	1
	Fibromyoma uteri ..	12	..
	Fibro-cystic tumour of uterus ..	1	..
	Polypus cervix uteri ..	3	..
	Total ..	33	1
Diseases of ovaries ..	Hyperæmia ..	3	..
	Prolapse ..	1	..
	Inflammation ..	7	..
	Cystic disease and cystoma ..	19	..
	Total ..	30	..
Diseases of Fallopian tubes.	Double pyo-salpinx ..	1	..
	Salpingitis ..	2	..
	Total ..	3	..
Diseases of uterine ligaments and adjacent peritoneum and cellular tissue.	Parovarian cyst ..	1	..
	Pelvic peritonitis and cellulitis ..	73	1
	Pelvic abscess ..	2	..
	Do. hæmatocele ..	10	..
	Total ..	86	1
Diseases of vagina and vulva.	Chronic ulceration of urethral opening ..	2	..
	Cicatricial contraction of vagina ..	2	..
	Elephantiasis, clitoris ..	1	..
	Do. vulva ..	2	..
	Eczema vulva ..	1	..
	Laceration of perineum ..	11	..
	Primary syphilis ..	2	..
	Pruritus vulva ..	1	..
	Recto-vaginal fistula ..	3	..
	Recto-vaginal and vesico-vaginal fistula ..	3	..
	Simple vaginal leucorrhœa ..	1	..
	Syphilitic lupoid ulceration of vulva ..	8	..
	Vaginitis ..	14	..
	Vesico-vaginal fistula ..	28	..
	Vulvitis ..	2	..
	Total ..	81	..
Functional and symptomatic disorders.	Amenorrhœa ..	5	..
	Dysmenorrhœa ..	4	..
	Menorrhagia ..	9	..
	Metrorrhagia ..	3	..
	Total ..	21	..

Cases treated in the Gynaecological Wards, 1892—cont.

Nature of Case.	Disease or Condition.	Number treated.	Number died.
Cases not classified ..	Abscess, abdominal wall ..	1	..
	Do. multiple, pyæmic ..	1	1
	Albuminuria ..	1	1
	Ascites (papilloma of peritoneum) ..	1	..
	Atrophy of lower limb ..	1	..
	Bronchial catarrh ..	1	..
	Bronchitis ..	2	1
	Cancer of pancreas ..	2	1
	Carcinoma rectum ..	1	..
	Chyluria ..	1	..
	Cystic tumour of kidney ..	1	1
	Cystitis ..	1	..
	Enteric fever ..	1	1
	Hysteria ..	1	..
	Infantile paralysis ..	1	..
	Malarial cachexia ..	1	..
	Marasmus ..	1	..
	Nervous prostration ..	1	..
	Observation ..	22	..
	Obstruction of bowels ..	2	1
	Peritonitis, septic ..	2	2
	Perityphlitis ..	1	..
	Privation ..	50	..
	Pseudocyesis ..	1	..
	Sciatica ..	1	..
	Senile decay ..	1	..
	Septicæmia ..	1	1
	Stricture of rectum ..	2	..
	Tetanus ..	1	1
	Traumatic aneurism radial ..	1	..
	Tumour, abdominal (not diagnosed) ..	1	..
	Tumour, pelvis, malignant ..	1	..
	Do. ilium, fibrocystic ..	1	..
	Ulcerated condylomata of anus ..	2	..
	Total ..	110	11
	Grand Total ..	540	13

Operations performed in the Gynaecological Wards of the Government Lying-in Hospital, Madras, 1892.

Number of Case.	Nature of Operation.	Number of Cases.	Results.				Remarks.
			Cured.	Re-lieved.	No better.	Died.	
<i>Abdominal Sections (1 to 20).</i>							
1	Removal of uterus above infra-vaginal cervix	1	1	..	..	..	
2-16	Ovariectomy	15	15	..	..	..	
17-19	Removal of uterine appendages..	3	3	..	..	..	
20	Exploratory incision	1	..	..	..	1	
<i>Other operations on the Uterus (21 to 70).</i>							
21	Paracentesis abdominis for ovarian cystoma	1	..	1	..	..	
22-24	Removal of whole uterus through vagina for cancer	3	3	..	..	..	
25	Removal of cervix above vaginal junction for cancer	1	1	..	..	..	
26-30	Removal of cervix uteri	5	5	..	..	..	
31-42	Operation for enlarging os and cervix uteri by dilatation ..	12	12	..	..	..	

Decapitation was performed in 4 instances, viz., preternatural labour 2 (arm) and complex labour 2 (arm and funis 1, shoulder and funis 1).

Mortality of mothers 1—*Vide* Case No. VI.

Induction of premature labour or abortion was practised in 11 cases, viz., natural labour 2, (1 macerated foetus, 1 small pelvis.) Difficult labour 2 (contracted pelvis, caesarian section 1, habitually large children 1). Preternatural labour (prolonged gestation) breech presentation 1. In complex labour 3 (heart disease 1, albuminuria; anasarca 2). In 3 cases abortion was induced, viz., heart disease 1, anæmia and anasarca 1, and excessive vomiting 1.

Mortality of mothers 2—*Vide* Cases Nos. LI and LII.

Caesarian section was performed in 2 instances and laparotomy in 2. In the caesarian section cases 1 was a case of difficult labour with contracted pelvis, in which the child was saved and the mother recovered. In the other the pelvis was osteo-malacic, and the uterus was also removed at the supra-vaginal junction; the woman recovered from the immediate effect of the operation, but died after 1 month from diarrhoea. In the cases of laparotomy both were cases of rupture of the vagina, and in 1 the uterus was completely removed; both died.

Delivery by spontaneous evolution occurred in 1 case of preternatural labour (arm presentation).

REPORT ON GYNÆCOLOGICAL CASES AND DISEASES OF PREGNANCY.

In addition to the confinement cases, 793 cases of diseases of pregnancy and 540 cases of gynæcological diseases have been treated as in-patients during the year; 1,831 cases of gynæcological affections were also treated as out-patients at the Egmore Dispensary for Women and Children, where a total number of 22,499 patients were treated during the year. This shows a considerable increase over the year 1891.

The following tables show the diseases for which the in-patients have been treated and the gynæcological operations performed during the year:—

Diseases of Pregnancy.

Nature of Disease.	Number treated.	Number died.
Angular curvature of spine	1	..
Abscess, cellular tissue, leg	1	..
Do. do. abdominal wall	1	..
Do. mammary	7	..
Do. ischio-rectal	1	..
Do. vulva-vaginal gland	1	..
Albuminuria; anasarca	8	..
Anæmia anasarca	50	..
Bronchial asthma	4	..
Do. catarrh	4	..
Bronchitis	11	..
Colic	11	..
Constipation, chronic	4	..
Cholera	2	..
Cystitis	7	..
Displacements of gravid uterus. { Anteversion .. 1 Retroversion .. 2 Retroflexion .. 7 Prolapse .. 8 }	18	..
Diarrhoea	20	1
Dyspepsia	2	..
Dysentery	45	..
Elephantiasis vulva, with syphilitic lupoid ulceration	2	..
Excessive vomiting of pregnancy	3	..
Epilepsy	1	..
Eczema, nipple	1	..
Enteric fever	1	1
Febricula	1	..
Fracture of femur	1	..
Gastralgia	4	..
General debility	1	..
Hysteria	2	..
Hepatitis	1	..
Heart disease	1	..
Intermittent fever	13	..

Diseases of Pregnancy—cont.

Nature of Disease.	Number treated.	Number died.
Inflammation of mammary gland	1	..
Do. of connective tissue of the back	1	..
Influenza	1	..
Incomplete abortion	3	..
Malarial cachexia	4	..
Neuralgia	2	..
Observation (cases awaiting confinement)	235	..
Puerperal eclampsia	1	1
Pelvic peritonitis and pregnancy	2	..
Pneumonia	2	1
Phthisis pulmonalis	5	..
Privation	2	..
Papilloma anus	1	..
Retention of urine	8	..
Rheumatism, sub-acute and chronic	6	..
Do. gonorrhœal	2	..
Remittent fever	2	..
Syphilis, primary	2	..
Do. secondary	5	..
Sciatica	3	..
Scabies	3	..
Stomatitis	4	..
Suppression of urine	1	..
Still and blighted fetus	2	..
Simple continued fever	2	..
Sorethroat, catarrhal	4	..
Threatening premature labour	22	..
Do. labour	180	..
Do. abortion	31	..
Tetanus, idiopathic	1	1
Thrombus vulva, suppurating	1	..
Tonsillitis	1	..
Ulcer	2	..
Ulcer of mamma	1	..
Ulceration of vulva, simple	2	..
Do. do. syphilitic lupoid	2	..
Vaginitis, simple	8	..
Do. specific	5	..
Varicose veins vulva	1	..
Worms	2	..
Total ..	793	5
Native women awaiting confinement and receiving daily diet allowance	635	..
Total ..	1,428	5

Cases treated in the Gynæcological Wards, 1892.

Nature of Case.	Disease or Condition.	Number treated.	Number died.
Malformation of organs.	Undeveloped genital organs ..	1	..
	Malformation of hymen ..	1	..
	Imperforate hymen and retained menses ..	1	..
	Congenital partial atresia of vaginal orifice ..	2	..
	Atresia of vagina and retained menses ..	1	..
	Stenosis cervical canal ..	1	..
	Total ..	7	..
Displacements of uterus.	Anteflexion	20	..
	Prolapse	38	..
	Retroversion	33	..
	Retroflexion	28	..
Total ..		119	..

In 9 only of these cases was the labour natural, and among these only 1 death occurred. Three other cases of puerperal septicæmia remained from 1891, of which 1 died—*Vide Case No. VII.*

CHILDREN.

The produce of 1,930 deliveries (excluding 58 abortions, and 2 cases who died undelivered) was 1,959 children; there being 29 twin-births; of these 1,541 were delivered at or about full term; 374 were premature and 44 had undergone intra-uterine maceration or become putrid.

Sex.—1,004 were males and 955 were females, a proportion of 1.05 males to 1 female.

Live and Still-births.—1,807 children were born alive, and 152 still, including the 44 decomposed children.

The ratio of live-births was 94.4 per cent.

The ratio of still-births, excluding the decomposed children, was 5.6 per cent.

The sex of the still and decomposed children is shown in the following table:—

Labour.	Number of Cases.	Still.		Decomposed.		Total.
		Males.	Females.	Males.	Females.	
Natural	1,495	5	9	10	12	36
Difficult	139	17	14	3	2	36
Preternatural	58	10	2	9	1	22
Complex	240	28	23	5	2	58
Total ..	19,32	60	48	27	17	152

It will be seen that there were 87 still-males to 65 still-females.

DEATHS OF CHILDREN IN HOSPITAL.

During the year 72 children have died within the first ten days of life. The following were the causes of death reported in these cases:—

Atelectasis	11
Anencephaloid fetus	1
Athrepsia	2
Cellulitis, diffuse	1
Erysipelas	1
Infantile convulsions	6
Premature birth	45
Do. atelectasis	4
Trismus neonatorum	1
Total ..	72 in 1,807 or 3.9 per cent.

This result is better than in 1891, in which year the mortality was 4.5 per cent.

The following cases of ophthalmia neonatorum occurred during the year:—

Number of Births.	Number of Cases.	Average day in which Disease appeared.	Results.
1,807	17	4.8	Recovery complete in 16 cases; 1 child left hospital with opacity of cornea.

The number is exactly the same as occurred in 1891.

OBSTETRIC OPERATIONS.

