

QUEEN CHARLOTTE'S HOSPITAL.

RULES.

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.

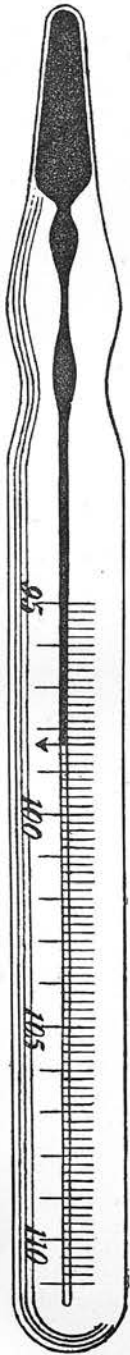
RULES FOR DISINFECTION THROUGHOUT THE HOSPITAL.

- 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 95° .
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 $\frac{1}{4}$ th of a degree, but are described in decimals.

For example, the first large division is 95° , the first small is $95^{\circ}\cdot 2$, the second is $95^{\circ}\cdot 4$, the third $95^{\circ}\cdot 6$, and the fourth $95^{\circ}\cdot 8$.

The arrow marks the normal temperature of the body— $98^{\circ}\cdot 4$.

DATE.	SPECIAL LABOUR REPORT.

DATE.	LYING-IN WARD REPORT.	TREATMENT.
March 14.	<p><u>Temp & pulse</u> practically normal, at 10 am.</p> <p><u>General condition</u> excellent.</p> <p><u>Uterus</u> 5½ inches above symph. pubis, & well contracted - not tender.</p> <p><u>Lochia</u> - normal in quantity, colour & odour.</p> <p><u>Bladder</u> - emptied naturally 64 ops.</p> <p><u>Bowels</u> - rather antipated.</p> <p><u>Baby</u> - has passed some meconium since coming to ward.</p> <p><u>Breasts</u> of mother - natural in form & function - no signs of any lumps or abscesses in nipples.</p> <p>Slept well & feels comfortable -</p>	
March 16.	<p><u>Temp & pulse</u> continue excellent -</p> <p><u>Baby</u> taking well - Mother's breasts secreting well & and nipples are in good order -</p>	
" 19.	<p>Mother & child still making good progress in every way -</p> <p>No abnormal conditions of any sort present -</p>	

March 24.

Temp went up suddenly last night to 102.4°. Pulse 116. During the day the patient had complained of headache & of some pain in the left breast. But careful examination in the course of the afternoon revealed no abnormal signs in Breast. But in the evening there was distinct tenderness & hardness of the Breast tissue in the upper outer quadrant of left Breast. This morning - 24th, the temp is down to normal again and the Pulse 86.

and over the upper & outer quadrant of the left breast there is a distinctly "flushed" or erythematous area - it is wedge shaped - and the skin is hot, and tender to the touch - below this the Breast tissue is hard - lobulated and knobby, while the rest of the Breast tissue is soft, and normal in every way. The secretion of milk is quite normal in appearance & quantity, and the child does not appear to cause any severe pain

while suckling - The areolas is quite firm & well contracted - the veins though scanty are not offensive. At 2 pm on the 24th the "flush" has completely vanished, leaving however still some tenderness in the skin, and the same hard, knobby feeling in the Breast tissue below - the remainder of the Breast tissue being as above - The temp is still normal but the Pulse rate is 100. Careful examination of the nipple was made without any trace of a break of the surface being found - ~~(see notes)~~ and with a view to research various punctures etc were made in the Breast. ~~(see notes)~~ [See Background in Text]

Hot fomentations applied to left breast.

March 25.

Temp. went up at 8 pm. to 100.2. Pulse 100 - mother slept well - has no pain in Breast or elsewhere - It is noticeable that the temp is due to the experimental observations made yesterday afternoon - The outer upper quadrant of left breast is still firm & inclined to be knobby - as compared with rest of Breast, but there is not so much tenderness & much less pain -

" 26.

Mother & child leaving Hospital to-day quite well - a careful examination was made of the Breast, uterus etc before leaving & nothing abnormal discovered - With the exception of the Breast condition nothing abnormal was found to detract the Convalescence & no special cause could be found to satisfactorily account for it - ~~See Notes in Text.~~

See Back. report of this case
See Text.

