ALL pupils must endeavour at the beginning of their training to understand the terms Infection and Disinfection, Sepsis, Asepsis, and Antisepsis. They must carry out the rules for disinfection here given, as any neglect in their observance may entail the most serious consequences to themselves and the patients.

During the training all pupils must study the following subjects:

1. The general structure of the Female Pelvis, Generative Organs, and the Fœtal Head.
2. The use of Antiseptics in Midwifery.
3. The symptoms and signs of Pregnancy.
4. The commoner diseases of Pregnancy.
5. The phenomena and mechanism of Natural Labour.
6. Abdominal and Vaginal examination, and the management of Natural Labour.
7. The management during the puerperium of the Mother and Infant.
8. The complications of Labour, their indication and management until the arrival of the Doctor.
9. The duties of the Midwife with regard to seeking the assistance of a Doctor.

RULES FOR DISINFECTION THROUGHOUT THE HOSPITAL.

1. Keep the finger nails short.
2. Keep the nails, fingers, and hands scrupulously clean.
3. Look upon everything which has soiled the hands as a possible source of infection to yourselves and the patients.
4. Regard a poisoned finger as a failure on your part to protect yourself by antiseptics, and report it immediately to the Sister. If you cannot take care of yourselves, how can you take care of others?

The Hands and Nails are to be Disinfected in the following way:

1. Remove all rings.
2. Scrub thoroughly with a clean nailbrush, soap, and water.
3. All soap having been removed, soak the whole hands for one half-minute (by the watch) in the Mercury solution, 1 in 1000. The hands must be disinfected immediately before (and after) touching the genital organs of the patient, AFTER the bedclothes and nightdress have been properly arranged for the purpose. Should the hands touch, either accidentally or of necessity, anything not already disinfected, such as diapers, towels, bedclothes, basins, or any portion of the patient's body other than the genital parts, they must again be disinfected.
HOW TO TAKE A TEMPERATURE.

1. Wash the Thermometer in clean water.

2. Shake down the Mercury to 98°.

3. Place the bulb end under the tongue and instruct the patient to keep the lips closed, but not the teeth;
or: Place the Thermometer in the patient's arm-pit, carry the hand across the chest and hold it tightly there.

From 3 to 5 minutes will be necessary in the mouth, and from 5 to 8 under the arm.

Wash the Thermometer after using.

Each of the larger divisions corresponds with one degree of temperature.
The smaller divisions represent each 10th of a degree, but are described in decimals.

For example, the first large division is 95°, the first small is 95°.2, the second is 95°.4, the third 95°.6, and the fourth 95°.8.

The arrow marks the normal temperature of the body—98° 4.
Name: F. N.  Religion: C of England  Register Number: 
Address: 61 Stamford St., Kinshill.  Previous Number: 

Age: 32  M: Occupation: Housewife  
Ward: 44  Bed: 28  Transferred to: Ward: 2 Bed: 
Admitted to Hospital: 1st of March, 1903  
Operation or important complication: 
Discharged: 26th of March, 1903  
By Physician: W. J. G.  
At own request:  
Transferred to: 

Date of last menstrual period:  
Gravida, full time:  
Previous labours:  date of last, 1901.  
Previous miscarriages:  date of last,  
Important complications and their dates, connected with previous— 
(1) Pregnancies: 
(2) Labours: 
(3) Miscarriages: 
Any other important illness:  
Complications during present pregnancy: "Flushed" breast.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Hour | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| Pulse | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' | 100' |

---

Important complications:  
(1) Pregnancy: 
(2) Labours: 
(3) Miscarriages: 
Any other important illness: 
Complications during present pregnancy: "Flushed" breast.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.

---

E. E. Excoriation.  The red line in middle of chart indicates the rate of uterine inertia.  Each degree of temp above normal is equivalent to one inch.  

---

Locked.

---

Bowel.

---

Lochia.
Admitted 15th of March 1903 at 1 a.m. o'clock.
Delivered 15th of March 1903 at 5 a.m. o'clock.

Warded 15th of March 1903 at 6.30 a.m. o'clock.
Discharged undelivered of 1903 at 11 o'clock.

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I. H. M.</th>
<th>II. H. M.</th>
<th>III. H. M.</th>
<th>TOTAL. H. M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 - 45</td>
<td>- 15</td>
<td>- 30</td>
<td>7 - 30</td>
</tr>
</tbody>
</table>

Measurement of Pelvis—
Interspinous 10 1/2
Intercristal 11 1/2
Conj. ext. 7 1/2
Conj. diag. 7 1/2
Conj. vera (estimated) 7 1/2
Conj. vera (actual) 7 1/2

Abnormal conditions on admission—Discharges 0
Ulcers 0
Edema 0
Urine 0

Presentation of Child

Position of Child

Pains began 15th date 10 a.m. hour
Delivery 15th date 5 a.m. hour
Rupture of membranes 15th date 4.45 a.m. hour
(1) Spontaneous (2) Artificial

Operation or important complication

Hæmorrhage, amount 2, Time of occurrence 3, Place of
Uterus
Source (4) Before (5) With (6) After
Lacerations
How arrested
Cervix
Uterus
Vagina
Perineum
Labia

Placenta and membranes expelled—
(a) Spontaneously. (b) By expression. (c) By hand introduced.
(1) Intact. (2) Imperfect. (3) Retained.

Chorion

Weight

Infant. Male, female, weight, lb. 7 oz. 5 1/2 length, inches 21 1/2
3rd day " " 7 " 6 1/2
5th " " 7 " 5 1/2
8th " " 6 " 1 1/2
14th " " 8 " 3


Apparent age

Child's Head.

Names of all who examined patient.

Physicians
R.M.O.
Labour Ward Sister
Pupil Midwives
Students

Cord.

Length
Convulsions round child
Insertion
Date of separation
Condition of navel on leaving

Method of feeding
Condition of child on leaving
Hospital

Vaccination—Date
Result.
<table>
<thead>
<tr>
<th>Date</th>
<th>SPECIAL LABOUR REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>LYING-IN WARD REPORT</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rectal examination excellent.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lying in 5½ weeks. No signs of pyrexia or general ill-health.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bowel movements normal.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appetite good.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diet well.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No signs of pyrexia. No signs of general ill-health.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sleep well.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baby lying well. Maternal &amp; infant feeding well.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No signs of pyrexia. No signs of general ill-health.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baby &amp; child in good health with no fever.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diet well.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No abnormality of any sort present.</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Date</th>
<th>Lying-in Ward Report—contd.</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 25</td>
<td>Temp went up suddenly last night to 102°F. Pulse 100. During the day the patient had complained of headache &amp; of some pain in the left breast. Examinations of the breast revealed a definite oedema of one quadrant of the breast, the upper outer quadrant of the left breast. The breast is tender to touch &amp; looks red. The patient is in great distress. The child does not appear to cause any undue pain.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>While dressing, the uterus is quite firm &amp; well contracted. The birth is through. Baby is not offensive.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>At a glance at the breast the fluid has apparently vanished. The swelling still exists in the breast, &amp; the breast feels hot, &amp; tender to touch. The remainder of the breast remains firm as above.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The breast is still swollen but the pulse rate is 100. Thorough examination of the nipple is made without any trace of a breach of the surface being formed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The baby is in good condition.</td>
<td></td>
</tr>
<tr>
<td>June 25</td>
<td>Temp, waking at 5 a.m. to 100.8°F. Pulse 100. Baby very quiet &amp; well, but no pain in breast or elsewhere.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It is noticeable that the temperature range is due to the examination. The patient was instructed to return &amp; was advised to return if there is any further distress. The baby is quite well, &amp; the patient is in good condition.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Motion is given every hour to-day, &amp; the patient feels well. The examinations were made of the breast, &amp; the patient's dress &amp; nothing abnormal was found.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>With the exception of the breast, nothing abnormal was found, &amp; the cause of the inconvenience is no special cause can be found. No explanation of account for it.</td>
<td></td>
</tr>
</tbody>
</table>
**Name**  
A. J.  