Two hundred and twelve women were assisted in these labours, *i.e.*, 1 in 9.3 labours against 1 in 9.5 in 1891.

Acceleration of Labour.—Labour was accelerated by Barnes' elastic bags in 6 instances, *viz.*, puerperal convulsions 4 and placenta prævia 2. All were delivered artificially, *viz.*, forceps 5 (puerperal convulsions 4 and placenta prævia 1) and 1 by extraction.

Mortality of mothers 3—*Vide Cases Nos. XVIII, XIX and XXIV.*

The *forceps* was employed in 131 instances, 1 in 14.7 cases.

The following table shows the classes of labour and the results to mothers and children:—

Class of Labour.	Number of Cases.	Mothers died.	Children.	
			Alive.	Still.
Difficult	97	1	77	20
Preternatural	3	..	3	..
Complex	31	8	19	12
Total ..	131	9	99	32

For fatal cases *vide Nos. XI, XV, XVI, XVIII, XX, XXII, XXIII, XXV and XLI.*

The following table shows the result obtained in comparison with the previous four years:—

	1888.	1889.	1890.	1891.	1892.
Proportion of cases in which the forceps was used	1 in 14.2	1 in 11.3	1 in 13.7	1 in 14.5	1 in 14.7
Proportion of still-births in these cases ..	1 in 6.4	1 in 5.6	1 in 5.2	1 in 5	1 in 4.09
Percentage of live-births, taking all cases in the year	92.5	90.74	91.9	95.	94.4

Version was performed in 33 instances, 29 podalic and 4 cephalic. In the cephalic versions 1 was a face, 1 a brow, 1 a head and hand presentation; all terminated by forceps, and 1 head and funis presentation delivered by natural powers.

Of the 29 podalic versions, 6 were cases of difficult labour, in all of which the head presented; in 2 delivery was terminated by forceps, 9 were cases of arm presentation, 3 were head and hand presentation (1 terminated by forceps) and 1 brow and hand presentation delivered without further assistance. Ten were cases of complex labour, in which the presentations were shoulder 1, arm 2, arm and funis 4, head and funis 1, and head 2.

The character of the labour and results are shown in the following table:—

Class of Labour.	Number of Cases.	Terminated by Forceps.	Mothers.		Children.	
			Recovered.	Died.	Alive.	Still.
Difficult	6	2	6	..	4	2
Preternatural {	Arm	9	8	1	5	4
	Head and hand	3	3	..	3	..
	Brow and hand	1	1	..	1	..
	Funis	2	2	..	2	..
Complex	Accidental hæmorrhage ..	1	..	1	..	1
	Placenta prævia	3	2	1	1	2
	Descent of funis	4	4	..	..	4
Total ..	29	8	26	3	16	13

Mortality of mothers 3—*Vide Cases Nos. V, VIII and X.*

Craniotomy or Cephalotripsy was resorted to in 21 instances. In 16 the labour was difficult, head presenting in 15 and brow in 1. In 8 of these the forceps had been used without success, and in 5 the labour was complex, *viz.*, placenta prævia (feet presentation) after extraction 1, puerperal convulsions 2, prolapse of uterus 1, and thrombus of labium 1.

Mortality of mothers 3—*Vide Cases Nos. II, XXI and XXIV.*

Extraction was performed in 17 instances, *viz.*, preternatural labour 10 (breech 3, feet 7) in 1 of which (feet) delivery was terminated by forceps; complex labour 7, *viz.*, twins 1, accidental hæmorrhage 1, placenta prævia 4 (1 terminated by cephalotripsy) and 1 feet and funis presentation. Ten children were born alive and 7 still.

Mortality of mothers 2—*Vide Cases Nos. VII and IX.*

DEATHS.

The causes of death are classified under the following headings:—

I.—Accidents of child-birth.

II.—Puerperal causes.

III.—Non-puerperal causes.

I.—Accidents of Child-birth.

Accidental hæmorrhage	..	..	..	..	1
Placenta prævia	..	..	..	..	2
Post-partum hæmorrhage	..	..	..	..	4 (3 admitted moribund).
Puerperal convulsions	..	..	..	..	7
Rupture of vagina or uterus	..	..	..	..	3
Exhaustion, protracted labour	..	..	..	..	2
Total	..	..	..	..	19

II.—Puerperal Causes.

Puerperal septicæmia	..	..	..	..	11 (includes 1 woman delivered in 1891 and died in 1892).
Metro-peritonitis	..	..	..	..	1
Thrombosis cerebral sinuses	..	..	..	..	1
Total	..	..	..	..	13

III.—Non-puerperal Causes.

Albuminuria; anasarca	..	..	..	..	3
Anæmia and anasarca	..	..	..	..	1
Broncho-pneumonia	..	..	..	..	2
Dysentery	..	..	..	..	5
Excessive vomiting	..	..	..	..	1
Heart disease	..	..	..	..	1
Leprosy	..	..	..	..	1
Malarial cachexia	..	..	..	..	1
Obstruction of bowels	..	..	..	..	1 (intussusception).
Pernicious anæmia	..	..	..	..	1
Peritonitis (before delivery)	..	..	..	..	1
Pneumonia	..	..	..	..	1
Remittent fever	..	..	..	..	2
Phthisis pulmonalis	..	..	..	..	1
Serous apoplexy	..	..	..	..	1 (pneumonia).
Total	..	..	..	..	23
Grand Total	..	..	..	..	55

The following table shows the classes of labour in which the 55 deaths fall:—

I.—Natural labour	Forceps	..	..	..	..	..	..	1
II.—Difficult labour.	Cephalotripsy	..	..	..	..	..	..	1
	Exhaustion from protracted labour	..	..	..	..	..	..	1
III.—Preternatural labour.	Including 1 woman delivered in 1891 and died in 1892	..	..	..	..	..	..	3
	Accidental hæmorrhage	..	..	..	..	..	..	3
	Placenta prævia	..	..	..	..	..	..	1
	Post-partum hæmorrhage	..	..	..	..	..	..	2
IV.—Complex	Retained placenta	..	..	..	..	..	..	5
	Puerperal convulsions	..	..	..	..	..	..	2
	Rupture of vagina or uterus	..	..	..	..	..	..	7
	Descent of funis	..	..	..	..	..	..	3
	Other complications	..	..	..	..	..	..	1
Abortions	Albuminuria; anasarca	..	..	..	..	..	..	41
	Excessive vomiting	..	..	..	..	..	..	3
	Leprosy	..	..	..	..	..	..	1
	Pneumonia	..	..	..	..	..	..	1
	Thrombosis cerebral sinuses	..	..	..	..	..	..	1
Total		..	..	..	..	..	..	7
		..	..	..	..	..	..	55

There were 55 deaths, and of these 2 died undelivered. The remaining 53 cases show a mortality of 2.66 per cent.—a lower rate than in 1891 when it was 2.8 per cent. Only 1 death occurred among natural labours, the woman was a I Para., aged 17 years, admitted in labour prematurely with a temperature of 101° F.; the child died soon after birth, and the girl developed puerperal septic fever, from which she died 14 days after delivery. All the other deaths occurred among women, in whom the labour was difficult, or in which there was some serious complication.

Of the 1,990 labours 1,370 are classed as *out-cases*, that is, cases which were admitted in labour, and 620 as *in-cases*, that is, cases kept under more or less under observation before delivery. The average time of observation during the year has been 28.7 days. Among the 1,390 *out-cases*, 53 deaths occurred or 3.8 per cent. Among the 620 *in-cases*, 1 death occurred or .17 per cent. The figures continue to show, what has been frequently pointed out before, how great an advantage it is to have native women in particular under observation for a short time before delivery, and the very favourable result when this can be done. The figures also show the terrible mortality which occurs as the result of neglect and undue prolongation of labour, and may be taken to give some idea of the terrible mortality which must occur among lying-in women in this country who are delivered at their own homes.

PUERPERAL SEPTICÆMIA.

The following table shows the number of deliveries in each month throughout the year and the cases of puerperal sapræmia or septicæmia which occurred in each block:—

Months.	Number of deliveries.	Blocks in which cases occurred.	Total in each month.	Remarks.
January	150	<i>Nil.</i>	<i>Nil.</i>	
February	107	E 2 .. 2 A 2 .. 1	3	1 natural labour (excessive liquor amnii): recovered. 2 complex labours (placenta prævia and dysentery): both recovered.
March	144	E 2 .. 2 D 2 .. 1 A 2 .. 1	4	1 natural labour (premature delivery): recovered. 2 difficult labours (1 cephalotripsy, 72 hours in labour, 1 forceps, 20 hours in labour): both recovered. 1 complex (morbid adhesion of placenta): recovered.
April	143	D 1 .. 1 Cottage 1	2	1 difficult labour: small pelvis, 34 hours in labour: (forceps delivery): died. 1 complex labour albuminuria (morbid adhesion of placenta): recovered.
May	128	E 1 .. 2 E 2 .. 1 D 2 .. 1 A 2 .. 1	5	1 natural labour (retained clot, sapræmia): recovered. 1 anæmia: died. 1 post-partum hæmorrhage (first degree): recovered. 1 complex labour (retained placenta) 48 hours in labour (forceps delivery): died. 1 complex labour (post-partum hæmorrhage) 36 hours in labour (forceps delivery): died.
June	163	A 2 .. 2	2	1 protracted labour, macerated child (cephalotripsy): recovered. 1 arm presentation (podalic version, metro-peritonitis): died.
July	168	E 2 .. 2 N.C.W. 1 D 2 .. 1 Cottage 1	5	3 difficult labours (protracted labour, forceps delivery): all recovered. 1 natural labour: recovered. 1 preternatural labour (arm podalic version): recovered.
August	178	<i>Nil.</i>	<i>Nil.</i>	
September	217	A 1 .. 1 B 1 .. 1 N.C.W. 1 Cottage 1	4	1 arm and funis (accidental hæmorrhage, decapitation): recovered. 1 natural labour, out-case: died. 1 complex labour (pneumonia): died. 1 morbid adhesion of placenta: died.
October	196	E 2 .. 3 A 1 .. 3	6	1 puerperal convulsion (forceps delivery) recovered. 1 complex labour (anæmia): recovered. 2 natural labours (retained clot): both recovered. 1 dicephalous monster, protracted labour (secondary hæmorrhage): died. 1 albuminuria anasarca: recovered.
November	208	B 2 .. 1 D 2 .. 1 E 2 .. 1	3	1 in-case (head and funis, natural delivery, pelvic cellulitis): died. 1 natural labour, out-case (retained clot): recovered. 1 difficult labour (forceps delivery): recovered.
December	188	A 1 .. 1 Cottage 1	6	1 natural labour, out case (sapræmia): recovered. 1 brow presentation (protracted labour, cephalotripsy): died.
Total ..	1,990	36	36	

Post-partum Haemorrhage.—Under this head all cases in which the loss of blood after the birth of the child was in any way excessive are recorded. Twenty-eight cases are reported. Two of these cases are included under other complications, viz. :—

Dysentery	1
Remittent fever	1

In 14 instances the loss of blood was trivial, and did not in any way affect the convalescence of the mother. In 5 cases the loss of blood was sufficient to affect the mother's pulse, and in 7 the loss of blood was very serious.

The mode of delivery in these cases was—

Natural powers	24
Forceps	4
Total	28

The mortality of the mothers was 5. Three of the women were admitted with the child already born and retained placenta, and were all in a moribund state, and died soon after admission, and one other was in a very bad state of health. For fatal cases, *Vide* Nos. XI to XV.