Name *A. J.* Religion *Ch of England.* Register Number *96.*
 Address *St. Margaret's Home. Albany Street.* Previous Number *119*

Age, *22* S., Occupation, *Domestic Servant.*

Ward *4* Bed *13* Transferred ~~of 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.A. Griffiths*

At own request

Transferred to

Result { Mother } well.
 { Child }

Date of last menstrual period

I gravida, full time ~~or~~ ~~month,~~

Previous labours *0* date of last,

Previous miscarriages, *0* date of last,

Important complications and their dates, connected with previous—

(1) Pregnancies *0*

(2) Labours *0*

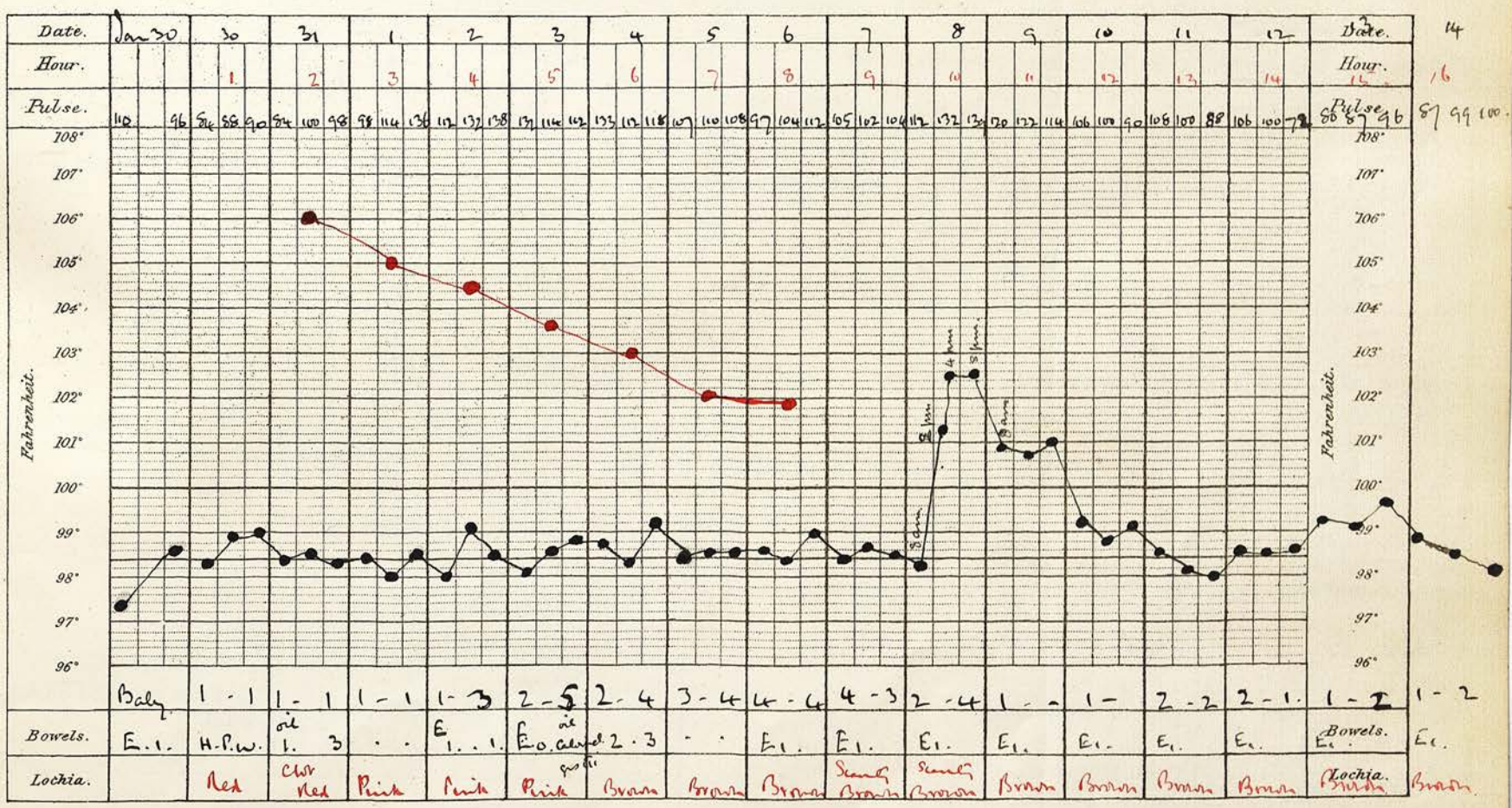
(3) Miscarriages *0*

Any other important illness *0*

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.