**Religion**  
Chaplain.  

**Address**  

**Register Number**  
96.  

**Previous Number**  

---

**Age** 12.  
**S. S.** Occupation, Domestic Servant.  

**Ward** 4.  
**Bed** 3.  
**Transferred** to Ward Bed.  

**Admitted to Hospital** 30th of January, at 1 a.m. 1903.  

**Operation or important complication**  

**Discharged** 15th of February, 1903.  

**By Physician** W. S. Griffith.  

**At own request** Result [Mother] well.  

**Transferred to**  

---

**Date of last menstrual period**  
2 gravida, full time — month.  

**Previous labours** date of last.  

**Previous miscarriages** date of last.  

**Important complications and their dates, connected with previous**  
1. Pregnancies  
2. Labours  
3. Miscarriages  

**Any other important illness**  

**Complications during present pregnancy**  

---

**Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.**
LABOUR WARD REPORT.

Admitted 26th of January 1903 at 1:00am o'clock.
Delivered 26th of January 1903 at 1-35am o'clock.

Warded 1st of January 1903 at 3:00am o'clock.
Discharged undelivered of 190 at o'clock.

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I. H. M.</th>
<th>II. H. M.</th>
<th>III. H. M.</th>
<th>TOTAL H. M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>55</td>
<td>35</td>
<td>11 30</td>
</tr>
</tbody>
</table>

Measurement of Pelvis—

<table>
<thead>
<tr>
<th>Interspinos</th>
<th>Intercrystal</th>
<th>Conj. ext.</th>
<th>Conj. diag.</th>
<th>Conj. vera (estimated)</th>
<th>Conj. vera (actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>62</td>
<td>72</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Abnormal conditions on admission—Discharges Ulcers Edema Catheter

Presentation of Child

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
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</table>

Position of Child

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
<td>O</td>
</tr>
</tbody>
</table>

Rupture of membranes date 1-35am hour
(1) Spontaneous, (2) Artificial

Operation or important complication

Haemorrhage, amount Time of occurrence
(a) Before (b) With (c) After Placenta

Source

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
<td>O</td>
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</table>

Lacerations

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
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<tbody>
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</table>

Cervix Vagina Perineum To Sphincter Union Partial None

Placenta and membranes expelled—Weight

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
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<td>o</td>
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<td>O</td>
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</table>

(a) Spontaneously. (b) By expression. (c) By hand introduced.

CHORION. (1) Intact. (2) Imperfect. (3) Retained.

Weight

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
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</table>


PULSE.

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
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<td>o</td>
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</tbody>
</table>

INFANT. Male, female, weight, lb. 6 oz. 2½ length, inches 13
3rd day " " 7 " 4½. 5th " " 8 " 4. 8th " " 9 " 4. 14th " " 10 " 4½.


Apparent age, Malformations,

CHILD'S HEAD.

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
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</table>

Names of all who examined patient.

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
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<td>o</td>
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</tbody>
</table>

Physicians R.M.O.
Labour Ward Sister Pupil Midwives
Pupil Midwives Students

Method of feeding

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
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</tbody>
</table>

Length
Convulsions round child
Insertion
Date of separation
Condition of navel on leaving

LENGTH

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
<td>O</td>
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</tbody>
</table>

Cord.

Length
Convulsions round child
Insertion
Date of separation
Condition of navel on leaving

Method of feeding

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
<td>O</td>
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</tbody>
</table>

Hospital

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
<td>O</td>
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</tbody>
</table>

Vaccination.—Date

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
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<td>O</td>
</tr>
</tbody>
</table>

Result.

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>o</td>
<td>O</td>
</tr>
</tbody>
</table>

Names of all who examined patient.
LYING-IN WARD REPORT.

Jan 31st:
- Wheezy voice but no cough or trouble - bedding above suspicion.
- Bowels - a stool about twice as a normal orange juice formed yesterday evening - not offensive -
- Parents - well developed - feeling normally - no fevers been since last night.
- P. U. Path. - Opened by oil
- Mucus - detected normally.
- Baby - has been missile 11 o'clock - Looks well - Considerably better healthy.

Feb 6th:
- During the last two days patient has complained of headache - Teal 11 - am 7
- is evident that the rate is abnormal - 60 - always over 60 per minute -
although the patient is frequently nauseated - Wheezy in breathing well -
- Bowels sweet and apparently in every way normal - Bowels somewhat constipated.
- Tongue patient. Parents: sounding well - looks well fit and normal.

Note: "Path." indicates that the patient is likely from a pathological or disease condition. The report notes the patient's condition, symptoms, and treatment plan, emphasizing the patient's improvement and continued health.
<p>| Date |
|------|---|
| Feb 9 | <strong>LYING-IN WARD REPORT</strong>—contd. | Treatment |
| Feb 10 | Patient feels better &amp; more comfortable today - (90 am) - Pulse 152 | Hot praecocities 5 |
| Feb 11 | Temperature not over 99°. The symphysis appears more prominent &amp; does not feel well. Thrombitis (2.) gavis. | affected breast. |
| Feb 12 | Patient feels better &amp; more comfortable today - (90 am) - Pulse 152 | | |
| Feb 13 | Last night at 8 pm, the pulse was 120, the pulse 152. During the day, the temperature had been a steady rise from 98.4° at 8 am to 101.6° at 2 pm and 102.6° at 4 pm. To 102.6° at 8 pm. | | |
| Feb 14 | | and this morning the nurse reported a definite &quot;flush&quot; area over the upper third of the right breast. The patient had complained of some pain &amp; tenderness in this region last night, and yet not sufficiently. | |
| Feb 15 | There was no discomfort when the child was lifted off the breast. | | |
| Feb 16 | A careful examination of the nipple revealed no lesions. The skin &amp; | | |
| Feb 17 | breasts are perfectly normal as far as one could judge by the naked eye. They feel &amp; smell normal. | | |
| Feb 18 | The child's mouth is also free from any evidence of direction in the mouth. | | |
| Feb 19 | The mouth is free from any evidence of inflammation. The | | |
| Feb 20 | oral healing quite normal. | | |
| Feb 21 | Temperature improved today - (90 am) - Temperature 99°. | | |
| Feb 22 | The flush area is still quite visible. There is still tenderness &amp; the same hard, bulky feeling below. But all the lesions are less noticeable. | | |
| Feb 23 | | | |
| Feb 24 | The skin &amp; breasts are normal, with slight redness. | | |
| Feb 25 | The child is also flourishing, but still much improved. | | |
| Feb 26 | Brother &amp; child leaving today quite well. | |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td>108°</td>
<td>107°</td>
<td>106°</td>
<td>105°</td>
<td>104°</td>
<td>103°</td>
<td>102°</td>
<td>101°</td>
<td>100°</td>
<td>99°</td>
<td>98°</td>
<td>97°</td>
<td>96°</td>
<td>95°</td>
<td>94°</td>
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<tr>
<td></td>
<td>108°</td>
<td>107°</td>
<td>106°</td>
<td>105°</td>
<td>104°</td>
<td>103°</td>
<td>102°</td>
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<td>100°</td>
<td>99°</td>
<td>98°</td>
<td>97°</td>
<td>96°</td>
<td>95°</td>
<td>94°</td>
</tr>
</tbody>
</table>

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.

*Note: The graph shows a downward trend in temperature over the days, with fluctuations. The table provides hourly readings for Pulse.*
LABOUR WARD REPORT.

Admitted 26th of January 1903 at 8.40 o'clock. Delivered 26th of January 1903 at 2.35 o'clock. Warded 26th of January 1903 at 11 o'clock. Discharged undelivered of 19th at 6 o'clock.

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I.</th>
<th>II.</th>
<th>III.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>1-8</td>
<td></td>
<td>17-25</td>
</tr>
</tbody>
</table>

Measurement of Pelvis—
Interspinous 9.2
Intercrystal 9.2
Conj. ext. 7.2
Conj. diag. 7.2
Conj. vera (estimated) 7.2
Conj. vera (actual) 7.2

Abnormal conditions on admission—Discharges 0
Ulcers 0
Cædema 0
Catheter
Urine none.

Presentation of Child
Position of Child R.O. R.O.

Pains began 10.25 date 9 hour
Delivery 12.25 date 2.35 hour

Rupture of membranes 11.25 date 1 hour
(1) Spontaneous
(2) Artificial

Operation or important complication

Haemorrhage, amount 3
Time of occurrence (a) Before (b) With (c) After
Placenta 1

Source
Uterus
Lacerations
Cervix

Chorion
(1) Intact
(2) Imperfect
(3) Retained

Placenta and membranes expelled—Weight

(a) Spontaneously
(b) By expression
(c) By hand introduced.