(c) *Retained Placenta.*

Six cases are recorded in which this complication occurred *without* post-partum hæmorrhage. In 3 there was simple retention, and in 3 there was morbid adhesion. Two of the women were confined at their own homes and brought in with the after-birth retained.

Mortality of mothers 2—*Vide* Cases Nos. XVI and XVII.

In 8 other cases included under post-partum hæmorrhage the placenta was also retained.

(d) *Puerperal Convulsions.*

There were 20 cases of puerperal convulsions. Delivery was effected in the cases by—

Natural powers	4
Forceps	13
Cephalotripsy	2
Total	19

and 1 died undelivered.

The following table shows the ages of the women and the number of pregnancy in these cases :—

Ages of women—Years	18	19	20	21	22	24	26	Total 20
Number of women	2	2	9	3	2	1	1	
Number of pregnancy				1	2	3	4	Total 20
Number of women				16	2	1	1	

It will be seen that 80 per cent. of the number were women in their first labour.

Mortality of mothers 7 or 35 per cent. which is 5 per cent. less than the average mortality of this complication taking a large series of years—*Vide* Cases Nos. XVIII to XXIV.

(e) *Rupture of Uterus or Vagina.*

Three cases are recorded under this head, 2 were rupture or laceration of the vagina and 1 of the uterus.

The ages, number of pregnancy and duration of labour are shown in the following table :—

Ages of women—Years	22	24	34	Total 3
Number of women	1	1	1	
Number of pregnancy		3	8	Total 3
Number of women		2	1	
Hours in labour	16	22	48	Total 3
Number of women	1	1	1	

The presenting part in these cases was head 2, head and funis 1.

The mode of delivery was caesarian section, Porros' operation 1, laparotomy with complete removal of uterus, Porro-Freund 1, laparotomy with removal of foetus from abdomen 1.

Mortality.—All the women, who were admitted in the worst possible condition for an operation, died—*Vide* Cases Nos. XXV to XXVII.

(f) *Prolapse of Funis.*

This complication occurred in 15 instances, 4 are included under other complications.

Delivery was effected in the following manner in the 11 uncomplicated cases :—

Natural powers	2
Forceps	2
Version, podalic	4
Do. cephalic	1
Extraction	1
Decapitation	1
Total	11

The presentation and results to children are shown in the following table :—

Presentation.	Number of Cases.	Children.		
		Alive.	Still.	Decomposed.
With head	5	1	4	..
Do. shoulder	1	..	..	1
Do. arm	4	..	3	1
Do. feet	1	..	1	..

Mortality of mothers 1—*Vide* Case No. XXVIII.

(g) *Other Complications.*

There were 129 other complications (*vide* table) with 20 deaths, viz. :—

Anæmia	1
Anæmia and anasarca	1
Broncho-pneumonia	2
Dicephalous monster	1
Dysentery	5
Heart disease	1
Malarial cachexia	1
Obstruction of bowels	1
Peritonitis before delivery	1
Phthisis pulmonalis	1
Pernicious anæmia	1
Pneumonia	2
Remittent fever	2
Total	20

Vide Cases Nos. XXIX to XLVIII.

ABORTIONS.

In these deliveries the duration of the pregnancy was calculated to be less than 28 weeks, and the weight of the child less than 78 tolas (2 lbs.).

Fifty-eight cases are recorded, a decrease of 20 compared with last year.

Seven cases died, viz. :—

Albuminuria; anasarca	3
Excessive vomiting	1
Leprosy	1
Pneumonia	1
Thrombosis cerebral sinuses	1
Total	7

Vide Cases Nos. XLIX to LV.

The results of the 33 cases included under complex labours are shown below :—

Presentation.	Number of Cases.	Mothers.		Children.		
		Recovered.	Died.	Alive.	Still.	Decomposed.
Breech	10	10	..	8	1	1
Foot	12	11	1	9	3	..
Arm	7	7	..	2	3	2
Shoulder	2	1	1	..	2	..
Head and foot	1	1	..	1	..	..
Knee and foot	1	1	..	..	1	..
Total	33	31	2	20	10	3

Delivery took place by natural powers in 32 instances, viz. :—

Breech	21
Feet	9
Breech and foot	1
Arm (spontaneous evolution)	1
Total	32

Delivery was terminated artificially in 26 instances, viz. :—

Breech	3	Extraction.	..	..	..	6
Feet	7	{ Extraction	..	..	..	1
		{ Do. and forceps	..	..	..	9
Arm	11	{ Podalic version	..	..	..	2
		{ Decapitation	..	..	..	2
Head and hand	4	{ Podalic version	..	..	..	1
		{ Do. do. and forceps	..	..	..	1
		{ Cephalic version and forceps	..	..	..	1
Brow and hand	1	Podalic version.	..	..	..	..

Mortality of mothers 2, including 1 woman, breech presentation, protracted labour, who remained from 1891 and died of septicaemia in 1892—*Vide* Cases Nos. V to VII.

In the uncomplicated cases in inverted labour (breech and foot) excluding the 7 cases in which the child was already decomposed on admission, 75.5 per cent. were born alive. In transverse presentations 55.5 per cent. of the children were born alive and of those born still, 2 were already dead on admission. In compound presentations all the children were born alive.

The ages, number of pregnancy and duration of labour in the uncomplicated cases are shown in the following table :—

Ages of women—Years	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	Total 58
Number of women	1	3	4	6	3	7	3	4	1	6	2	3	1	9	1	2	1	1									
Number of pregnancy								1	2	3	4	5	6	7	8	9											Total 58
Number of women								18	7	8	5	7	6	4	2	1											
Hours in labour	3 to 6			6 to 12			12 to 18			18 to 24			24 to 36			36 to 48										Total 58	
Number of women	11			27			9			5			4			2											

IV.—COMPLEX LABOUR.

Labour complicated with some accidental occurrence involving danger to the mother or child; of these there were 240 cases, a decrease of 23 cases compared with 1891.

They are thus classified :—

Plural births	29
Hæmorrhage	42
Retained placenta	6
Puerperal convulsions	20
Rupture of uterus or vagina	3
Prolapse of funis	11
Other complications	129
Total	240

(a) Plural Births.

Twenty-nine women were delivered of twins; 53 children were born alive (19 males and 34 females) and 5 were born still (1 male and 4 females). Three cases of twins are returned under abortions. Plural births occurred once in 68.62 labours. With regard to sex 20 were males and 8 were females. In 6 instances the children were both males, in 15 instances both females, and in 8 instances the children were male and female.

The presentations in these cases were very varied.

Head and head	14
Do. and breech	4
Do. and feet	3
Do. and arm	2
Breech and head	1
Do. and breech	1
Feet and head	2
Do. and breech	2
Total	29

In 3 instances artificial delivery was resorted to, viz. :—

Podalic version (arm)	2
Extraction (feet)	1
Total	3

Mortality of mothers nil.

(b) Hæmorrhage.

Forty-two cases are recorded, of which 8 died.

The cases are classified thus :—

Accidental hæmorrhage	6
Placenta prævia	10
Post-partum hæmorrhage	26
Total	42

Accidental Hæmorrhage.—Eight cases are reported. One case occurred in a case of albuminuria, and is returned under other complications, and another case is returned under the head of abortions. Three children were born alive and 4 still. The latter were all known to be dead before admission.

Mortality of mothers 1—*Vide* Case No. VIII.

Placenta Prævia.—Ten cases are recorded, of which 2 died—*Vide* Cases Nos. IX and X.

The cases were delivered by—

Natural powers	1
Forceps	2
Version, podalic	3
Extraction	3
Do. and craniotomy	1
Total	10

As regards presentation of the child the

Head presented in	4
Do. and funis	1
Do. and foot	1
Knee and foot	1
Shoulder	1
Feet	2
Total	10

Mortality 1—*Vide* Case No. I.

The following table shows the ages, number of pregnancy and number of hours in labour of the women in this class:—

Ages of women— Years	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	Total 1,495
Number of women	1	10	21	72	75	155	108	201	86	135	65	104	65	76	48	89	21	74	11	24	9	10	7	7	4	10	2	2	2	1			
Number of pregnancy	1	2	3	4	5	6	7	8	9	10	11	12	13	14													Total 1,495						
Number of women	306	298	274	197	150	83	75	42	33	24	4	3	3	3																			
Hours in labour	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 12	12 to 18	18 to 24	Unknown.								Total 1,495																
Number of women	24	139	213	258	145	522	154	40	...																								

II.—DIFFICULT LABOUR.

In this division, which represents labours in which the head or face presented, and labour lasted more than 24 hours, or required artificial assistance, there were 139 cases, an increase of 12 over the previous year.

(a) *Tedious Labour.*

In 20 cases the labour was extended over 24 hours and delivery accomplished by natural powers, the delay occurring in these cases chiefly in the first stage of labour. Eighteen children were born alive, 9 males and 9 females, and 2 were still, males, and were macerated. In 2 cases the children were premature (both females).

The mortality in this class was *nil*.

(b) *Laborious Labour.*

In this class the head presented in 113, the face in 5 and the brow in 1, total 119 cases, an increase of 17 cases over the year 1891.

The ages, number of pregnancy and duration of labour are noted in the following tables:—

Ages of women—Years	...	...	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	40	Total 119
Number of women	...	...	1	2	6	14	8	11	6	12	5	12	3	6	3	3	1	8	1	6	...	4	1	2	2	1	1	
Number of pregnancy	...	...	...	...	...	1	2	3	4	5	6	7	8	9	10	11											Total 119	
Number of women	...	...	...	...	...	65	10	7	12	8	5	6	2	3	...	1												
Hours in labour	...	...	...	5 to 6	6 to 12	12 to 18	18 to 24	24 to 36	36 to 48	48 to 60	72					Total 119												
Number of women	...	...	...	2	43	48	9	10	2	3	2																	
Mode of delivery.			Number of cases.	Mothers.		Child alive.		Child still.		Percentage of mortality.																		
				Recovered.	Died.	Male.	Female.	Male.	Female.	Mothers.	Children.																	
Natural labour over 24 hours			20	20	...	9	9	2	...	Nil.	10																	
Forceps			93	92	1	43	32	9	9	1.07	19.35																	
Version, podalic			4	4	...	2	2	...	...	Nil.	Nil.																	
Do. do. and forceps			2	2	...	...	...	2	...	Nil.	100																	
Do. cephalic and forceps			2	2	...	2	...	...	...	Nil.	Nil.																	
Caesarian section (contracted pelvis).			1	1	...	1	...	...	...	Nil.	Nil.																	
Cephalotripsy			16	15	1	...	...	9	7	6.25	100																	
Protracted labour (died undelivered).			1	...	1	...	...	...	...	100	...																	

The proportion of male to female children delivered artificially is 1.46 male to 1 female. If preternatural and complex labours and abortions be excluded, the proportion of artificial deliveries is 1 in 13.6 labours, 2.1 per cent. more than in 1891.

Three cases died or 2.52 per cent. against 4.9 per cent. in 1891.

The following table gives a brief analysis of these cases:—

Number of Case.	Number of Pregnancy.	Cause of Difficulty.	Condition on Admission.	Condition of Child on Admission.	Cause of Mother's Death.
II.	First.	Small pelvis, fourth position.	Over 24 hours in labour; full term; bladder greatly distended; abdomen tympanitic; uterus in a state of spastic rigidity; temperature 100.6°F., pulse 120; perinium much bruised; liquor amnii offensive; head in cavity with large scalp tumour; pelvis generally small.	Fœtal heart faintly audible; still on delivery by forceps.	Puerperal septi-cæmia.
III.	First.	Brow presenta-tion.	Much exhausted; tempera-ture 101° F., pulse 128 small; abdomen tympani-tic; bladder distended; labia swollen and bruised; liquor amnii offen-sive; head impacted in pelvic cavity.	Still.	Puerperal septi-cæmia.
IV.	Fourth.	Head impacted in pelvic brim.	Three days in labour; ad-mitted moribund; died 35 minutes after admission.	Still.	Exhaustion from protracted labour.