H.P.W. = has passed water

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Jan 31st

General condition - good. - Temp 98.4. Pulse 84.

Uterus well contracted. not tender. binds above symph. pubis.

Lochia - a clot about as large as a Pampers orange passed yesterday evening - not offensive.

Breasts. well developed - filling naturally - no fissures seen on nipples.

Bowels. opened by oil

Bladder. emptied naturally.

Vulva. has perineal urine + menses - looks well - Perineum looks healthy.

Feb 4th

During the last two days patient has complained of headache - feels ill - and it

is noted that Pulse rate is abnormally high - always over 100 per minute,

although the Temp is practically normal - Uterus is contracting well -

Lochia sweet and apparently in every way natural - Bowels somewhat antipated.

Tongue furred. Breasts sucking well + look of feet quite natural -

Infant looks well - Perineum healed without any slough - quite sound now.

DATE.

LYING-IN WARD REPORT - contd.

TREATMENT.

Feb. 7th

Pulse rate still high - over 100 per min - Temp not over 99°. She complains of headaches & does not sleep well. Phenacetin for 2. pain.

8th

Patient feels better & more comfortable to-day. (10. am). Temp 98.4. Pulse 112.

9th

Last night at 8 pm. the Temp was 102.6 - Pulse 139. During the day there had been a gradual 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 with proportionate Pulse rate and this morning early the Nurse reported a distinctly flushed area over the outer $\frac{1}{3}$ of the Right Breast. The patient had complained of some pain & tenderness in this situation last night - and yet not sufficiently severe to cause any discomfort of the child being fed off the breast as usual. A careful examination of the nipple revealed no fissure - the areolas & lobules are perfectly normal as far as one can judge by the naked eye & by touch & smell. The child's mouth is also free from any evidence of stomatitis etc. The flushed area of the breast is tender, painful - hard & knobby, as if the milk ducts below were swollen irregularly. The remainder of the breast being quite normal.

Hot fomentations to affected breast.

10th

Temp much improved to-day - averaging about 99°. - The "flushed" area is still quite visible & there is still tenderness & the same hard - knobby feeling below - but all the signs are less marked - areolas & lobules quite normal.

11th

Flush gone - hardness & tenderness much less marked - is quite comfortable sleep went well. Child also flourishing. Pulse rate of mother improving.

15th

Mother & child leaving to-day quite well - Note how pulse rate improved lately.