CHORION
(1) Intact
(2) Imperfect
(3) Retained

Laceration
Vagina

Perineum
Through Sphincter
To Sphincter
Union
Complete
Partial
None

Labia

PULSE.
On Admission. 78
During second. 78
After third. 70

INFANT. Male, female, weight, lb. 6 oz. 2 in.
3rd day " " 6 " 2
5th " " 6 " 4
8th " " 7 " 2
14th " " 7 " 2


Apparent age, Male, female, weight, lb. 6 oz. length, inches

Child's Head.

Names of all who examined patient.

Physicians
R.M.O.
Labour Ward Sister
Pupil Midwives
Students

Cord.

Length
Convulsions round child
Insertion
Date of separation
Condition of navel on leaving

Method of feeding

Condition of child on leaving

Hospital

Vaccination—Date 26.12
Result. 2.
Date.

SPECIAL LABOUR REPORT.

Date.

LYING-IN WARD REPORT.

TREATMENT.

Jan 28th.

General condition: satisfactory. Temp. Kiss morning, 9 a.m. 92. Head: large, filling well, no signs of frame.

Back: no pain last night, no malaise today.

Bladder: emptied markedly.

Urine: 34c. void above 9 p.m., 2 p.m. - well coloured, not tender.

Lesions: none, no signs of infection.

Infant: no hand, arm or connexions 0.3 Co. handling.

Jan 31st.

The temperature which had been normal on the 29th & 30th, now at 9 a.m. was 93.5°. Pulse 100. There was no sugar headache or any other abnormal symptom. The urine was normal. At 8 a.m. on the same morning the patient began to complain of pain in the left arm, and felt hot all over. The pain was restricted to the upper outer part of the left arm. At 10 a.m. the Fever was 101°, 3.40 - and no symptoms.
<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Jan</td>
<td>Breast affected.</td>
</tr>
</tbody>
</table>

**LYING-IN WARD REPORT—contd.**

of the affected breast, it was noticed that there was an area of redness.

The breast was tender to the touch, and the nipple was slightly swollen. The whole breast was hot to the touch. There was no discharge from the nipple. The breast was quite firm, and the remainder of the breast was quite normal in every way. There was no evidence of a fistula in the nipple, or ducts of the breast. The patient was very irritable, and the breast was very tender. The temperature was normal.

at midnight the pulse was 80. A.m. 93.6. P.m. 99.8. P.m. 99.6.

Feb. 4

This morning the breast is still definitely tender, and the skin is present to some extent over the same area. The pulse is normal. The breast is doing well.

Milk is taken, and the patient is doing quite well. There is some tenderness of the breast.

All signs of the affected parts are reducing, and the child is doing excellently well.

Breast considerably quieter today.
Name N.P.
Religion English
Address 62 Whitechapel Road

Date of last menstrual period
\( \underline{1} \) gravida, full time or \( \underline{\text{month}} \),

Previous labours \( \circ \) date of last,

Previous miscarriages \( \circ \) date of last,

Important complications and their dates, connected with previous—

(1) Pregnancies

(2) Labours

(3) Miscarriages

Any other important illness

Complications during present pregnancy.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.
### LABOUR WARD REPORT.

**Admitted** 22 of Dec. 1902 at 6:30 a.m. o'clock.  
**Delivered** 22 of Dec. 1902 at 2:59 p.m. o'clock.  
**Warded** 22 of Dec. 1902 at 6:00 a.m. o'clock.  
**Discharged undelivered** of 1902 at 1:00 p.m. o'clock.

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I. H. M.</th>
<th>II. H. M.</th>
<th>III. H. M.</th>
<th>TOTAL. H. M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Measurement of Pelvis—**  
[Interspinous] [15"]  
[Intercristal] [11"]  
[Conj. ext.] [7"]  
[Conj. diag.] [1"]  
[Conj. vera (estimated)] [2"]  
[Conj. vera (actual)] [2"]

**Abnormal conditions on admission—**  
[Discharges] [0]  
[Ulcers] [0]  
[Œdema] [0]  
[Catheter] [0]  
[Urine] [0]  

**Presentation of Child** [L.P.]  
**Position of Child** [Right]  
**Pains began** 11 a.m. date 5.00 hour  
**Delivery** 11 a.m. date 2.59 p.m. hour  
**Rupture of membranes** 11 a.m. date 1.35 p.m. hour  
(1) Spontaneous  (2) Artificial

**Operation or important complication**

**Placenta and membranes expelled—**  
(a) Spontaneously.  
(b) By expression.  
(c) By hand introduced.

**CHORION.** (1) Intact.  
(2) Imperfect.  
(3) Retained.

**Source**

Uterus  
Lacerations  
Cervix  
Vagina  
Perineum  
To Sphincter  
Slight  
Labia  

**Hæmorrhage, amount** [7"]  
**Time of occurrence** (a) Before  
(b) With  
(c) After  
**Placenta**

**Weight**

**How arrested**

**Pulse.**  
**On Admission.** [88]  
**During second.** [98]  
**After third.** [78]

**INFANT.** Male, female, weight, lb.  
3rd day [6]  
5th [6]  
8th [5]  
14th [5]

**Born, alive, dead.** Died before labour. Peeling. Macerated.  
**Apparent age.** [7]  
**Malformations.**

**CHILD'S HEAD.**

**Names of all who examined patient.**  
Physicians  
R.M.O.  
Labour Ward Sister  
Pupil Midwives  
Students

<table>
<thead>
<tr>
<th>Inf.</th>
<th>3rd day</th>
<th>5th day</th>
<th>8th day</th>
<th>14th day</th>
</tr>
</thead>
</table>

**Length**

**Convolutions round child**

**Insertion**

**Date of separation**

**Condition of navel on leaving**

**Method of feeding**

**Condition of child on leaving Hospital**

**Vaccination.**—Date Result.

**Cord.**

**Length**

**Convulsions round child**

**Insertion**

**Date of separation**

**Condition of navel on leaving**

**Method of feeding**

**Condition of child on leaving Hospital**

**Vaccination.**—Date Result.
<table>
<thead>
<tr>
<th>Date</th>
<th>LYING-IN WARD REPORT.</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>23rd</td>
<td>Patient is quite comfortable, has passed urine. Urine two pints. Temp. off the normal. Body has passed urine 1 measur.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ulcer not 3's miles above symphysis - but two points removed. Breaths sound &amp; action. Requires view no fields formed. Roe's urine is good.</td>
<td></td>
</tr>
<tr>
<td>24th</td>
<td>Ulcer removed in preparing. Made of urine. - 23rd. Apurina</td>
<td></td>
</tr>
<tr>
<td>28th</td>
<td>Temp has been rising gradually lately. On the 24th 99.5 was normal. Since then it has risen a little each day. 98.8° on the 26th. 99.4° on the 26th. 100° this morning at 8 am. Have also thrown up. The doctor is really worried.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>But not feverish. The ulcer is well advanced. Patient complained of some pain in hospital. In examination it is seen there are tender areas.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The upper section by the flame in the anal canal also tender.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No sign of any Bubonic poison put from the small area of the breast close to a &quot;plug&quot; - and the Stomach's segment forms are tender, the remainder of breast in good.</td>
<td></td>
</tr>
</tbody>
</table>
Temp. 100° at midday, back to 94.

* The placenta is still under the placenta
* Breast is free, and the tongue before which was tender & knotty
* is diminishing less so today.

**Temp. improving - normal at midday.** No sign of breast tenderness.

**Third day's blood are still available.** The breast today are becoming

in color. Fever is scarcely, and distinctly showed in color for the

first time - a repeat dose of 1-2000 penicillin a twice to day

at 47°. F. Temperature.

30th

Bladder very gone

**Colic** today in the child from a chamber of

Breast by morning. Loin is sore, not severe.

1st

Fees very gone - Breast pain normal - no pain anywhere. Her

feet weak.

Discharges today. Today quite well. Child had not removed

the urine last of the beginning.
Name: E.B.  Religion: Catholic  Register Number: 45

Address: 179 New Rd, Ealing  Previous Number: in

Date of last menstrual period: 6th April 1903

1 grava, full time month.

Previous labours: 0  date of last.

Previous miscarriages: 0  date of last.

Important complications and their dates, connected with previous—

1. (1) Pregnancies

2. (2) Labours

3. (3) Miscarriages

Any other important illness

Complications during present pregnancy.