55 per cent. of the artificial deliveries were women in their first labours and 35.58 per cent. occurred in women at or under 20 years of age.

The average duration of labour was 16.78 hours.

III.—PRETERNATURAL LABOUR.

There were 91 labours, in which some other part than the head presented an increase of 8 compared with 1891. Fifty-eight of these were uncomplicated and are classified under this head, and the remaining 33 are included under complex labours.

The results of the 58 uncomplicated cases are shown in the following table:—

Presentation.	Number of Cases.	Mothers.		Children.		
		Recovered.	Died.*	Alive.	Still.	Decomposed.
Breech	24	24	...	16	4	4
Foot	16	16	...	9	4	3
Arm	12	10	2	5	4	3
Head and hand	4	4	...	4	...	...
Brow and hand	1	1	...	1	...	...
Breech and foot	1	1	...	1	...	...
* Total	58	56	2	36	12	10

Class.	Division.	Sub-division.			
Extraction	Preternatural	Breech	3	9	15
		Feet (1)	6		
	Complex	Twins	1	6	
		Accidental hæmorrhage	1		
Placenta prævia (1)		3			
		Feet and funis presentation	1		
Decapitation	Preternatural	Arm	2	2	4
	Complex	Accidental hæmorrhage (arm and funis).	1	2	
		Shoulder and funis presentation.	1		
Induction of pre-mature labour.	Natural	Macerated foetus	1	2	7
		Small pelvis	1		
	Difficult	Habitually large children	1	1	
		Contracted pelvis (1)	..		
	Preternatural	Prolonged gestation (breech)	1	1	
	Complex	Twins (albuminuria; anasarca)	1	3	
		Heart disease	1		
Albuminuria; anasarca		1			
Induction of abortion.	Abortion	Heart disease	1	3	3
		Anæmia anasarca	1		
		Excessive vomiting	1		
Cæsarian section, simple.	Difficult labour	Contracted pelvis	1	1	1
Cæsarian section with removal of whole uterus.	Complex	Osteo-malacic pelvis and laceration of uterus.	1	1	1
Laparotomy and removal of uterus.	Complex	Rupture of vagina	1	1	1
Laparotomy for removal of foetus.	Complex	Rupture of vagina	1	1	1
Spontaneous evolution.	Preternatural	Arm	1	1	212

NOTE.—The figures within brackets refer to the number of similar labours in other divisions.

The total number of confinements shows a small decrease of 30 compared with 1891, in which year the number was larger than in any previous year. The monthly average has been 165.83, being a decrease of 2.50 per cent. compared with 1891, but an increase of 24.65 per cent. compared with the average of the previous five years. The smallest number of deliveries was 107 in February and the largest 217 in September. As regards the mortality this has been slightly less than last year, viz., 2.77 per cent. against 2.8 per cent. in 1891.

Races and Castes.—The percentage of the various races and castes is shown in the following table:—

Europeans	..	..	..	..	..	60	or	3.15	per cent.
Eurasians	..	..	..	..	..	285	or	14.32	do.
Native Christians	..	..	..	..	..	277	or	13.92	do.
Muhammadans	..	..	..	..	..	82	or	1.60	do.
Hindus	..	..	..	..	..	471	or	23.66	do.
Pariahs	..	..	..	..	..	865	or	43.35	do.

Total .. 1,990 or 100.00

With regard to Hindus the following table shows the number of each of the chief castes admitted:—

Brahmins	..	..	..	..	..	..	..	..	3
Rajputs	..	..	..	..	..	..	..	..	3
Raju	..	..	..	..	..	..	..	..	1
Mudali	..	..	..	..	..	..	..	..	146
Naicker	..	..	..	..	..	..	..	..	151
Ediyar	..	..	..	..	..	..	..	..	62
Vellala	..	..	..	..	..	..	..	..	3
Chetty	..	..	..	..	..	..	..	..	5
Palli	..	..	..	..	..	..	..	..	21
Reddi	..	..	..	..	..	..	..	..	4
Janiper	..	..	..	..	..	..	..	..	4
Vanniyar	..	..	..	..	..	..	..	..	22
Changayar	..	..	..	..	..	..	..	..	3
Chunar	..	..	..	..	..	..	..	..	7
Oobber	..	..	..	..	..	..	..	..	3
Oodder	..	..	..	..	..	..	..	..	1
Kamala	..	..	..	..	..	..	..	..	11
Sathaney	..	..	..	..	..	..	..	..	2
Pandaram	..	..	..	..	..	..	..	..	1
Unknown	..	..	..	..	..	..	..	..	18

Total .. 471

The deliveries may be thus classified:—

Natural labour	..	..	..	..	..	1,495	or	75.14	per cent.
Difficult do.	..	..	..	..	..	139	or	6.98	do.
Preternatural labour	..	..	..	..	..	58	or	2.91	do.
Complex labour	..	..	..	..	..	140	or	12.06	do.
Abortions	..	..	..	..	..	58	or	2.91	do.

Total .. 1,990 or 100.00

Of the 1,988 deliveries (2 women died undelivered); 1,535 were delivered at or near full term, 351 were premature, 44 women were delivered of macerated children and 58 were abortions. Of the 2 women who died undelivered, 1 was a case of puerperal convulsions, brought into hospital in a moribund state, and who died half an hour after admission; the other was a woman who had been three days in labour and was brought from Poonamallee in a cart in a low state. She died an hour after admission.

The percentage of births at successive quinquennial periods shows the greatest fecundity among all classes to occur between the ages of 20 and 24 years.

Ages of women—Years	15 to 19	20 to 24	25 to 29	30 & above	Total 1,990
Number of women	294	898	444	354	

I.—NATURAL LABOUR.

There were 1,490 cases, in which the head presented, and 5 in which the face presented, and the labour was terminated within 24 hours without complication. The percentage of primipara was 20.5, and the average duration of labour 7.3 hours.

Class.	Division.	Sub-division.				
IV. Complex— cont.	Descent of funis ..	With head (3)	5	11		
		Do. shoulder	1			
		Do. arm (1)	4			
		Do. feet	1			
	Other complications.	Albuminuria ; anasarca	6	129		240
		Anæmia ; anasarca	7			
		Anæmia	13			
		Abscess, cellular tissue (large) ..	2			
		Bronchial catarrh	1			
		Bronchitis	1			
		Broncho-pneumonia	2			
		Cystitis	2			
		Diarrhoea	3			
		Dicephalous monster	1			
		Dysentery	34			
		Elephantiasis	2			
		Epilepsy	1			
		Heart disease	2			
		Intermittent fever	3			
		Ischio-rectal abscess	1			
		Malarial cachexia	1			
		Obstruction of bowels	2			
		Ovarian cystoma	1			
		Pernicious anæmia	1			
		Pelvic cellulitis (before delivery) ..	1			
		Phthisis pulmonalis	2			
		Pneumonia	2			
		Peritonitis (before delivery) ..	1			
		Prolapse of uterus	5			
		Rheumatism	4			
		Remittent fever	3			
		Ringworm (aggravated)	2			
		Syphilis	19			
Thrombus of labium		1				
Vaginitis		1				
Variola		1				
Varicose veins		1				
Fœtus under 2 lb..	Abortion	Abortion, simple	25	58	58	
		Accidental hæmorrhage	1			
		Albuminuria ; anasarca	3			
		Apoplectic mole	1			
		Blighted ovum	1			
		Carcinoma cervix uteri	1			
		Cystitis	1			
		Dysentery	1			
		Excessive vomiting	1			
		Heart disease	1			
		Leprosy	1			
		Morbid adhesion of placenta ..	2			
		Phthisis pulmonalis	1			
		Pneumonia	2			
		Putrid fœtus	1			
		Retained placenta	5			
		Retroversion	2			
		Synovitis	1			
		Thrombosis cerebral sinuses ..	1			
		Twins	3			
		Vesicular mole	3			
			58	1,990		

NOTE.—The figures within brackets refer to the number of similar labours in other divisions.

Class.	Division.	Sub-division.																										
OBSTETRIC OPERATIONS.																												
Acceleration of labour by Barnes' elastic bags.	Complex	{	Puerperal convulsions (4)	..	..																							
			Placenta prævia (2)	..	..																							
			Forceps	Difficult	{	Head presenting	89	97																				
						Face do.	4																					
						Head presentation after podalic version.	2																					
						Face presentation after cephalic version.	1																					
						Brow presentation after cephalic version.	1																					
						Preternatural.	{		Inverted	Foot (after extraction)	1	3																
									Compound	{	Head and hand after podalic version.		1															
											Head and hand after cephalic version.		1															
											Complex		{	Placenta prævia	2	31												
														Post-partum hæmorrhage	4													
														Morbid adhesion of placenta ..	1													
														Puerperal convulsions	13													
														Rupture of vagina	1													
														Descent of funis	2													
														Albuminuria ; anasarca	1													
														Anæmia ; anasarca	2													
														Dysentery	1													
														Heart disease	1													
														Malarial cachexia	1													
Prolapse of uterus	2																											
Cephalotripsy ..	Difficult	{												Head presenting	7		16											
			Do. (forceps failed)	8																								
			Brow presenting	1																								
			Complex	{	Placenta prævia after extraction.			1						5														
					Puerperal convulsions			2																				
					Prolapse of uterus			1																				
					Thrombus of labium	1																						
					Podalic version ..	Difficult	{	Head presenting (2)	2	4																		
								Do. (forceps failed)	2																			
								Preternatural ..	{		Arm	9	12															
											Head and hand (1)	2																
											Brow and hand	1																
											Complex	{			Twins	2		10										
															Accidental hæmorrhage	1												
															Placenta prævia	3												
															Descent of funis (arm)	4												
															Cephalic version.	Difficult			{	Brow presenting (1)	..	..						
																				Face do. (1)	..							
																				Preternatural ..	{		Head and hand (1)	..	..			
																							Complex	{		Descent of funis with head ..	1	1

NOTE.—The figures within brackets refer to the number of similar labours in other divisions.

TABLE L.

List showing the results of Major Operations performed during the year 1892.