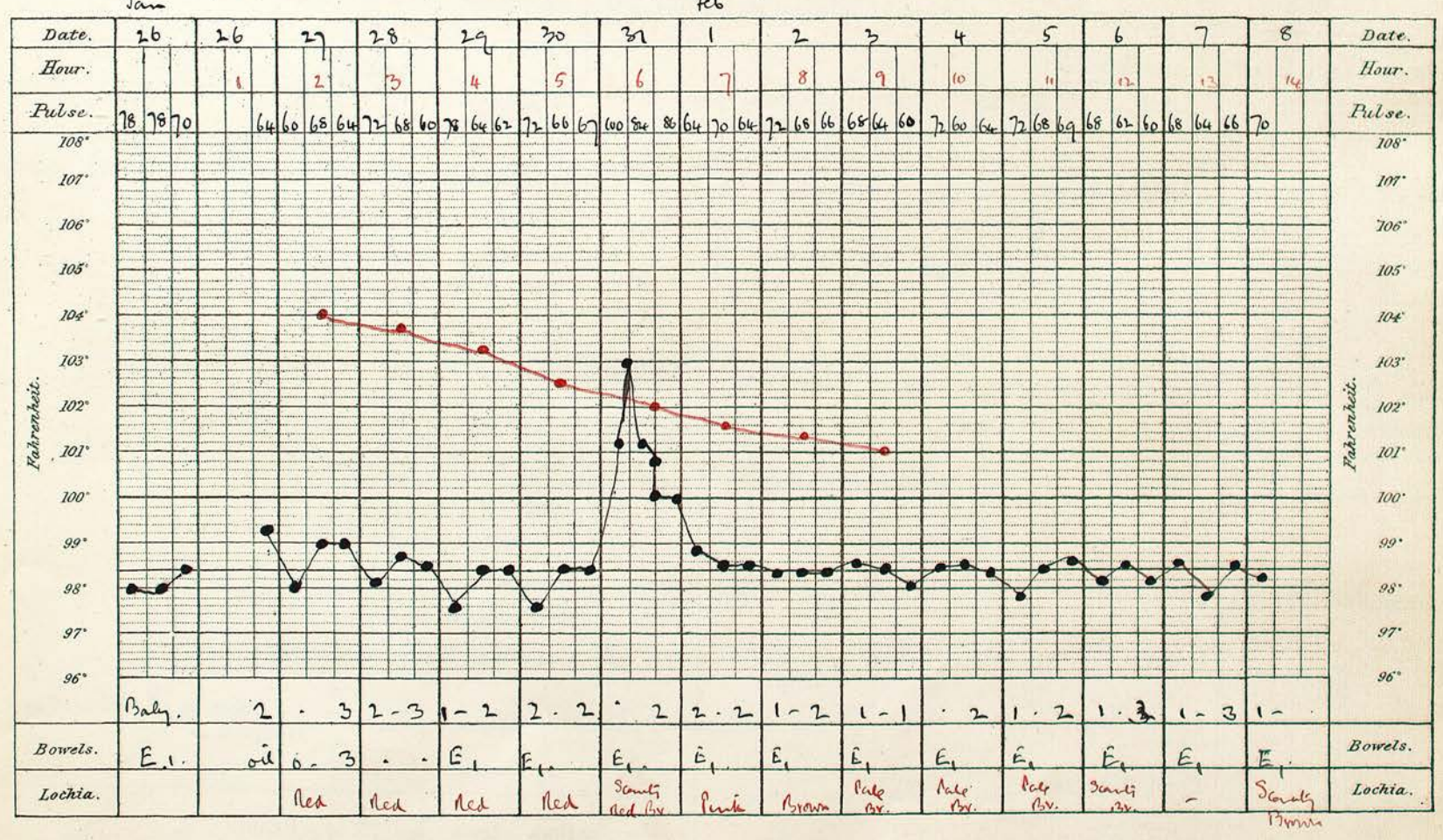
Name F.B. Religion Ch of England.
 Address 38. Great Portland Street, E.C.

Register Number unreg'd.
 Previous Number in 19

Age, 18 M. S., Occupation, Tailor's
 Ward 19 Bed 58 Transferred of to Ward Bed
 Admitted to Hospital 26th of January, 8.40 am. 1903.
 Operation or important complication o
 Discharged 6th of Feb. 1903
 By Physician W.J. Guss.
 At own request Result { Mother
 Transferred to { Child

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



LABOUR WARD REPORT.

Admitted 26th of January 1903 at 8.40 am o'clock. | Warded 26th of January 1903 at 8 pm o'clock.
 Delivered 26th of January 1903 at 2.8 pm o'clock. | Discharged undelivered of 190 at o'clock.
 by _____ cause _____

	I.		II.		III.		TOTAL.		
	H.	M.	H.	M.	H.	M.	H.	M.	
Duration of labour	16	-	1	-	8	17	17	-	25

Measurement of Pelvis—
 Interspinous 9^h Intercristal 10^h Conj. ext. 7³/₄ Conj. diag. _____ Conj. vera (estimated) _____ Conj. vera (actual) _____

Abnormal conditions on admission—Discharges 0 Ulcers 0 Œdema 0 Catheter _____
 _____ Urine normal

Presentation of Child Vertex Position of Child Rot. R o A.

Pains began Jan. 25th date 9 pm hour Rupture of membranes Jan 26th date 1 pm hour
 Delivery 26th date 2.8 pm hour (1) Spontaneous (2) Artificial

Operation or important complication nil
 Hæmorrhage, amount 3^h Time of occurrence _____ (a) Before } Placenta
 _____ (b) With }
 _____ (c) After }
 Source { Uterus How arrested
 { Lacerations
 Laceration { Cervix
 { Vagina
 { Perinæum { Through Sphincter } Union { Complete
 { Labia { To Sphincter } { Partial
 { Slight } { None
nil.