<table>
<thead>
<tr>
<th>Date of Admission</th>
<th>1st of January 1903</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Discharge</th>
<th>27th of January 1903</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Physician</td>
<td>Mother well</td>
</tr>
</tbody>
</table>

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.
In the image, a Labour Ward Report is presented. The report includes detailed information about a patient's labor, delivery, and post-delivery care. The report is organized into several sections, each detailing specific parameters and observations.

### Labour Ward Report

**Admitted:** 4th of January 1903 at 5 a.m. o'clock.
**Delivered:** 8th of January 1903 at 16.30 o'clock.

**Duration of Labour:**
- Duration (I): 2 hours 30 minutes
- Duration (II): 1 hour 20 minutes
- Duration (III): 10 minutes
- Total Duration: 4 hours

**Abnormal Conditions on Admission:**
- Ulcers
- Edema
- Urine

**Presentation of Child:**

**Position of Child:**

**Operation or Important Complication:**

**Placenta and Membranes Expelled:**
- Spontaneously
- By expression
- By hand introduced

**Chorion:**
- Intact
- Imperfect
- Retained

**Pulse:**
- On Admission:
- During Second:
- After Third:

**Infant:**
- Male, female weight: 
  - 3rd day: 5 lbs 8 oz
  - 5th day: 5 lbs 12 oz
  - 8th day: 6 lbs 2 oz
  - 14th day: 
- Length: 
  - 3rd day: 20 inches
  - 5th day: 22 inches
  - 8th day: 22 inches
  - 14th day: 

**Condition of Infant:**
- Born, alive
- Died before labour
- Died during labour

**Condition of Child on Leaving Hospital:**

**Condition of Child's Head:**

**Names of All Who Examined Patient:**
- Physicians
- R.M.O.
- Labour Ward Sister
- Pupil Midwives
- Students

**Condition of Navel on Leaving:**

**Condition of Navel on Leaving Hospital:**

**Method of Feeding:**

**Condition of Infant on Leaving Hospital:**

**Vaccination:**
- Date
- Result

The report includes detailed measurements of the baby's growth and health, along with medical observations and procedures performed during the labor and delivery process.
LYING-IN WARD REPORT.

Date.

- 18th
  Passed with naturally. Baby born same temperament.
  General condition good. temp. pulse practically normal.
  Uterus firm. labour nearly in all respects.
  Breast & nipples normal. no cord formed.

- 19th
  Today it is observed that the nipple is gone, and a local application of Perchloride
  1-200 is made. Otherwise there is nothing specific to note. The breast
  desquamation free. The child eases well, and the placenta though suspected to
  be gone by sacrifice is now to be protected by a Maggie Shield.

- 20th
  Uterus & Brock's pink normal. - Being a little high. 49°. Pulse 88.

- 21st
  Going well. Uterus not wept. The nipple of the breast is curved slightly.

- 22nd
  Making good progress. At night nearly bared - no signs of any inflammatory condition.

Death 9th at 99°. Pulse 82.

SPECIAL LABOUR REPORT.
<table>
<thead>
<tr>
<th>Date</th>
<th>Lying-in Ward Report—contd.</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>15th</td>
<td>Temporary absent up to 100.6° F. labs 72. There is a marked flush on the right breast on the under. A large area is distinctly tender and feels hot. There is no indication of the glands. Some fever has occurred.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Artemesin.</td>
</tr>
<tr>
<td>20th</td>
<td>&quot;Flushing&quot; still present on the breast. No indication of glands. The breast is warmer to the touch and slightly tender.</td>
<td>Bottle 1-3, Aconite 30c. Alternately with Artemesin.</td>
</tr>
<tr>
<td>21st</td>
<td>&quot;Flushing&quot; gone. Pulse indicates apparently quite well. Still fever also last week.</td>
<td>Calomel 1/25, Olacemum 3/5.</td>
</tr>
</tbody>
</table>
Name: J. A.  
Address:  
Religion: Ch. of England  
Register Number:  
Previous Number:  

Date of last menstrual period:  
Gravida, full time or month:  

Previous labours: date of last:  
Previous miscarriages: date of last:  

Important complications and their dates, connected with previous:  
1. Pregnancies  
2. Labours  
3. Miscarriages  

Any other important illness  
Complications during present pregnancy:  

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.
LABOUR WARD REPORT.

Admitted 2nd of January 1903 at 7.40 a.m. o'clock. Delivered 2nd of January 1905 at 6.45 p.m. o'clock.

Duration of labour

<table>
<thead>
<tr>
<th>I.</th>
<th>II.</th>
<th>III.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
</tr>
<tr>
<td>17</td>
<td>30</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

Measurement of Pelvis—

<table>
<thead>
<tr>
<th>Interspinous</th>
<th>Intercrystal</th>
<th>Conj. ext.</th>
<th>Conj. diag.</th>
<th>Conj. vera (estimated)</th>
<th>Conj. vera (actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>190</td>
<td>170</td>
<td>10</td>
<td>13</td>
<td>V. E.</td>
<td>V. E.</td>
</tr>
</tbody>
</table>

Abnormal conditions on admission—

<table>
<thead>
<tr>
<th>Ulcers</th>
<th>Edema</th>
<th>Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>1</td>
<td>no</td>
</tr>
</tbody>
</table>

Presentation of Child

<table>
<thead>
<tr>
<th>Presentation of Child</th>
<th>Position of Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. E.</td>
<td>A. T.</td>
</tr>
</tbody>
</table>

Pains began | Delivery

<table>
<thead>
<tr>
<th>Pains began</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Position of Child

<table>
<thead>
<tr>
<th>Rupture of membranes</th>
<th>Time of occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.45</td>
<td>3.30</td>
</tr>
</tbody>
</table>

Operation or important complication

<table>
<thead>
<tr>
<th>Operation or important complication</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forceps</td>
<td>Placenta</td>
</tr>
</tbody>
</table>

Placenta and membranes expelled

<table>
<thead>
<tr>
<th>Placenta and membranes expelled</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneously</td>
<td>3 kg</td>
</tr>
<tr>
<td>By expression</td>
<td>3 kg</td>
</tr>
<tr>
<td>By hand introduced</td>
<td>3 kg</td>
</tr>
</tbody>
</table>

CHORION. (1) Intact. (2) Imperfect. (3) Retained.

<table>
<thead>
<tr>
<th>CHORION</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intact</td>
<td>3 kg</td>
</tr>
<tr>
<td>Imperfect</td>
<td>3 kg</td>
</tr>
<tr>
<td>Retained</td>
<td>3 kg</td>
</tr>
</tbody>
</table>

Pulse.

<table>
<thead>
<tr>
<th>Pulse.</th>
<th>On Admission</th>
<th>During second</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td></td>
<td>After third.</td>
</tr>
</tbody>
</table>

INFANT. Male, female, weight, lb. oz. length, inches

<table>
<thead>
<tr>
<th>INFANT</th>
<th>3rd day</th>
<th>5th</th>
<th>8th</th>
<th>14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Child's Head.

<table>
<thead>
<tr>
<th>CHILD'S HEAD</th>
<th>NAMES OF ALL WHO EXAMINED PATIENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumference</td>
<td>Physicians</td>
</tr>
<tr>
<td>bi.P.</td>
<td>R.M.O.</td>
</tr>
<tr>
<td>bi.T.</td>
<td>Labour Ward Sister</td>
</tr>
<tr>
<td>O.M.</td>
<td>Pupil Midwives</td>
</tr>
<tr>
<td>S.O.F.</td>
<td>Students</td>
</tr>
</tbody>
</table>

Apparent age, 14 yrs. Malformations.

<table>
<thead>
<tr>
<th>Apparent age</th>
<th>Malformations</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 yrs</td>
<td></td>
</tr>
</tbody>
</table>

Cord.

<table>
<thead>
<tr>
<th>Length</th>
<th>Convolutions round child</th>
<th>Insertion</th>
<th>Date of separation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONDITION OF NAVEL ON LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of feeding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method of feeding</th>
<th>Condition of child on leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Names of all who examined patient.

<table>
<thead>
<tr>
<th>Names of all who examined patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>R.M.O.</td>
</tr>
<tr>
<td>Labour Ward Sister</td>
</tr>
<tr>
<td>Pupil Midwives</td>
</tr>
<tr>
<td>Students</td>
</tr>
</tbody>
</table>

Cord.