Disease for which operations were performed.			Nature of operation according to Circular No. 31, dated 24th May 1872.	Remaining on 31st Dec. 1891	Performed during the year.	Total.	Result.				Remaining under treatment.	Remarks.	
No.	Name.	Cured.					Relieved.	Discharged otherwise	Died.				
	Tumours	Excision of Tumours.	...	11	11	7	3	...	...	1	All operations performed by the Superintendent, Ophthalmic Hospital.		
190	Abscess of orbit	Opening of abscess.	...	4	4	1	3	...	...	...			
234	Entropion	Entropion	...	7	7	6	...	...	...	1			
235	Ectropion	Ectropion	...	2	2	2	...	...	...	...			
233	Trichiasis	Excision of hair bulbs.	...	2	2	1	...	...	...	1			
211	Strabismus	Tenotomy	...	9	9	9	...	...	...	...			
63 (a)	Pterygium	Transplantation	...	19	19	16	3	...	...	...			
221 and 222	Fistula and stricture, lacrymal.	Division of canaliculus passage of probe.	...	95	95	39	51	4	...	1			
129			Opacity of cornea	Artificial pupil...	...	135	135	95	40	...		...	
162	Synechia	Iridectomy	...		2	170	172	24	144	2		2	
63 (a)	Pterygium		Iridotomy	...	19	19	11	8	...	...			
149	Suppurative keratitis.	Sclerotomy		...	2	2	2	...	...	...			
150	Ulcer of cornea		Extraction	8	1,230	1,238	1,144	22	52	...		20	
171	Glaucoma	Extraction		1	20	21	12	8	...	...		1	
182	Traumatic cataract		Extraction	...	34	34	29	4	...	...		1	
171	Glaucoma cataract...	Extraction		3	22	25	13	8	4	...		...	
184	Dislocated lens		Removal	...	1	1	1	...	...	...		...	
182	Soft matter after cataract extraction.	Removal		...	14	14	10	4	...	...		...	
182	Opaque capsule		Laceration	...	119	119	107	9	2	...		1	
155	Staphyloma	Abcission		...	2	2	2	...	...	...		...	
155	Staphyloma		Enucleation	...	...	...	...	...	...	...		...	
169	Irido-choroiditis	Enucleation		...	...	32	31	...	...	...		1	
190	Disorganised eyeball.			Enucleation	...	...	...	...	...	...		...	...
Total ...					14	1,949	1,963	1,560	309	64		...	30
Total number of minor operations performed.			...		...	387	...	...	...	...		...	

Operations.—1,949 major and 397 minor operations were performed during the year, which shows an increase of 137 of the former and a decrease of 11 of the latter, as compared with that of the previous year. Of the major operations 67 per cent. were performed on cataracts of various kinds.

The next most frequent operation performed was iridectomy in cases of glaucoma and suppurative keratitis.

Internal Economy.—Brigade-Surgeon-Lieut.-Colonel E. F. Drake-Brockman, F.R.C.S., proceeded on furlough on the 7th May 1892, and I have been appointed to officiate for him. An additional Hospital Assistant to the permanent establishment was sanctioned by Government owing to the increasing work of the institution, and was posted for duty early in January. The store department under the new contract system was organised during the year, and began work on the 1st April 1892. The total expenditure during the year, exclusive of the Superintendent's pay which is debited to the Medical College, was Rs. 18,747-2-10, of this sum Rs. 6,602-13-5 was paid as salaries to the establishment, Rs. 5,522-2-0 on diet, Rs. 3,118-4-4 on building and repairs, and the remainder on European medicines and miscellaneous charges.

The average cost of each diet including extras was As. 3-0½, which is 2½ pies less than the cost for last year.

Recoveries were made from 168 patients and amounted to Rs. 1,395-3-0.

MADRAS,
9th March 1893.

No. 2.—GOVERNMENT LYING-IN HOSPITAL.

ANNUAL MEDICAL REPORT OF THE MADRAS GOVERNMENT LYING-IN HOSPITAL
FOR THE YEAR 1892.

The number of admissions during the year was as follows :—

Delivered in hospital, including abortions	..	..	..	..	..	..	..	1,967
Delivered on the way to hospital	..	..	..	..	..	..	..	21
Died undelivered	..	..	..	..	..	..	..	2

Total .. 1,990

Diseases of pregnancy and gynaecological cases 1,535

Grand Total .. 3,525

Class.	Division.	Sub-division.			
I. Natural	Purely natural	Born occipito-anterior (314)	..	..	1,482
		Do. do. posterior (5)	..	..	8
	Varieties	Face (6)	..	..	5
		Brow (1)	..	..	..
II. Difficult	Tedious	Natural powers over 24 hours	..	20	1,495
		Forceps	..	93	20
	Laborious	Version, podalic	..	4	..
		Do. do. and forceps	..	2	..
		Do. cephalic and forceps.	..	2	..
		Cæsarian section, contracted pelvis	..	1	..
		Cephalotripsy	..	16	..
		Protracted labour (died undelivered).	..	1	..
			..	119	..
			..	40	..
	Inverted	Breech (10)	..	24	..
		Foot (12)	..	16	..
III. Preter-natural.	Transverse	Arm (7)	..	12	..
		Shoulder (2)	..	..	12
	Compound	Head and hand	..	4	..
		Brow and hand	..	1	..
		Head and foot (1)	..	..	..
		Breech and foot	..	1	..
	Plural births	Knee and foot (1)	..	..	6
			..	29	58
	Hæmorrhage	Twins (3)	..	29	..
		Accidental (2)	..	6	..
		Placenta prævia	..	10	..
IV. Complex	Retained placenta without hæmorrhage.	Post-partum (2)	..	26	42
		Simple retention (4)	..	3	..
	Puerperal convulsions.	Morbid adhesion (4)	..	3	..
		Eclampsia	..	20	6
	Rupture of uterus or vagina.		..	20	..
		Rupture of vagina	..	2	..
		Laceration of uterus	..	1	3
			..	..	..

NOTE.—The figures within brackets refer to the number of similar labours in other divisions.

TABLE G.
Disorders of vision.

	In-door.	Out-door.	Total.
93 (a) Myopia	2	143	145
(b) Hypermetropia	1	65	66
c ₁ Myopic astigmatism	..	9	9
c ₂ Hypermetropic astigmatism	..	19	19
c ₃ Mixed astigmatism	..	2	2
(d) Presbyopia	..	21	21
(e) Anisometropia	..	2	2
194. Asthenopia	1	28	29
203. Muscæ volitantis	..	4	4
207. Amblyopia	7	28	35
Total ..	11	321	332

More than half the number of cases of abnormal refraction is due to myopia, which appears to be increasing among the native population.

TABLE H.
Diseases of the optic nerve and retina.

	In-door.	Out-door.	Total.
172. Atrophy of the optic papilla	3	45	48
175. Optic neuritis	..	4	4
Anæmia of retina	..	6	6
181(b) Retinitis	..	1	1
(c) Syphilitic retinitis	1	2	3
(f) Pigmentary retinitis	..	4	4
63. Glioma of retina	1	1	2
Choroido-retinitis	..	5	5
198. Night blindness	..	60	60
Total ..	5	128	133

TABLE I.
Squint and ocular paralysis.

	In-door.	Out-door.	Total.
211. Squint	5	7	12
Paralysis of third nerve	..	4	4
Paralysis of sixth nerve	..	2	2
Paralysis of third, fourth and sixth nerve.	1	2	3
Total ..	6	15	21

Tenotomy was performed in 9 cases for the cure of squint with very good results. The subjects who underwent the operation were European and Eurasian children.

TABLE J.
Tumours of orbit, lids and eyeball.

	In-door.	Out-door.	Total.
Fibrous tumour of lid	..	3	3
Wart of lid	..	1	1
Cancer of eyelid	1	1	2
Nævus of conjunctiva	..	1	1
Polypus of conjunctiva	..	8	8
Cancer of conjunctiva	1	1	2
Fibrous tumour of orbit	2	1	3
Sarcoma of orbit	..	2	2
Epithelioma of cornea	1	1	2
Cancer of eyeball	..	6	6
Glioma of retina	1	1	2
Total ..	6	26	32

MILITARY SICK.

15 Europeans and 29 Native Military sick were admitted for treatment during the year as recorded in Table K.

Among the sepoys *functional amblyopia* contributed 7 cases, and occurred most frequently in men who had been serving in Burma.

Disorganisation of the eyeball comes next in order of frequency of admission, and was the result in most cases of injuries received while on duty.

Among Europeans, 2 admissions were for traumatic cataract, one caused by a splinter of bullet from a target wounding the eye and injuring the lens of a marker at the rifle range, and the other due to a fragment of stone striking the eye and rupturing the lens capsule of a soldier, who was on duty guarding prisoners breaking stones in the Secunderabad Military Prison. Three cases of injuries received by markers at rifle ranges from splinters of bullet striking the eye were admitted to hospital. In two the eye was destroyed, the third recovered with good vision.

TABLE K.
Return showing the admission of European Soldiers and Native Sepoys in the Ophthalmic Hospital, Madras, during the year 1892.

	European Soldiers.	Native Sepoys.
147 (a) Catarrhal ophthalmia	1	..
(f) Granular ophthalmia	1	..
62. Pterygium	2	1
150. Ulcer of cornea	..	1
161. Iritis	1	..
(b) Syphilitic iritis	1	..
162. Synechiæ	..	4
169. Choroiditis	1	1
Choroido-retinitis	1	..
172. Atrophy of the optic papilla	..	1
175. Optic neuritis	1	..
182. Cataract	1	1
(i) Traumatic cataract	2	5
190. Panophthalmitis	..	..
193 (a) Myopia	2	..
(b) Hypermetropia	1	..
194. Asthenopia	..	1
207. Amblyopia	..	7
240. Ptosis	..	1
1082. Wound of cornea	..	1
Observation	1	4
Total ..	15	29

Chronic and Granular Ophthalmia come next in frequency and contributed 851 cases. This disease is very prevalent among the native population and when neglected often leads to disastrous results, such as ulceration, staphyloma and opacities of the cornea and sometimes total destruction of the eye-ball.

Purulent Ophthalmia, in which is included simple purulent ophthalmia, ophthalmia neonatorum and gonorrhoeal ophthalmia contributed 67 cases.

Cases of *Ophthalmia Neonatorum* are seldom brought to the hospital till the disease has caused total destruction of one eye and threatens the other.

The treatment pursued in this institution of these cases afforded very satisfactory results, and consisted in the careful syringing of the eyes daily with boric acid or perchloride of mercury solution, and the local application of nitrate of silver solution to the everted lids, and scrupulous attention to the cleanliness of the eyes.

Pterygium numbered 93 cases of various degrees of severity, 19 of which were operated on by transplanting the growth, and in 16 the result was successful.

Diseases of the Cornea.—692 cases were admitted during the year for various affections of the cornea, and are classified in table B.

TABLE B.

	In-door.	Out-door.	Total.
149. Keratitis, simple	8	97	105
C. Suppurative keratitis	8	58	66
D. Interstitial keratitis	2	16	18
150. Ulcer of cornea	4	123	127
154. Opacity of cornea	20	296	316
155. Staphyloma of cornea	12	48	60
Total ..	54	638	692

Suppurative Keratitis and Ulcers of the Cornea have been more prevalent than in the previous year. This may be accounted for owing to the scarcity which has prevailed during the period under report, in consequence of which the poorer classes being ill-fed, diseases of the cornea show a marked tendency to ulcerative and other destructive processes.

Opacity of Cornea.—316 cases came under treatment. A large percentage of these occurred in children who had recovered from small-pox.

Diseases of the Iris.—164 cases were treated, being less by 5 than the number for last year.

TABLE C.

	In-door.	Out-door.	Total.
161. Simple iritis	5	56	61
(b) Syphilitic iritis	6	16	22
162. Sequelæ of iritis	10	71	81
Total ..	21	143	164

Sequelæ of Iritis (posterior synechiæ) shows a large number of admissions under this class, and resulted in most instances from syphilitic iritis. In many cases which did not yield to constitutional treatment and the instillation of atropine, the performance of an iridectomy was attended by very satisfactory results.

Diseases of the Lens.—1,691 cases of cataract sought relief in the Out-patient's Department for cataract, and of this number 1,341 were admitted to hospital. The opacity of the lens in the remaining 350 cases not being sufficiently advanced, the patients were advised to apply again after the lapse of a few months for admission. 1,307 cataracts were operated on, being an increase of 208 extractions over that of the previous year. Of this number 1,230 were extractions for senile cataract. The results show a percentage of 95.8 of success.