Placenta and membranes expelled— Weight _____
 (a) Spontaneously. (b) By expression. (c) By hand introduced.
 CHORION. (1) Intact. (2) Imperfect. (3) Retained.
 PULSE. On Admission. 78 | During second. 78 | After third. 70.
 INFANT. ~~Male~~, female, weight, lb. 6 oz. 10^h length, inches 20
 3rd day " " 6 " 2¹/₂
 5th " " " 6 " 4¹/₄
 8th " " " 7 " 2.
 14th " " " " " " " " " " " "

Born, alive, dead. Died before labour. Peeling. Macerated. Died during labour. Cause _____
 Apparent age, Full Term. Malformations, _____

CHILD'S HEAD.	NAMES OF ALL WHO EXAMINED PATIENT.	CORD.	
Circumference. <u>13^h</u>	Physicians _____	Length _____	Convolutions round child _____
bi.P. <u>3^h</u>	R.M.O. _____	Insertion _____	Date of separation _____
bi.T. <u>3</u>	Labour Ward Sister _____	Condition of navel on leaving _____	
O.M. <u>5</u>	Pupil Midwives _____	Method of feeding <u>Breast</u>	Condition of child on leaving Hospital <u>Good</u>
S.O.F. <u>3^h</u>	Students _____	Vaccination.—Date <u>Feb 7th</u>	Result. <u>2</u> <u>2</u> <u>Feb 14th</u>
F.M. _____			

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Jan 28th

General condition - satisfactory. Temp this morning - 98.8. Pulse 72.
Breasts - large, filling well - nipples sand.
Bowels - one stool last night - motions today.
Bladder - emptied naturally.
Uterus - 3 3/4 inches above symph. pubis - firm - well contracted, not tender.
Lochia - normal in color & quantity.
Infant - has passed urine & meconium - looks healthy.

Jan 31st

The temperature which had been normal on the 29th & 30th - rose at 5 a.m. this morning to 103°. Pulse 100 - there was no rigor - headache or any other abnormal accompaniment to the rise of temp. But at 8 a.m. on the same morning she began to complain of pain in the left breast, and felt hot all over - the pain was restricted to the upper outer part of the left breast. At 10 a.m. the temp was 101°. P. 84 - and on examination

DATE.

LYING-IN WARD REPORT -contd.

TREATMENT.

of the affected breast, it was noticed that there was an area of redness -
distinctly wedge shaped, on the upper & outer quadrant of the left breast. - The
 adjacent tissue was hard & thick. The skin hot & tender, but the remainder
 of the affected breast was quite normal in every way. There was no
 visible evidence of a process on the nipple, or skin of the breast. The Uterus
 & lochia were quite normal. and the infant could be fed off the
 affected breast as usual.

Hot fomentations to
 Breast affected.

at morning the Temp was 100°. 2 p.m. 99.8. & 8 p.m. 99.6°.

Feb. 1st

This morning the breast is still distinctly tender, and the "flush"
 is present to some extent over the same area. Temp. & pulse are
 almost normal. Infant doing well.

2nd

Breast less tender & less flushed, but still. Some traces of the
 condition.

3rd

all signs of the affected area gone. mother & child doing excellently well.

6th

Both discharged - quite well.