<table>
<thead>
<tr>
<th>Length</th>
<th>Convolutions round child</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INSERTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of separation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDITION OF NAVEL ON LEAVING</th>
</tr>
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<tbody>
<tr>
<td>Method of feeding</td>
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<tr>
<th>Method of feeding</th>
<th>Condition of child on leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vaccination—Date

<table>
<thead>
<tr>
<th>Vaccination—Date</th>
<th>Result.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPECIAL LABOUR REPORT.

Patient having been in 24 hours, for 24 hours—head regular. Epistaxis noticed. Forces were soft and head arrested.

Perineum form which was broken.

LYING-IN WARD REPORT.

Date.

Jan 3rd.

Clinical condition good. Sleep well. Body 94°. Pulse 96.

Uterus firm, not tender. Two hand's broad continuity.

Breast swollen—Breasts not yet moved.

Body looks well—breas moved inside reinforcements.

4th.

Wet nurse a much more prominent of clot. The size of a half-crown and offensive.

Breast slowly well—The nipple somewhat flattened. Temp a little over.


7th.

Temp a little up again over 99° last night.

Uterus continuing slowly and tender. Lochia normal.

10th.

Temp up last night 100°.—This morning 100.4. Has some pinches.

Abdomen distended—Inflation is tender to the touch.

Lochia and hand quite normal. Perineum healing well—no pain & no discharge seen.

Infant healthy.
Date: 11th

Temperature was up last night to 103°. Pulse 114.

During the night Nurse reports that both breasts were flushed. The breast size is however difficult to palpate - but apparently it increased both breasts, and was only localized or localized not definite.

The breasts showed no signs of a "flush" today - and are in no way - furthermore the breasts do not complain of tenderness in any part. - Temp at 8 am 101°. Pulse at 8 am normal. - Nipples quite firm. - Period stools removed - healed sufficiently.

Today there is definite evidence of a "Flush" in the left breast.

The left is involved, but here again, there is no indication of the right breast. - Which also seems quite normal. - The left breast is the only affected part - and it is tender to touch.

However, there is nothing special to note - the mother can feed infant quite comfortably off this as well as other breast.

The baby's stools are a little watery.

Infant's treatment remains the same throughout the last week. - Temp 101°.- Pulse nearly normal at 8 am - no other complaints or anything unusual.

Chills indicates presence of "Flush" in breast.

Children's stools -

- Yellow, gelatinous - 2nd child.
- Fishy, greenish - 3rd child.

- 3rd child as before.

Special Note. Stools turned green in number three.

Sud for 30 min to 1 hr before each feed.

Child is very much improved.
Case III

Name: K. C. L.
Religion: Anglican
Address: 17 Beeson Place, Munich
Register Number: 69
Previous Number: in 19

Date of last menstrual period
3 gravida, full term or month
Previous labours: 2 date of last, age of 270
Previous miscarriages: 0 date of last

Important complications and their dates, connected with previous:
(1) Pregnancies
(2) Labours
(3) Miscarriages

Any other important illness

Complications during present pregnancy.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.

<table>
<thead>
<tr>
<th>Date</th>
<th>Temperature</th>
<th>Pulse</th>
<th>Bowels</th>
<th>Lochia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/20</td>
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<td>1/21</td>
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<td>1/22</td>
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<td>1/23</td>
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<td>1/24</td>
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<td>1/30</td>
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<tr>
<td>1/31</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
LABOUR WARD REPORT.

Admitted of January 1903 at 10 45 am o'clock. Delivered of January 1903 at 11 00 o'clock.

Warded 20 hours of January 1903 at 10 am o'clock.

Discharged undelivered of January 1903 at 01 00 o'clock.

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I. H. M.</th>
<th>II. H. M.</th>
<th>III. H. M.</th>
<th>TOTAL. H. M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measurement of Pelvis—

<table>
<thead>
<tr>
<th>Interspinous</th>
<th>Intercristal</th>
<th>Conj. ext.</th>
<th>Conj. dia.</th>
<th>Conj. vera (estimated)</th>
<th>Conj. vera (actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abnormal conditions on admission—Discharges 0 Ulcers 0 Oedema 0 Urine

Presentation of Child

Position of Child

Pains began 20 hours date 8 am hour

Delivery 20 hours date 9 am hour

Rupture of membranes date hour

(1) Spontaneous (2) Artificial

Operation or important complication

Hæmorrhage, amount Time of occurrence

(a) Before (b) With (c) After

Placenta

Source

Lacerations

Uterus

Cervix

Vagina

Perineum

Through Sphincter

To Sphincter

Union

Partial

Complete

Labia

Retained.

Pulse.

On Admission. 96 | During second. 86 | After third.

INFANT. Male, female, weight, lb. oz. inches

3rd day 6 9

5th 6 1

8th 7 2

14th 6 1

Male, female, weight, lb. oz. inches

3rd day 6 9

5th 6 1

8th 7 2

14th 6 1


Apparent age, 3 months.

CHILD'S HEAD.

Names of all who examined patient.

Physicians

R.M.O.

Labour Ward Sister

O.M.

Pupil Midwives

Students

CORD.

Length

Convolutions round child

Insertion

Date of separation

Condition of navel on leaving

Method of feeding

Condition of child on leaving Hospital

Vaccination.—Date

Result.
<table>
<thead>
<tr>
<th>Date</th>
<th>SPECIAL LABOUR REPORT.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>LYING-IN WARD REPORT.</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 21</td>
<td>General condition good. Temp. 8 a.m. 97.2. Pulse 60.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Face is fair, well colored, not tender.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bowel movements frequent &amp; colic not relieved.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Breasts: Both well developed - nipples sound.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Breech: Infant in left occiput.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen: Umbilical cord cut.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baby: Hyperventilated.</td>
<td></td>
</tr>
<tr>
<td>22d</td>
<td>Complains of after pains.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>uterus feels bulky, &amp; is tender at fundus.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An anterior pocket.</td>
<td></td>
</tr>
</tbody>
</table>

23d. | Womb still feels bulky, and she still complain of pain in lower part of abdomen. | Treatment 25. | Fundus above the pubis, not relieved in gravity, no certainty of expulsion. | Patient feels comfortable, & baby has cried. |
LYING IN WARD REPORT – contd.

The

Temp rose to 103°. Pulse 120 at 2 p.m. and at night (8 p.m.) it
rose to 104°. Pulse 110. Patient complained of headache during the day
and some pain in the right breast. There is a small patch of induration
three to four in the area. It is not painful. *This was red*

It feels
harder, harder than usual - but there is no accompanying rigour.

The headache of the affected breast is apparently quite sound and is certainly
worse than yesterday. There is no pain in the area below the breast. *This
was red*

Improve - no sign of suppuration. *This was red*

Keeps practically normal today. *This was red*

Today the patient complains of pain on the inner side of 
the breast.

Temp rose to 103° today morning. Pulse 86. Knee is the same feeling

with slight improvement. The inner side of breast was described yesterday as
the right side. But it is important to observe that a small

suppuration was found this morning. *This was red*

It is hard to say whether this is the same area which had escaped

observation before. *This was red*

The child is better today. *This was red*

Cheeks more flushed. *This was red*

Bottle 1.3. every day

Milk is improved. *This was red*

Scarlet fever is the rule. *This was red*

Child quite well. *This was red*

Interior of breast. *This was red*

Child quite well. *This was red*

*This was red*
Name A. H.  Religion Ch. England  Register Number 98.  Previous Number in 19

Address 44 United St. W. Kentish

Age 40 M. Occupation Housewife

Ward Bed 21 Transferred to Ward Bed

Admitted to Hospital 27th of January 8:30 am 1902

Operation or important complication

Discharged 16th of February 1902

By Physician W. S. Griffiths

At own request Result Mother well, Child well

Transfer to

Date of last menstrual period

IV gravida, full time or month,

Previous labours 3 date of last, Nov. 691.

Previous miscarriages 0 date of last

Important complications and their dates, connected with previous—

(1) Pregnancies

(2) Labours

(3) Miscarriages

Any other important illness

Complications during present pregnancy.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.
LABOUR WARD REPORT.

Admitted 2\textsuperscript{1/2} of January 1905 at 8:34\textsuperscript{m} o'clock.
Delivered 2\textsuperscript{1/2} of January 1905 at 9:45\textsuperscript{m} o'clock.