TABLE D.

Cases of cataract extractions.

	Remained on 31st December 1891.	Operated on during the year.	Successful.	Failed.	Remaining on 31st December 1892.
Cortical	...	14	13	...	1
Cortico-nuclear	6	905	860	38	13
Hard senile	2	171	161	10	2
Morgagnian	...	128	121	3	4
Hard slack	...	12	11	1	...
Dislocated lens	...	1	1	...	...
Congenital	...	34	33	...	1
Traumatic	1	20	20	...	1
Cataract with glaucoma	3	22	21	4	...
Total ..	12	1,307	1,241	56	22

TABLE E.

Causes of failure in cases of cataract extraction.

Causes of failure.	No.
Hæmorrhage	4
Glaucoma	2
Iritis	24
Suppurative keratitis	19
Panophthalmitis	4
Irido-choroiditis	3
Total ..	56

Hæmorrhage occurred in 4 cases, in which the lens was removed in patients suffering from cataract with glaucoma.

A preliminary iridectomy was performed in every case of cataract with glaucoma some time prior to the extraction of the lens.

Iritis and suppurative keratitis causes about 77 per cent. of the total failures.

TABLE F.

Cases of Glaucoma.

	In-door.	Out-door.	Total.
Simple glaucoma	1	1	2
Acute glaucoma	23	38	61
Chronic glaucoma	40	238	278
Secondary glaucoma	4	16	20
Total ..	68	293	361

Of the 361 cases of glaucoma that applied for treatment, 151 were operated on, and relief was obtained in a very large proportion of the cases, and in some the diseased action appears to have been arrested, and vision was completely restored.

No. 1.—GOVERNMENT OPHTHALMIC HOSPITAL.

ANNUAL REPORT OF THE GOVERNMENT OPHTHALMIC HOSPITAL,
MADRAS, FOR THE YEAR 1892.By SURGEON-MAJOR T. H. POPE, M.D., B.SC., ACTING SUPERINTENDENT,
OPHTHALMIC HOSPITAL.

DURING the calendar year 1892, 1,724 in-door and 8,622 out-door patients were treated in the Ophthalmic Hospital, Madras, which shows an increase of 135 of the former and 926 of the latter over that of the year 1891.

The average daily attendance was 62.12 in-door and 126.36 out-door patients as compared with 55.18 and 109.20, respectively, for the previous year.

Of the in-door patients 153 were Europeans and Eurasians and 1,571 Natives, and of the out-door patients 713 were of the former class and 7,909 of the latter.

There were no deaths recorded during the year.

The following comparative statement shows the steady increase in the number of patients and the average daily sick for the past five years:—

	1888.		1889.		1890.		1891.		1892.	
	In.	Out.	In.	Out.	In.	Out.	In.	Out.	In.	Out.
Number of cases treated ...	1,282	5,437	1,376	5,961	1,488	7,453	1,589	7,696	1,724	8,622
Average daily sick ...	46.75	78.13	49.09	83.78	55.31	108.13	55.18	109.20	62.12	126.36

Diseases of the Conjunctiva.—As in previous years this class of diseases furnishes the largest number of cases.

Of the 10,346 cases admitted, 3,263 were for affections of the conjunctiva, which are classified in table A given below:—

TABLE A.

	In-door.	Out-door.	Total.
144. Ecchymosis of conjunctiva	..	42	42
145. Chemosis of conjunctiva	..	4	4
147. Conjunctivitis	1	159	160
(a) Catarrhal ophthalmia	18	1,889	1,907
(b) Purulent ophthalmia	3	39	42
62. Gonorrhoeal ophthalmia	..	2	2
63. Ophthalmia of new-born infants	3	20	23
(d) Phlyctenular ophthalmia	4	135	139
(e) Chronic ophthalmia	2	194	196
(f) Granular ophthalmia	28	627	655
62. Pterygium and pignecula	5	88	93
Total ..	64	3,199	3,263

Catarrhal Ophthalmia furnished as many as 1,907 cases, being the largest number admitted under diseases of the conjunctiva. It is most prevalent during the months of July, August and September, and owing to its very infectious nature cases of this disease are seldom admitted for treatment in the wards of this hospital.

APPENDIX.

HOSPITAL

No. V—PART I.—Statement showing the Expenditure on account of the

Number.	Names of Hospitals.	4							
		Expendi							
		a.							b.
		On Establishment.							On Bazaar Medicines.
		Paid by Government as Salaries.				Paid from Local sources on Salaries.			
		Medical Officers.	Inferior Dispensary Establish- ment (including Menial Servants).			Medical Officers.	Inferior Dispensary Estab- lishment (including Menial Servants).		
Compounders, Dressers, &c.	Menial Servants.		Compounders, Dressers, &c.	Menial Servants.					
RS. A. P.	RS. A. P.	RS. A. P.	RS.	RS. A. P.	RS.	RS. A. P.			
1	General Hospital ...	10,153 8 5	19,645 13 10	8,966 7 0	...	...	...	382 9 3	
2	Leper Hospital ...	960 0 0	1,020 0 0	2,214 11 0	...	...	...	6 2 0	
3	Lying-in Hospital ...	7,905 7 8	8,856 5 1	4,195 5 7	...	...	...	2,778 12 7	
4	Ophthalmic Hospital ...	3,120 0 0	...	3,482 13 5	...	...	...	...	
5	Women and Children's Hospital ...	20,317 0 0	1,758 0 0	1,206 0 0	...	...	...	2,481 2 3	
6	Voluntary Venereal Hospital ...	1,933 5 4	1,189 4 0	798 0 0	...	...	...	5 7 3	
	Total ...	44,389 5 5	32,419 6 11	20,863 5 0	...	...	...	5,654 1 4	

20863 5 11
31419 6 11

STATISTICS—continued.

Special Hospitals (Provincial) in the Presidency Town during the year 1892.

ture.						5	6	7
c.	d.	e.	f.	g.	h.	Cash Balance in hand on 31st Decem- ber 1892.	Average Cost of each Diet.	Percentage of Total Cost paid by Government.
On European Medicines.	On Diet.	On Miscellaneous Charges (including Registers, &c., supplied by Government).	On Buildings or Repairs.	Invested during the year.	Total Expenditure during the year.			
RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS.	RS. A. P.	RS.	RS. A. P.	RS. A. P.
17,316 10 6	35,147 10 1	* 28,903 11 2	...	...	1,20,516 6 3	...	0 5 11½	100 0 0
747 11 0	23,985 15 2	5,734 11 8	...	...	34,669 2 10	...	0 4 3	100 0 0
3,991 10 7	15,233 6 2	* 13,747 11 8	4,498 5 5	...	61,202 0 9	...	{ † 0 8 4 ‡ 0 3 8 }	100 0 0
547 0 1	5,522 2 0	* 3,004 6 0	3,118 4 4	...	18,794 9 10	...	0 3 0½	100 0 0
4,416 8 10	16,736 11 11	* 5,769 2 4	3,619 10 9	...	56,304 4 1	...	0 5 11	100 0 0
570 7 3	5,379 5 7	1,341 6 11	320 4 0	...	11,487 8 4	...	0 3 11½	100 0 0
27,590 0 3	1,02,005 2 11	58,501 1 9	11,551 8 6	...	3,02,974 0 1	...	0 5 0	100 0 0

* Includes Hospital stoppages paid into the Bank.

† European.

‡ Native.

HOSPITAL STATISTICS—continued.
No. V.—Statement showing the Income on account of the Special Hospitals (Provincial) in the Presidency Town during the year 1892.

2		3																	
		Income.																	
		b.																	
		From Government.																	
		a.																	
		From Local or other Funds.																	
		Local Funds.																	
		Total.																	
		Special allow- ances given by Government.																	
		Sale of Medicines supplied by Government.																	
		For Diet including Police cases.																	
		As European Medicines.																	
		As Registers and Forms.																	
		As salaries.																	
		Medical Officers.																	
		Inferior Dispensary (including Medical Servants).																	
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Note.—These Hospitals carry a "Presidency allowance" of Rs. 30 for Apothecaries and Rs. 10 for Hospital Assistants.

HOSPITAL STATISTICS—continued.

No. V—PART I.—Statement showing the Expenditure on account of the Special Hospitals (Provincial) in the Presidency Town during the year 1892.

HOSPITAL STATISTICS—continued.

No. III-A.—Statement showing the results of the Major Surgical Operations performed among In- and Out-Patients in the Special Hospitals (Provincial) in the City of Madras during the year 1892—continued.

By MEDICAL SUBORDINATES.

Class of Operations.	Nature of Operations.	Remain- ing on the 31st De- cember 1891.	Per- formed during the year.	Total.	Results.					Remain- ing under treat- ment on the 31st Decem- ber 1892.
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.		
Opening of large abscesses	Opening of abscesses and incisions unspecified	...	6	6	6	...	...	...	...	...
Operations on diges- tive or- gans.	For Hæmorrhoids	...	3	3	3	...	...	...	...	...
	Stricture of the rectum	...	3	3	2	...	...	1	...	...
Operations on uri- nary organs.	Removal of urethral calculus	...	1	1	1	...	...	...	...	...
Obstetric opera- tions.	Forceps	2	65	67	58	...	...	...	5	4
	Version	...	10	10	9	...	...	...	1	...
	Version and forceps	...	3	3	3	...	...	...	...	...
	Extraction	1	4	5	4	...	...	...	1	...
	Cephalotripsy	...	12	12	11	...	...	...	1	...
	Decapitation	...	3	3	2	...	...	...	1	...
	Cæsarian section and porros operation	...	1	1	...	...	...	...	1	...
	Abdominal section for rupture of vagina	...	1	1	...	...	...	...	1	...
	Removal of adherent placenta. Induction of abortion	...	4 1	4 1	3 ...	...	...	...	1 1	...
Amputation.	Wrist joint	...	2	2	2	...	...	...	...	...
On skin	Incision and scraping of ulcer- ated tissues	...	2	2	2	...	...	...	...	...
Total		3	121	124	100	...	1	13	4	

HOSPITAL STATISTICS—continued.

No. IV.—Statement showing the Classes and Sexes of the In-door and Out-door Patients treated in the Special Hospitals (Provincial) in the Presidency Town during the year 1892.

Number.	Names of Hospitals.	Treated during the year 1892.				Classes.				Daily attendance.				Ratio per cent.			
		Men.	Women.	Children.	Total.	a.	b.	c.	d.	e.	Men.	Women.	Children.	Total.	Men.	Women.	Children.
1	General Hospital ...	32,498	7,128	9,680	49,316	1,289	7,895	37,882	2,176	74	472,74	49,48	72,84	565,06	79,44	8,32	12,24
2	Leper Hospital ...	466	108	9	583	...	47	464	39	33	185,06	53,40	8,71	247,17	74,87	21,61	3,62
3	Lying-in Hospital ...	...	11,573	13,005	24,578	323	5,535	9,720	862	8,138	...	153,66	68,75	222,41	...	69,09	30,91
4	Ophthalmic Hospital ...	5,609	3,147	1,590	10,346	204	662	8,012	892	576	97,05	61,23	30,20	188,48	51,49	32,49	16,02
5	Women and Children's Hospital ...	...	2,996	876	3,872	36	1,066	1,375	86	1,309	...	92,70	24,04	116,74	...	79,40	20,60
6	Voluntary Venereal Hos- pital ...	...	577	...	577	28	26	457	66	...	...	58,25	...	58,25	...	100,00	...
	Total ...	38,573	25,529	25,170	89,272	1,880	15,231	57,910	4,121	10,130	754,85	468,73	204,54	1,428,11	52,86	32,82	14,32

HOSPITAL STATISTICS—continued.