Name N.P.
Address 66 Judd Street Kings Cross

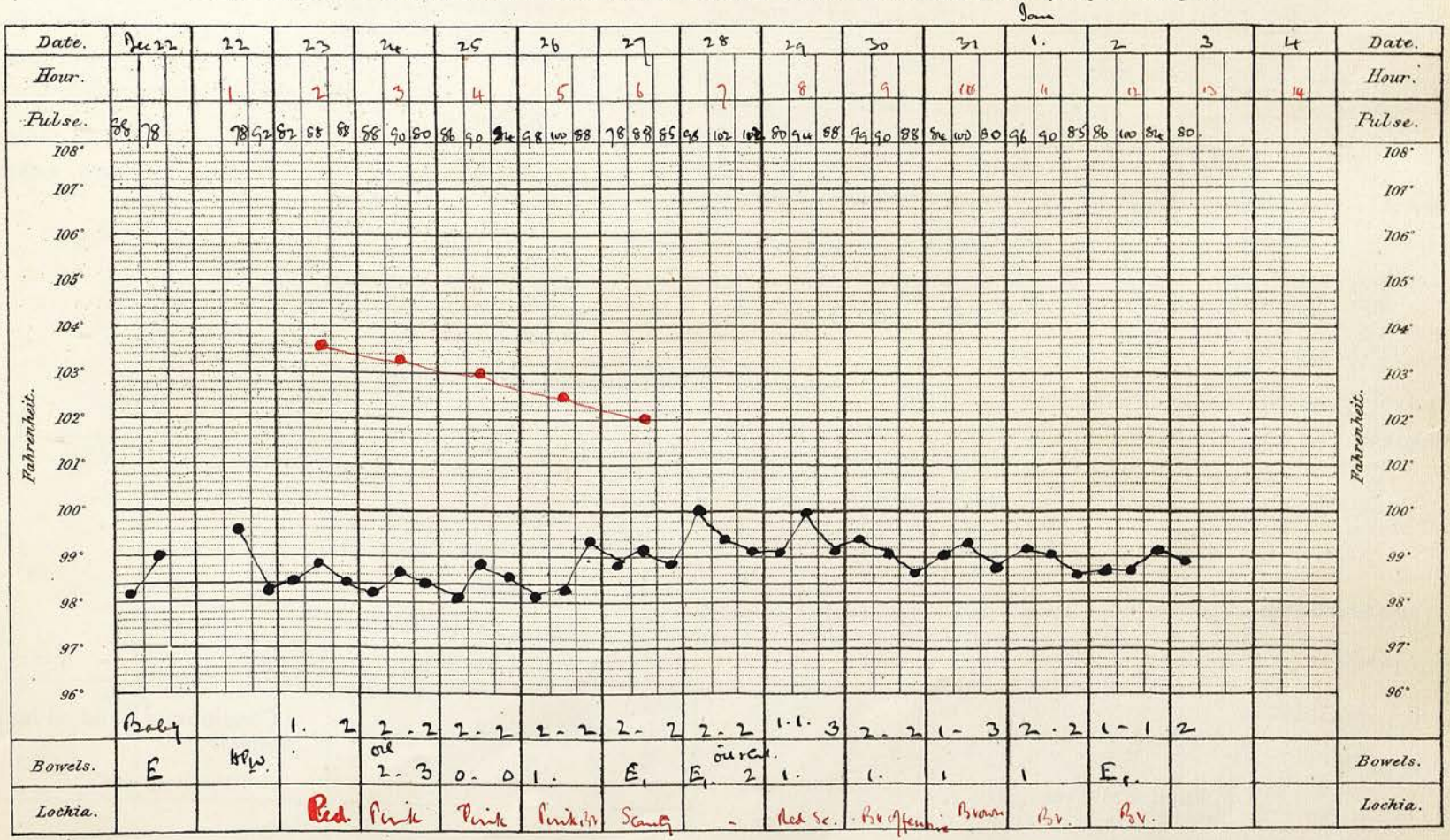
Religion Ch of England

Register Number 1238
Previous Number in 19

Age, 22 M. Occupation, Housewife.
Ward 14 Bed 60 Transferred of to Ward Bed
Admitted to Hospital 22nd of December. 1902.
Operation or important complication
Discharged 3 of January. 1903.
By Physician W.R. Burch.
At own request Result { Mother } born.
Transferred to { Child }

Date of last menstrual period
I gravida, full time or month,
Previous labours 0 date of last,
Previous miscarriages, 0 date of last,
Important complications and their dates, connected with previous—
(1) Pregnancies 0
(2) Labours 0
(3) Miscarriages 0
Any other important illness
Complications during present pregnancy.
Superficial Sapsarini. Flushed Breast. Enlarged glands in axilla.

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



Vacc.

4/11

LABOUR WARD REPORT.

Admitted 22 of December 1902 at 6.25 am o'clock.
 Delivered 22 of December 1902 at 2.50 pm o'clock.