Duration of labour

<table>
<thead>
<tr>
<th>I.</th>
<th>II.</th>
<th>III.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>M</td>
<td>H</td>
<td>M</td>
</tr>
<tr>
<td>11</td>
<td>30</td>
<td>1</td>
<td>15</td>
</tr>
</tbody>
</table>

Measurement of Pelvis—
Interspinous \(9\frac{3}{4}\)\textsuperscript{c}
Intercristal \(10\frac{5}{8}\)\textsuperscript{c}
Conj. ext. \(7\frac{1}{2}\)\textsuperscript{c}
Conj. diag. \(6\)\textsuperscript{c}
Conj. vera (estimated) \(8\frac{1}{4}\)\textsuperscript{c}
Conj. vera (actual) \(8\frac{3}{4}\)\textsuperscript{c}

Abnormal conditions on admission—Discharges
Ulcers
\(\)\textsuperscript{edema}
Urine

Presentation of Child

<table>
<thead>
<tr>
<th>Ve. of Child</th>
</tr>
</thead>
</table>

Position of Child

<table>
<thead>
<tr>
<th>A.</th>
</tr>
</thead>
</table>

Pains began 2\textsuperscript{1/2} of \(\text{Jan}^{\text{y}}\) \(9\)\textsuperscript{a} \(\text{am}\) \(\text{hour}
Delivery 2\textsuperscript{1/2} of \(\text{Jan}^{\text{y}}\) \(9\)\textsuperscript{a} \(\text{am}\) \(\text{hour}

Rupture of membranes 2\textsuperscript{1/2} of \(\text{Jan}^{\text{y}}\) \(9\)\textsuperscript{a} \(\text{am}\) \(\text{hour}

(a) Spontaneously. (b) By expression. (c) By hand introduced.

Chorion. (1) Intact. (2) Imperfect. (3) Retained.

Haemorrhage, amount \(9\frac{3}{4}\) \(\text{Time of occurrence (a) Before} \)
Uterus

Source

Lacerations

How arrested

Cervix

Vagina

Perineum

Through Sphincter

To Sphincter

(Complete Union

Partial Union

None

Laceration

Labia

Pulse.

On Admission. | During second.
|--------------|

INFANT. Male, female, weight, lb. \(5\) \(14\) oz.
length, inches \(2\)
3rd day ' ' ' \(5\) \(10\)
5th ' ' ' \(5\) \(15\)
8th ' ' ' \(6\) \(5\)
14th ' ' ' \(6\) \(13\)

Male, female, weight, lb. \(5\) \(14\) oz.
length, inches \(2\)
3rd day ' ' ' \(5\) \(10\)
5th ' ' ' \(5\) \(15\)
8th ' ' ' \(6\) \(5\)
14th ' ' ' \(6\) \(13\)


Apparent age, \(7\frac{1}{2}\)\textsuperscript{h}. Malformations.

Child's Head.

Names of all who examined patient.

Physicians
R.M.O.
Labour Ward Sister
O.M.
Pupil Midwives
Students

Names of all who examined patient.

Physicians
R.M.O.
Labour Ward Sister
O.M.
Pupil Midwives
Students

Cord.

Length
Convolutions round child
Insertion
Date of separation
Condition of navel on leaving

Method of feeding

Condition of child on leaving

Hospital

Vaccination.—Date

Result.
### Date.

<table>
<thead>
<tr>
<th>Date</th>
<th>Special Labour Report</th>
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<tbody>
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<td></td>
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</tbody>
</table>

### Lying-in Ward Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>29th</td>
<td>Ice bag to feel</td>
</tr>
<tr>
<td></td>
<td>Bellavista Knee</td>
</tr>
<tr>
<td>29th</td>
<td>To be paroxized over the</td>
</tr>
<tr>
<td></td>
<td>sides as directed.</td>
</tr>
</tbody>
</table>

- General condition good - Temp. 98.4, Pulse 75.
- Uterus firm - at umbilicus.
- Labor normal.
- Mother has been 326 grams naturally.
- Infant, healthy and well developed - no save or assistance.
- Breasts, sucking.
- Baby, hungry, roars, movement, looks well.

The patient has an amenorrhea uterine after due to recovery of the piets subsequent to 3 days labour. They are very painful and about the size of a large orange.

The principal trouble now is the retaining the hemorrhoids which are very painful & swell large. The uterine lubricant is applied seven times.

Breasts are filling - Child looks well.

Is more comfortable. Sleep well last night - Piles less retarding a bit.

So increased today - all other symptoms entirely gone. The excellen
LYING-IN WARD REPORT — contd.

Date:  

Homemakers much better - Cervix no discharge now.

Uterus well contracted & not tender.

Locally normal in appearance & sensation - not opaque.

Breasts secreting well - no secretory nipples seen.

Complains of headache - No uterine tenderness - Breasts quite normal in appearance - Child healthy.

There is a marked fluid this morning on the left breast - which is accompanied by tender, enlarged gland in the left axilla - the breast turgid & slightly indurated - the uterus well contracted & indurated - the lochial normal - The temp. was 99.6° and pulse 78. - The Homemakers are very much better & came no trouble now.

Note especially - No visibleprominence found in deep nipple.

5.

'Nurse' declining.

Breast is still tender & indurated in its center & in the nipple & the gland in breast in axilla as described - The temp. & pulse are uniform - Uterus & lochial normal.

6.

'Nurse' still present. Ear today - Breast slightly tender in this situation - No evidence of a Sworn nipple - and the uterine & lochial seem to be quite normal in every way - Fluid in axilla not tender now only very felt.

7.

'Nurse' only very faintly felt this morning - Breast turgid below nipple soft again - Homemakers very much improved.

All signs of breast excitation gone. Patient leaves today -quite well - Infant also does very well.
Name: E.P.  
Address: 12 Bexley Place, Shilling Road.

Religion: R.C.  
Register Number: 213.  
Previous Number: 

Age: 21  
M.  
Occupation: Housewife.

Ward: 1  
Bed: 2  
Transferred to Ward 4 Bed 3

Admitted to Hospital: 24th of February 1903.

Operation or important complication:

Discharged: 20th of March 1903.

By Physician:  
At own request: 
Transferred to: 

Result: Mother well

Date of last menstrual period:

- 24 weeks, full term or month.

Previous labours: 1.

Previous miscarriages:

Important complications and their dates, connected with previous:

(1) Pregnancies

(2) Labours

(3) Miscarriages

Any other important illness

Complications during present pregnancy:


Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night:

<table>
<thead>
<tr>
<th>Date</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
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<tbody>
<tr>
<td>Hour</td>
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<td></td>
</tr>
<tr>
<td>Pulse</td>
<td>80</td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
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<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>F.E.D.</td>
<td>104°</td>
<td>105°</td>
<td>106°</td>
<td>107°</td>
<td>108°</td>
<td>109°</td>
<td>110°</td>
<td>111°</td>
<td>112°</td>
<td>113°</td>
<td>114°</td>
<td>115°</td>
<td>116°</td>
<td>117°</td>
<td>118°</td>
<td>119°</td>
<td>120°</td>
<td>121°</td>
<td></td>
</tr>
</tbody>
</table>

Temperature chart with marked points indicating temperature changes.

Date of last menstrual period:

- 24 weeks, full term or month.

Previous labours: 1.

Previous miscarriages:

Important complications and their dates, connected with previous:

(1) Pregnancies

(2) Labours

(3) Miscarriages

Any other important illness

Complications during present pregnancy:


Mother result: Well

Child result: Well

Date: 20th of March 1903.

By Physician: 
At own request: 
Transferred to: 

Result: Mother well
LABOUR WARD REPORT.