No. III-A.—Statement showing the Results of the Major Surgical Operations performed among In- and Out-Patients in the Special Hospitals (Provincial) in the City of Madras during the year 1892—continued.

By CIVIL SURGEONS—continued.

Class of Operations.	Nature of Operations.	Remain- ing on 31st De- cember 1891.	Per- formed during the year.	Total.	Results.				
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.	Remain- ing under treat- ment on the 31st Decem- ber 1892.
Operations on the digestive organs— cont.	For hepatic abscess ...	...	8	8	3	...	1	3	1
	Replacement of abdominal visera and suture of wounds...	...	3	3	2	...	...	1	...
	Incision and drainage for peri- typhlitis ...	1	3	4	1	...	1	1	1
	Paracentesis abdominalis ...	...	91	91	8	82	...	1	...
	Removal of tumour near anus...	...	1	1	1	...	...	...	...
	Excision of bowels ...	...	1	1	1	...	...	...	...
	For imperforate anus ...	...	2	2	...	...	...	2	...
	Colotomy ...	1	4	5	2	...	...	3	...
Operations on glands.	For ulceration of rectum ...	...	7	7	5	2	...	...	...
	Plastic operation for faecal fis- tula ...	...	1	1	...	1	...	...	...
	Incision and scraping ...	...	4	4	4	...	...	...	...
	Removal of diseased glands ...	...	23	23	16	3	...	...	4
Operations on uri- nary or- gans.	Tapping and incision of bron- chocele ...	...	2	2	...	...	1	1	...
	For hydatid of the spleen ...	...	1	1	...	...	...	1	...
	Suprapubic lithotomy ...	...	2	2	2	...	...	...	...
	Median lithotomy ...	1	2	3	3	...	...	...	...
	Tapping of bladder (suprapu- bic) ...	...	7	7	2	5	...	...	...
	For stricture— Forcible dilatation ...	...	3	3	3	...	...	...	...
	Rapid dilatation ...	...	1	1	1	...	...	...	...
	Perineal section ...	6	52	58	31	11	4	6	6
On breast ...	Perineal incision ...	...	5	5	2	...	...	2	1
	Litholapaxy ...	...	2	2	1	1	...	...	...
	Plastic operation for urinary fistula ...	...	1	1	1	...	...	...	...
	Removal of tumours ...	1	5	6	6	...	...	...	...
Operations on the male and female genera- tive organs.	For hypospadias ...	...	1	1	1	...	...	...	...
	For elephantiasis penis ...	...	1	1	1	...	...	...	...
	Amputation of penis ...	...	14	14	7	3	1	1	2
	Incision of large hydrocele ...	...	1	1	1	...	...	...	...
	Radical cure of hydrocele by tincture of iodine ...	3	116	119	45	2	70	...	2
	Radical cure of hydrocele by other means ...	6	33	39	32	1	2	1	3
	Removal of elephantoid scro- tum ...	...	48	48	41	2	...	1	4
	For hæmatocoele ...	4	25	29	24	...	2	1	2
	Castration ...	5	19	24	20	...	...	2	2
	Removal of papilloma urethrae ...	...	1	1	1	...	...	...	...
	Removal of tumours of testis... Removal of uterus (abdominal). Removal of uterus (vaginal) ...	...	4	4	4	...	...	...	...
	Abdominal incision for suppu- rating dermoid cyst ...	1	...	1	...	1	...	...	1
	Ovariectomy ...	...	15	15	14	...	...	...	1
	Removal of uterine appendages ...	...	3	3	3	...	...	...	...
	For cysto sarcoma of pelvis ...	...	1	1	...	...	...	1	...
	Paracentesis of ovarian cysts... Removal of cervix uteri ...	1	1	1	...	1	...	...	1
	Removal of polypoid growths in utero ...	...	5	5	5	...	...	...	...
	Scraping the cavity of the uterus ...	...	12	12	8	2	...	1	1
	For enlarging os and cervix uteri ...	1	14	15	15	...	...	...	...
	Application of caustics to in- terior of uterus ...	...	1	1	1	...	...	...	...
	Removal and destruction of malignant tumours from va- gina ...	3	8	11	...	7	1	1	2
	For pelvic hæmatocoele ...	...	2	2	2	...	...	...	...
	For pelvic abscess ...	...	2	2	...	...	...	2	...
	For laceration of cervix uteri... Colporaphy (anterior) ...	...	2	2	2	...	...	...	...
	...	...	3	3	2	...	...	...	...

HOSPITAL STATISTICS—continued.

No. III-A.—Statement showing the Results of the Major Surgical Operations performed among In- and Out-Patients in the Special Hospitals (Provincial) in the City of Madras during the year 1892—continued.

By CIVIL SURGEONS—continued.

Class of Operations.	Nature of Operations.	Remain- ing on the 31st De- cember 1891.	Per- formed during the year.	Total.	Results.				
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.	Remain- ing under treat- ment on the 31st Decem- ber 1892.
Operations on the male and female genera- tive organs— cont.	Colporaphy (posterior) ...	...	1	1	1	...	...	...	...
	For recto vaginal fistula ...	1	12	13	4	5	2	...	2
	For visico vaginal fistula ...	3	56	59	20	29	5	1	4
	For ruptured perineum ...	...	22	22	21	...	1	...	...
	Plastic operation on urethra ...	...	3	3	1	2	...	...	...
	Complete closure of vagina ...	...	1	1	1	...	...	...	...
	For atresia vagina ...	...	3	3	3	...	...	...	...
	Incision of cicatrices of vagina. For imperforate hymen and retained menses ...	...	5	5	5	...	...	...	...
	For malformation of vagina ...	...	1	1	1	...	...	...	...
	Amputation of labia ...	1	7	8	7	...	...	1	...
Obstetric opera- tions.	Amputation of clitoris ...	...	3	3	3	...	...	...	...
	For destruction of ulceration vulva ...	...	13	13	9	3	...	...	1
	Forceps ...	3	58	61	58	...	...	3	...
	Version ...	...	15	15	13	...	...	2	...
	Version and forceps ...	...	2	2	2	...	...	...	...
	Cephalotripsy ...	...	9	9	7	...	...	2	...
	Decapitation ...	...	1	1	1	...	...	...	...
	Manual extraction ...	...	5	5	5	...	...	...	...
	Removal of adherent placenta. Removal of ovum ...	...	3	3	2	...	...	1	...
	Removal of mole ...	...	1	1	1	...	...	...	...
Operations on bones.	Induction of abortion ...	...	3	3	3	...	...	...	...
	Induction of labour ...	...	1	1	1	...	...	...	...
	Abdominal section for rupture of uterus and vagina ...	...	7	7	7	...	...	...	...
	Cæsarian section (simple) ...	...	1	1	1	...	...	1	...
	Incision and scraping ...	...	23	23	9	10	1	1	2
	Resetting of fracture ...	...	3	3	2	...	1	...	...
	Osteotomy ...	...	1	1	1	...	...	...	...
	Excision of bones ...	...	1	1	...	...	1	...	...
	Sequestrotomy ...	5	46	51	18	21	6	3	3
	Resection ...	...	13	13	4	3	5	1	...
Operations on joints.	Reduction of dislocations ...	...	24	24	19	3	2	...	...
	Forcible extension and flexion. Incision ...	1	10	11	8	1	...	...	2
	...	...	10	10	...	6	3	...	1
Operations on mus- cles ten- dons, &c.	Tenotomy ...	...	2	2	1	1	...	...	...
	Division of cicatricial adhesions. ...	1	2	3	2	1	...	...	...
Amputa- tions.	Fingers at metacarpo-phalan- geal joint ...	...	4	4	3	1	...	...	...
	Wrist joint ...	...	1	1	1	...	...	...	...
	Forearm ...	...	2	2	2	...	...	...	...
	Arm ...	...	6	6	4	...	1	1	...
	Shoulder joint ...	...	2	2	...	...	...	...	...
	Thigh ...	1	8	9	4	...	...	4	1
	Hip joint ...	2	1	3	...	2	1	...	...
	Knee joint ...	...	2	2	...	...	...	1	...
	Leg ...	...	10	10	8	...	...	...	1
	Foot ...	...	4	4	4	...	...	...	...
On skin	Great toe ...	1	1	2	2	...	...	...	...
	Incision and scraping of slough- ing and ulcerated tissues ...	...	17	17	9	4	1	2	1
Not classi- fied.	Plastic operation for cut-throat ...	...	1	1	...	...	...	1	...
	Total ...	87	3,287	3,374	2,396	582	196	89	111

† Exclusive of 1,528 cases of natural labour.

* Includes 513 cases of morbid labour and abortions.

Class of Operations.	Nature of Operations.	Remain- ing on the 31st De- cember 1891.	Per- formed during the year.	Total.	Results.				
					Cured.	Re- lieved.	Dis- charged other- wise.	Died.	Remain- ing under treat- ment on the 31st Decem- ber 1892.
Removal of tumours.	Removal of tumours	...	28	28	12	11	...	1	4
Removal of foreign bodies.	Removal of foreign bodies ...	...	6	6	5	...	...	...	1
Opening of abscesses and incisions unspecified.	Opening of abscess and inci- sions unspecified	6	90	96	62	13	9	3	9
Operations on Nerves.	Division of nerves	...	1	1	...	...	1	...	...
	Stretching of nerves	...	2	2	...	2	...	...	...
Operations on the eye and its appendages.	Removal of tumours of orbit.	...	11	11	7	3	...	...	1
	Opening of abscesses of orbit.	...	4	4	1	3	...	...	1
	For entropion	...	7	7	6	...	...	...	1
	" extropion	...	2	2	2	...	...	...	1
	" Trichiasis	...	2	2	1	...	...	...	1
	" Strabismus	...	9	9	9	...	...	...	...
	" Pterygium	...	19	19	16	3	...	...	...
	" Fistula Lachrymalis and Lachrymal obstruction.	...	95	95	39	51	4	...	1
	Artificial pupil	...	135	135	95	40	...	...	2
	Iridectomy	2	170	172	24	144	2	...	...
	Iridotomy	...	19	19	11	8	...	...	...
	Sclerotomy	...	2	2	...	2	...	...	22
	Extraction of lens	12	1,306	1,318	1,198	42	56	...	...
	Removal of dislocated lens ...	...	1	1	1	...	...	...	...
	Removal of foreign bodies ...	...	14	14	10	4	...	...	1
Operation on the ear.	Removal of foreign bodies ...	...	119	119	107	9	2	...	1
	Laceration of opaque capsule.	...	2	2	2	...	...	...	1
	Abcission	...	2	2	...	...	...	...	...
	Enucleation	...	32	32	31	...	...	...	1
	Removal of tumours	...	2	2	2	...	...	...	...
	Removal of polypus	1	13	14	14	...	...	...	...
	Removal of nasal polypus ...	...	6	6	6	...	...	...	...
	Trephining	...	1	1	...	...	...	1	1
	Excision of lower jaw	...	3	3	2	...	...	...	...
	Removal of superior maxilla ...	1	...	1	1	...	...	...	...
Operations on other parts of head and face including the mouth.	Removal of tumours	2	13	15	6	4	1	3	1
	Plastic operation for hare-lip ...	...	8	8	8	...	...	...	1
	Removal of tongue	...	4	4	1	...	...	2	...
	Extraction of naso-pharyngeal polypus	...	2	2	2	...	...	...	...
	Incision and drainage of abscess antrum	...	1	1	1	...	...	...	...
	Ligature of arteries	...	5	5	3	...	...	1	1
Operations on arteries and veins.	Excision of varicose veins ...	...	3	3	3	...	...	...	...
	Incision and drainage of pleural cavity	...	4	4	...	1	1	2	1
Operations on the respi- ratory organs.	Tracheotomy	...	4	4	...	...	1	2	...
	Laryngectomy and tracheotomy	...	1	1	...	...	...	1	...
	Paracentesis thoracis	1	7	8	1	...	...	...	...
	Pneumotomy	...	3	3	...	3	...	...	...
	Resection of ribs	...	4	4	...	3	...	1	...
	For hernia, herniotomy	1	29	30	21	...	1	6	2
Operations on the digestive organs.	Radical cure	1	44	45	41	...	...	1	2
	For stricture of rectum	...	2	2	1	...	1	...	...
	Hæmorrhoids	7	37	44	39	1	2	1	1
	Division of sphincter ani for Fistula	...	6	6	1	3	...	...	2
	Laparotomy	...	7	7	...	1	1	4	1

6. *Surgical Operations.*—The annexed statement contrasts the number of major and minor operations performed during the year with those of 1891.

Year.						Major.	Minor.
1891	..	..	..	..	..	3,283	8,228
1892	..	..	..	..	..	3,498	8,570

The above table shows that there has been a total increase of 557 operations (215 major and 342 minor) over the results of 1891 ; of the number of major operations 3,374 were performed by Medical officers and 124 by Medical Subordinates, a little over 100 of these were obstetric operations performed in the Lying-in Hospital with 84.11 per cent. of cures. Of the operations conducted by Medical officers 2,396 or a little more than 70 per cent. were cured—582 partially recovered—giving a ratio of 17.25 per cent. to the total number operated upon. There were only 89 deaths, and 111 continued under treatment against 87 in the preceding year.

FINANCE.

7. *Income.*—The receipts during the year amounted to Rs. 3,02,974-0-1; of this Rs. 15,987-5-0 were recovered from paying patients, Rs. 515-14-0 from contractors and servants in the General Hospital as fines imposed upon them, and Rs. 147-8-3 from Lying-in and Ophthalmic Hospitals as diploma fees and sale-proceeds of unserviceable articles; the difference of Rs. 2,86,323-4-10 was met from Provincial Funds.

8. *Expenditure*.—Of the above receipts Rs. 97,672-1-4 were expended on establishment, being the pay of Medical officers and Subordinates, including the cost of "Inferior Dispensary Establishment."

On medicines (country and European) the outlay was Rs. 33,244-1-7 and includes certain items supplied in 1891 and adjusted in 1892.

In spite of the change in system of obtaining articles of food during the year the diet cost showed an increase over last year and may be explained as being generally due to the increase in the daily average fed and the higher cost at which certain articles were obtained during the year. Another circumstance which also accounts to some extent for the increase in some of the hospitals is that during 1891 these hospitals were supplied with bread at one pie per pound, while in 1892 the cost increased to annas 2 and pie 1. The absurdly low rate tendered in 1891 by the contractors was with the object of reducing the aggregate value of the tender, under the belief that bread would be obtained from the Government Bakery. The contract rates were insisted on, with the result that a large saving accrued to Government.

As regards the increase under *Miscellaneous charges*, it may be observed that bedding and clothing and other miscellaneous articles are indented for only when absolutely necessary, and consequently render variation in this item unavoidable.

Under hospital stoppages the recoveries are very satisfactory, having risen to Rs. 15,987-5-0 from Rs. 11,885-11-1 in the preceding year.

9. As in last year a summary of the work done in the hospitals, with a concise note on some of the important cases treated, are printed in the Appendix.

I have the honour to be,

Sir,

Your most obedient servant,

W. F. DEFABECK, M.D., Surgeon-Major-Genl.,
Surgeon-General with Government.

HOSPITAL STATISTICS.

N^o. II.—Statement showing the Number of In-door and Out-door Patients treated in the Special Hospitals (Provincial) in the Presidency Town during the year 1892.

1	2	3										4				5		
Number.	Names of Hospitals.	In-door Patients.										Out-door Patients.				Total number of patients treated, both in-door and out-door.		
		a.	b.	c.	d.	e.	f.	g.	h.			Total.	Attended personally.	Represented by friends.	Total treated.		Average daily attendance.	
									Daily Average Number.									
									Males.	Females.	Number of beds available.							
																		Men.
1	General Hospital ...	4,850	1,997	1,018	701	380	8.96	284				...	260.16	0.42	2.81	283.39	44,966	
2	Leper Hospital ...	583	1	241	...	88	15.09	186	44	185.06	53.40	8.71	247.17	...	...	...	...	583
3	Lying-in Hospital ...	2,079	841	319	781	84	4.04	...	122	...	101.48	2.56	104.04	22,199	300	22,499	118.37	24,578
4	Ophthalmic Hospital ...	1,754	1,312	224	147	...	...	42	34	35.46	24.22	2.44	62.12	8,622	...	8,622	126.36	10,346
5	Women and Children's Hospital ...	3,872	2,146	925	450	245	6.32	...	120	...	92.70	24.04	116.74	...	...	...	...	3,872
6	Voluntary Venereal Hospital ...	577	508	...	...	9	1.56	...	90	...	58.25	...	58.25	...	...	...	...	577
	Total ...	13,165	6,805	2,727	2,079	816	6.19	512	410	480.68	330.47	40.56	851.71	75,787	300	76,087	576.40	89,272

OFFICE OF SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,
Madras, 13th April 1893.

No. 347.

From

SURGEON-MAJOR-GENERAL W. F. DEFABECK, M.D.,
Surgeon-General with the Government of Madras,

To

THE CHIEF SECRETARY TO GOVERNMENT,
Public Department.

SIR,

In accordance with the instructions conveyed in para. 2 of Government of India letter communicated under the orders of the Local Government, dated 10th February 1893, No. 114, P.D., I have the honour to submit separately the Annual Reports and Statistics for 1892 of the Special State Hospitals in the Presidency Town of Madras.

These hospitals are wholly supported from Provincial Funds and are under the direct administration of the Surgeon-General with the Government of Madras.

2. *Sickness and Mortality.*—During the year 89,272 patients were treated against 83,860 in 1891. The increase is in the out-patient departments. Under in-patients the number treated showed a falling off, 13,185 against 14,198 in 1891.

The decrease is chiefly attributable to the omission, from the total treated, of 1,528 cases of natural labour in the Lying-in Hospital, as, under the new nomenclature, such cases are not recognised as diseases.

For the accommodation of in-patients 922 beds were maintained during the year. On an average 1,428.11 patients were treated daily during 1892, showing an increase of 104.25 over the corresponding figure for 1891; of the above number 851.71 represented the average daily attendance of the in-patients, men 480.68, women 330.47 and children 40.56. The average attendance among the out-door patients was comparatively less (576.40) and consisted of 274.17 men, 138.25 women and 163.98 children. Among in-patients there were 816 deaths or 6.19 per cent. of the total treated.

3. *Results.*—Of the in-patients 6,805 cases were cured, giving a ratio of 51.61 per every 100 treated against 53.95 in the preceding year, still the results cannot be considered unfavourable, inasmuch as 1,528 cases of natural labour, most of which have terminated in the patients recovery, have been excluded from the statistics as explained above.

4. *Classes and Sexes.*—As usual the largest number of admissions were Hindus, who formed the bulk of the population, the smallest number Europeans. Further details regarding the classification are given in Statement IV.

Of the total treated the sexes of the patients were as follows:—

Males	...	...	...	...	...	...	...	38,573
Females	...	...	...	...	...	...	...	25,529
Children	...	...	...	...	...	...	...	25,170

5. *Diseases treated.*—Statement III in the Appendix gives the diseases and the number treated for each. The admissions for malarious fever and eye diseases showed a large increase, while the admissions for diarrhoea and dysentery decreased.

ANNUAL REPORT AND STATISTICS

FOR 1892

OF THE

SPECIAL STATE HOSPITALS,

IN THE

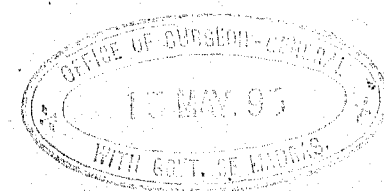
PRESIDENCY TOWN OF MADRAS.

MADRAS:

PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.

1893.

Average attendance cannot
be used from the total number
patients treated during the year
as much as the former need not
necessarily bear any fixed proportion
to the latter, for the following reason.
When calculating the daily average
the same man, who attends the hospital
for several days together, is treated
as a distinct individual and so
counted over and over again on every
day he attends, whereas for purposes
of calculating the total number
actually treated during the whole
year he is reckoned only as a single
person. The following tables may



NOTE FOR THE UNDER SECRET

To be explained here of

I don't understand how

14198 in 1898 was held

in 1898 and the average

attendance was 795.48

average daily attendance

1892 when 1895 was

held would be 857.71

Sekhara

Please look

into this

1076

With reference to C S's query
respectfully submitted that the
P. J. O.

[Faint, mostly illegible handwritten text, possibly a letter or a page from a book. The text is written in cursive and is very faded.]

P. 7.0.

For the C.S.

See please the p.
marked on p. 5 of
paper.

[Handwritten signature or initials]

1876

I brought this to
you but you were
unable to spare
the time to look
at it.

is raised to 4 through the total number remains the same, viz. 5. This fact, it is submitted, accounts for there being a larger average in 1892 though the total number treated in the same year was less than that in the former year.

V. S. S.
12.6.93

Subd. to the Chief Secy. The above seems the correct explanation. In other words though the total number of patients in 1892 was less than in 1891, the patients in 1892 were in hospital longer on the average than those of 1891.

C.S.
12/6.

Note for the Chief Secy

Please see papers subd. Is that the amount of Rs 50000 by on the Madras Municipality & Committee as a relief to Prov. Funds & this Govt. suggested that this might in the shape of contribution for the or of increased contribution towards Hospital or of remission of rates on foot-building. The Municipality, however, adopted the second alternative and in the Budget for 1897-98 increased the contribution to Prov. Funds for the Genl. Hosp. from Rs 20000 to Rs 70000. (Lt. M. P. O. 488 M. D. 25th May '87). Ever since, the Commissioners have been from time to time urging ^{from} Govt. the necessity of relieving them of this burden, and finally in reply to a letter addressed to it last year on their behalf, the Govt. of India said that it ^{could not} afford the relief asked for. (H. P. O. 429 D. 7-4-92)

V. S. S.
14/6

C.S.
14/6.

Go. No. 445-46 Pub. dt. 7-6-1893

30th/74

(1896/1897)

Restored on 18/1/74

FROM CIRCULATION
WITH ALTERATIONS.

15/6 Gen. Sample

18/6

make the matter clearer.

April

Date	No. attended	Names of patients
1 st	2.	A & B.
2 nd	3.	A, B & C.
3 rd	4.	B, C, D & E.
4 th	3.	A, C & D.
5 th	5.	A, B, C, D & E.
6 th	1.	B.
6.	18.	5.

Here it will be seen that for 6 days
18 patients attended so that the
daily average comes to 3, although
the total number treated is only 5.

Again taking the average for
the next 6 days, on the same method
but with different figures as appear
below:-

7 th	4.	A, B, C & D.
8 th	5.	A, B, C & D.
9 th	4.	B, C, D.
10 th	5.	A, B, C.
11 th	3.	B, C.
12 th	3.	C.
6.	24.	

It is found that the daily