<table>
<thead>
<tr>
<th>Admitted</th>
<th>Warded</th>
<th>by</th>
<th>cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>24th of December 1902 at 5.30 o'clock.</td>
<td>24th of December 1902 at 5.45 o'clock.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivered</td>
<td>Discharged undelivered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24th of December 1902 at 5.45 o'clock.</td>
<td>of 1902 at 5.30 o'clock.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Duration of labour**

<table>
<thead>
<tr>
<th>I.</th>
<th>II.</th>
<th>III.</th>
<th>TOTAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
</tr>
<tr>
<td>1:30</td>
<td>0:45</td>
<td>0:10</td>
<td>2:55</td>
</tr>
</tbody>
</table>

**Measurement of Pelvis**

<table>
<thead>
<tr>
<th>Interspinous</th>
<th>Intercristal</th>
<th>Conj. ext.</th>
<th>Conj. diag.</th>
<th>Conj. vera (estimated)</th>
<th>Conj. vera (actual)</th>
</tr>
</thead>
</table>

**Abnormal conditions on admission—Discharges**

- Ulcers
- Ödema
- Catheter

**Presentation of Child**

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vault</td>
</tr>
</tbody>
</table>

**Position of Child**

<table>
<thead>
<tr>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
</tr>
</tbody>
</table>

**Pains began**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>24th</td>
<td>7.45</td>
</tr>
</tbody>
</table>

**Delivery**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>24th</td>
<td>6.45</td>
</tr>
</tbody>
</table>

**Operation or important complication**

**Placenta and membranes expelled—Weight**

- (a) Spontaneously
- (b) By expression
- (c) By hand introduced
- (i) Intact
- (ii) Imperfect
- (iii) Retained

**Hæmorrhage, amount**

<table>
<thead>
<tr>
<th>Source</th>
<th>How arrested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus</td>
<td>(a) Before</td>
</tr>
<tr>
<td>Lacerations</td>
<td>(b) With</td>
</tr>
<tr>
<td>Vagina</td>
<td>(c) After</td>
</tr>
<tr>
<td>Perinaeum</td>
<td>(d) Before</td>
</tr>
<tr>
<td>Labia</td>
<td>(e) After</td>
</tr>
</tbody>
</table>

**Cord.**

<table>
<thead>
<tr>
<th>Length</th>
</tr>
</thead>
</table>
| Convolutions round child
| Insertion
| Date of separation
| Condition of navel on leaving

**Method of feeding**

**Condition of child on leaving Hospital**

**Vaccination—Date**

<table>
<thead>
<tr>
<th>Method</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25th</td>
</tr>
</tbody>
</table>

**Pulse.**

<table>
<thead>
<tr>
<th>On Admission</th>
<th>During second.</th>
<th>After third.</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANT. Male, female, weight, lb.</td>
<td>Male, female, weight, lb.</td>
<td>80</td>
</tr>
<tr>
<td>3rd day</td>
<td>3rd day</td>
<td></td>
</tr>
<tr>
<td>7 oz. 1 4</td>
<td>7 oz. 1 4</td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td>5th</td>
<td></td>
</tr>
<tr>
<td>7 1 4</td>
<td>7 1 4</td>
<td></td>
</tr>
<tr>
<td>8th</td>
<td>8th</td>
<td></td>
</tr>
<tr>
<td>7 1 4</td>
<td>7 1 4</td>
<td></td>
</tr>
<tr>
<td>14th</td>
<td>14th</td>
<td></td>
</tr>
</tbody>
</table>

**Child's Head.**

**Names of all who examined patient.**

<table>
<thead>
<tr>
<th>Physicians</th>
<th>R.M.O.</th>
<th>Labour Ward Sister</th>
<th>Pupil Midwives</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumference</td>
<td></td>
<td>bi.P. 7 1 4</td>
<td>bi.T. 7</td>
<td>O.M. 7 1 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Cord.**

<table>
<thead>
<tr>
<th>Length</th>
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</table>
| Convolutions round child
| Insertion
| Date of separation
| Condition of navel on leaving

**Method of feeding**

**Condition of child on leaving Hospital**

**Vaccination—Date**

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>25th</td>
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</tbody>
</table>

**Result.**

<table>
<thead>
<tr>
<th>Method</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>February 4</td>
</tr>
</tbody>
</table>


SPECIAL LABOUR REPORT.

LYING-IN WARD REPORT.

Date.

TREATMENT.

Fev. 26.

General condition good. Temp 98.5. Pulse 80.

Allege - well contracted - firm - not tender.

Loch: - normal in quantity - clean all.

Breasts - well developed - supple quite round.

Hands - not yet moved.

Abdomen - has passed urine recently.

Baby - looks well - has passed urine recently.

26th.

Both mother & child progressing satisfactorily. Temp quite good. Attends hospital round.


27th.

Breasts today are hard - firm - difficult. Drawings to make once a day.

Description: Baby is taking well. The nurse has been instructed to draw off a certain amount of milk for the baby, to relieve difficulty.
LYING-IN WARD REPORT—contd.

**Condition:**

Tropic fever: uniformly febrile. Breasts pink and firm. No further trouble noted. Child taking well. No signs of invasion. The uterine and bowel are very satisfactory. Some urine had the desire off. Messrs. for some reason undetermined did not empty itself frequently and was found a little defecated to day.

**Treatment:**

Pain, none last night except hardness. 10.2.4 at 7 p.m. and 10.12 at 8 p.m.

This dose and seems to be very special since the pain can be ascribed the sites of pain. No uterine or bowel.

Breasts, bladder and bladder are all quite satisfactory, and the

Baby is doing well. 2.3.4 was not quite well. 3.3.4 was not quite well.

**Condition:**

Patient much improved. Pulse still under 60. It looks as if,

[bathing by the rapid pulse above] there was none of the septic fever or

weak somewhere, but nothing can be found to account for it.

The patient also has some headache, and does not feel quite comfortable. Sleeps badly and is restless.

She has headache. No influenza. Uterine and bowel are quite normal.

This is interesting, that patient complained of pains in both breasts, and the

urine had the desire off and there is no need of uterine.

Breath of urine. 9.3.4 was not until urine is again apparently high,

Pain is still present, and is now in definite

pain in the same dimensions described. 11.34.4. With examination there is

faint some hardness of the breast in the reticulum described, but indefinite. The patient

hardened the feeling of the breasts in the reticulum above mentioned. 11.34.5. With removal of the

hardness there is the firm below. 11.34.6 at 12.34. No firm rice made out in reticulum. The reticulum is also

firm. Right tender. Less well marked. 1.34.6 at 12.34.7. Firm.

NB. 

1.
Name: R.E.S.  
Religion: Church of England.  
Register Number: Not required.  
Previous Number: 1119.

Age: 24  
Occupation: Housewife.

Address: 67 Cleveland St., Liverpool, S.  
Ward: 14  
Bed: 39  
Transferred from Ward 14 to Ward Bed 39.

Admitted to Hospital: 26th of March, 1903.

Operation or important complication:

Discharged by W.R. N.M.C., 8th March, 1904.

By Physician:  
At own request:  
Transferred to:  

Date of last menstrual period: June 20th, 1902.

Gravida, full time or:  
Date of last:  
Previous miscarriages, date of last:  
Previous labours, date of last:  

Important complications and their dates, connected with previous:

(1) Pregnancies  
(2) Labours  
(3) Miscarriages  

Any other important illness:  

Complications during present pregnancy:

Flushed, breath, urine infected.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.

<table>
<thead>
<tr>
<th>Date</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
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<th>10th</th>
<th>11th</th>
<th>12th</th>
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<tbody>
<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>Pulse</td>
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<td>98°</td>
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<td>98°</td>
<td>100°</td>
<td>102°</td>
<td>104°</td>
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<th>31st</th>
<th>1st</th>
<th>2nd</th>
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<tr>
<td>Hour</td>
<td>8</td>
<td>12</td>
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<td>8</td>
<td>12</td>
<td>4</td>
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<tbody>
<tr>
<td>Hour</td>
<td>8</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Pulse</td>
<td>96°</td>
<td>98°</td>
<td>100°</td>
</tr>
</tbody>
</table>

Results: Mother well. Child well.
LABOUR WARD REPORT.

Admitted 26th of March 1903 at 10.45 o'clock. Discharged undelivered of 190 at o'clock.
Delivered 26th of March 1903 at 9.30 p.m. o'clock.

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I.</th>
<th>II.</th>
<th>III.</th>
<th>Total.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
<td>H. M.</td>
</tr>
<tr>
<td>15 - 20</td>
<td></td>
<td>1 - 10</td>
<td>10</td>
<td>16 - 40</td>
</tr>
</tbody>
</table>

Measurement of Pelvis—
Interspinous 10 1/2 Intercrystal 11 1/2 Con. ext. 7 1/2 Con. diag. Conj. vera (estimated) Conj. vera (actual)

Abnormal conditions on admission—Discharges 0 Ulcers 0 Edema 0 Catheter Urine 0

Presentation of Child V F Position of Child D A

Pains began March 26 date 5 a.m. hour
Delivery ... date 9 - 30 p.m. hour

Operation or important complication

Placenta and membranes expelled—Weight
(a) Spontaneously. (b) By expression. (c) By hand introduced.

CHORION. (1) Intact. (2) Imperfect. (3) Retained.

Pulse. On Admission. 84 During second. 88 After third.

INFANT. Male, female, weight, lb. 6 oz. 13 1/2 length, inches 24 3rd day .. 6 3 1/2 5th .. 6 4 1/4 8th .. 6 10 1/2 14th .. 7 2


Apparent age, Full Term. Malformations,

CHILD'S HEAD. NAMES OF ALL WHO EXAMINED PATIENT.

Circumference. 13
bi. P. 3 1/2
bi. T. 5 1/4
O.M. 5 1/4
S.O.F. 1
F.M. 3 1/4

Physicians R.M.O.
Labour Ward Sister
Pupil Midwives
Students

Cord.
Length
Convolutions round child
Insertion
Date of separation
Condition of navel on leaving
Method of feeding
Break.
Hospital
Vaccination. Date Result.
**LYING-IN WARD REPORT.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>19th 28</td>
<td>Patient says she feels very uncomfortable and slept well last night. The Perineum looks clean, healthy stitches firm. Lochii normal - utens - brains like before. Child taking the breast well - Both nutrient - child seems the weakling Very satisfactory progress - The perineum wound &amp; the lochii are healing well - no discharge seen.</td>
</tr>
<tr>
<td>30</td>
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</tbody>
</table>
LYING-IN WARD REPORT — contd.

Date.

April 2d.

2d. Patient under antiseptic and anti-tetanus cover. In good health, normal appetite
with no cough. Breaths steady, no increase in tenderness of abdomen. Abdomen, otherwise
at ease. Tingling sensation at lower part of breast has been noted. Patient still able to
perform bodily activities. The healing is not found to be perfect.

Temp. this morning 93.6. Pulse 76. Nothing removed entirely. The union
is not perfect. But it is not considered advisable to interfere with anything
at this juncture. Slight discharge, not offensive from the
wound. In all other respects the general condition is perfect.

Warms, drinks. Presents all the canting that can be desired.

During the afternoon the patient complained of some headache
and a little pain on the antiseptic of the left breast at 2 pm. The temp.
was 98.4. Pulse 76. But at 4 pm. It rose to 100.6 and Pulse to 88.

The examination of the breast was repeated at 10 pm. It is observed that there
is slight erosion of the upper part of the left breast. The base
is somewhat indefinite but is confined to the wedge over the
pain of the breast in left tender, and a pulsation the breast bone below is noted to be
firm. — Estimation slightly “hemorrhagic” — the patient does apparently
show some uneasiness.

The remainder of the breast seems to be entirely palpable.

There is no sign of any signs tenderness on pressing on the nipple of the
affected breast. The Right Breast is quite normal — no palpation, tender.

Patient’s right hand is a very slight sign of “plastic” still persisting — and
there is tenderness in the affected area. Otherwise everything normal.

6th. Again complained of pain this afternoon in the lower part of the
breast. Examination this evening there is definite tenderness in this area.

Temp. 103°. No evidence of doing yet.

During the night— The Nurse notes the affected area become red — patient was restless. Complained much
of pain in the affected segment. This also is noted to be definitely “plastic” and of degree above normal.

Examination of the nipple shows no traces of soreness or tissue. — (Continued on next sheet.)
Age, M. S., Occupation, 
Ward Bed Transferred of to Ward Bed 
Admitted to Hospital of 19 
Operation or important complication 
Discharged of 19 
By Physician At own request Result {Mother Child
Transferred to

Date of last menstrual period 
gravida, full time or month, 
Previous labours date of last, 
Previous miscarriages, date of last, 
Important complications and their dates, connected with previous—
(1) Pregnancies
(2) Labours
(3) Miscarriages
Any other important illness
Complications during present pregnancy.

Temperature at 8 a.m., 2 p.m., 8 p.m., unless specially ordered, then 8, 12, and 4 day and night.
**LABOUR WARD REPORT.**

<table>
<thead>
<tr>
<th>Admitted of 190 at o'clock.</th>
<th>Warded of 190 at o'clock.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivered of 190 at o'clock.</td>
<td>Discharged undelivered of 190 at o'clock.</td>
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</table>

<table>
<thead>
<tr>
<th>Duration of labour</th>
<th>I.</th>
<th>II.</th>
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<th>Total.</th>
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<table>
<thead>
<tr>
<th>Abnormal conditions on admission—</th>
<th>Discharges</th>
<th>Ulcers</th>
<th>Edema</th>
<th>Catheter</th>
<th>Urine</th>
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<table>
<thead>
<tr>
<th>Presentation of Child</th>
<th>Position of Child</th>
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<tbody>
<tr>
<td>Pains began</td>
<td>date</td>
</tr>
<tr>
<td>Delivery</td>
<td>date</td>
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<table>
<thead>
<tr>
<th>Operation or important complication</th>
<th>Haemorrhage, amount</th>
<th>Time of occurrence</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>(a) Before</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uterus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Source</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cervix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vagina</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perineum</td>
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<tr>
<td></td>
<td></td>
<td>Labia</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Placenta and membranes expelled—</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Spontaneously. (b) By expression. (c) By hand introduced.</td>
<td></td>
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<tr>
<td>CHORION. (1) Intact. (2) Imperfect. (3) Retained.</td>
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<tbody>
<tr>
<td>INFANT. Male, female, weight, lb. oz. length, inches</td>
<td>Male, female, weight, lb. oz. length, inches</td>
<td></td>
<td></td>
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<tr>
<td>3rd day</td>
<td>5th</td>
<td>8th</td>
<td>14th</td>
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<tr>
<td>5th</td>
<td>8th</td>
<td>14th</td>
<td>3rd day</td>
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<td>8th</td>
<td>14th</td>
<td>3rd day</td>
<td>5th</td>
</tr>
<tr>
<td>14th</td>
<td>3rd day</td>
<td>5th</td>
<td>8th</td>
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<tr>
<td>Apparent age, Malformations,</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>CHILD'S HEAD.</th>
<th>NAMES OF ALL WHO EXAMINED PATIENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumference.</td>
<td>Physicians</td>
</tr>
<tr>
<td>bi.P.</td>
<td>R.M.O.</td>
</tr>
<tr>
<td>bi.T.</td>
<td>Labour Ward Sister</td>
</tr>
<tr>
<td>O.M.</td>
<td>Pupil Midwives</td>
</tr>
<tr>
<td>S.O.F.</td>
<td>Students</td>
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<table>
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<tr>
<th>CORD.</th>
<th>Length</th>
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</thead>
<tbody>
<tr>
<td>Convolutions round child</td>
<td></td>
</tr>
<tr>
<td>Insertion</td>
<td></td>
</tr>
<tr>
<td>Date of separation</td>
<td></td>
</tr>
<tr>
<td>Condition of navel on leaving</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Method of feeding</th>
<th>Condition of child on leaving Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination.—Date</td>
<td>Result.</td>
</tr>
</tbody>
</table>

| Vaccination.—Date | Result. |
### SPECIAL LABOUR REPORT.

| Date | | |
|------|------------------|
|      | **LYING-IN WARD REPORT.** | **TREATMENT** |
|      | **Case:** concluded |  |
|      | The breast tissue is hard, very painful on pressure, with irregularly swollen nodes. The uterus is firm and normal in all respects, and the child is quite well. Temp. 99.6° at 9 a.m. | Dr. |  |
|      | Temp. this morning is normal. Last night it was 99° at 8 p.m. and there is an accompanying improvement in the local condition. The child is still there with no sign of it one less marked, and the affected area is not so prominently to notice. |  |
|      |  |
| **April 6** | |  |
| **7** | |  |
LYING-IN WARD REPORT — contd.

Apr 8

Mother and child are so well that the Physician in charge has decided to discharge them today.

The child is normal. The affected segment of the breast is very slightly painful to deep pressure, and there is a trace of the fluids still present, but the child can be allowed all along feed of the breast. The mother's breasts are almost quite normal, and the Puerperium is much improved.

Apr 11

Mother turned up to-day to show herself. She is quite well, so is the child, and there is no sign of any discharge from the breast. The breast is all soft and easily palpated, and no one could detect that there had been any inflammatory condition present there.