Warded 22nd of December 1902 at 6 pm o'clock.
 Discharged undelivered of 1902 at o'clock.
 by cause

	I.		II.		III.		TOTAL.	
	H.	M.	H.	M.	H.	M.	H.	M.
Duration of labour	8	10	1	15	0	5	9	30

Measurement of Pelvis—

Interspinous 10^{3/4} Intercristal 11^{1/2} Conj. ext. 7^{1/2} Conj. diag. Conj. vera (estimated) Conj. vera (actual)

Abnormal conditions on admission—Discharges 0

Ulcers 0

Œdema 0

Catheter

Urine *no all*

Presentation of Child *Vertex*

Position of Child *Rot. ROTA*

Pains began Dec 22nd date 5.25 am. hour

Rupture of membranes Dec 22nd date 1.35 pm hour

Delivery Dec 22nd date 2.50 pm. hour

(1) Spontaneous (2) Artificial

Operation or important complication

nil

Hæmorrhage, amount 3/8 Time of occurrence (a) Before } Placenta
 (b) With }
 (c) After }

Source { Uterus
 Lacerations How arrested

Placenta and membranes expelled—

Weight

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

Laceration { Cervix
 Vagina
 Perinæum { Through Sphincter } Union { Complete
 Slight { To Sphincter } Partial
 Labia { Slight } None

nil

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

PULSE. On Admission. 88

During second.

After third. 78

INFANT. Male, ~~female~~, weight, lb. 6 oz. 1 length, inches 20

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

3rd day " " 5 " 10^{3/4}
 5th " " " 5 " 12^{1/2}
 8th " " " 5 " 8
 14th " " " 5 " 8

3rd day " " " " "
 5th " " " " "
 8th " " " " "
 14th " " " " "

Born, alive, dead. Died before labour. Peeling. Macerated. Died during labour. Cause

Apparent age, *full*. Malformations,

CHILD'S HEAD.

NAMES OF ALL WHO EXAMINED PATIENT.

Circumference. 44

Physicians

bi.P. 3^{3/4}

R.M.O.

bi.T. 3

Labour Ward Sister

O.M. 5^{1/2}

Pupil Midwives

S.O.F. 4

Students

F.M. 3^{1/2}

CORD.

Length

Convolutions round child

Insertion

Date of separation

Condition of navel on leaving

Method of feeding

Breast

Condition of child on leaving Hospital

look weight

Vaccination.—Date

24/12/02

Result.

31/12/02 4/4

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

23rd

Patient is quite comfortable. has passed urine. Uterus feels firm - Temp. & pulse normal.

Baby has passed urine & meconium.

24th

Uterus only 2 1/2 inches above symphysis - but feels quite normal.

Breasts sound & active - nipples show no visible fissure - are otherwise satisfactory.

Lochia normal in quantity - pink in colour - not offensive.

28th

Temp has been rising gradually of late. - on the 24th it was normal -

since then it has risen a little each day - 98.8° on the 25th 99.4° on the 26th

100° this morning at 8 am. Pulse also too high etc. The lochia are scanty & brown.

but not offensive. The uterus is well contracted. Patient complained of

some pain in left breast. on examination it is seen the swelling extends

to the upper 1/3. The glands in axilla ~~are~~ also swollen & tender.

No signs of any nipple erosion - but over the swollen area of the breast there is a "flask" - and the stern's adjacent tissue are tender. The remainder of Breast is soft.

Hot punctations to Breast
25th + 29th

29th

Temp 100° at midday - Pulse 94.

The glands in axilla are still swollen. But the fluctuation the breast is gone... and the tissue below which was tender & knotty is distinctly less so to-day - Uterus firm. Lochia red. scanty & not offensive.

30th

Temp improving - normal at midday - NO signs of breast tenderness

The axillary glands are still swollen. The lochia to-day are Brown in color. Scanty in quantity and distinctly offensive in odor for the first time - a vaginal discharge given of 1-2000 perchloride - twice to-day at 117° F. temperature.

31.

Glands nearly gone - Child fed on the milk from exhaustion of Breast by Pump. - Lochia Brown - not offensive.

1st

Glands gone - Breast quite normal - no pain anywhere - But feels weak.

3rd

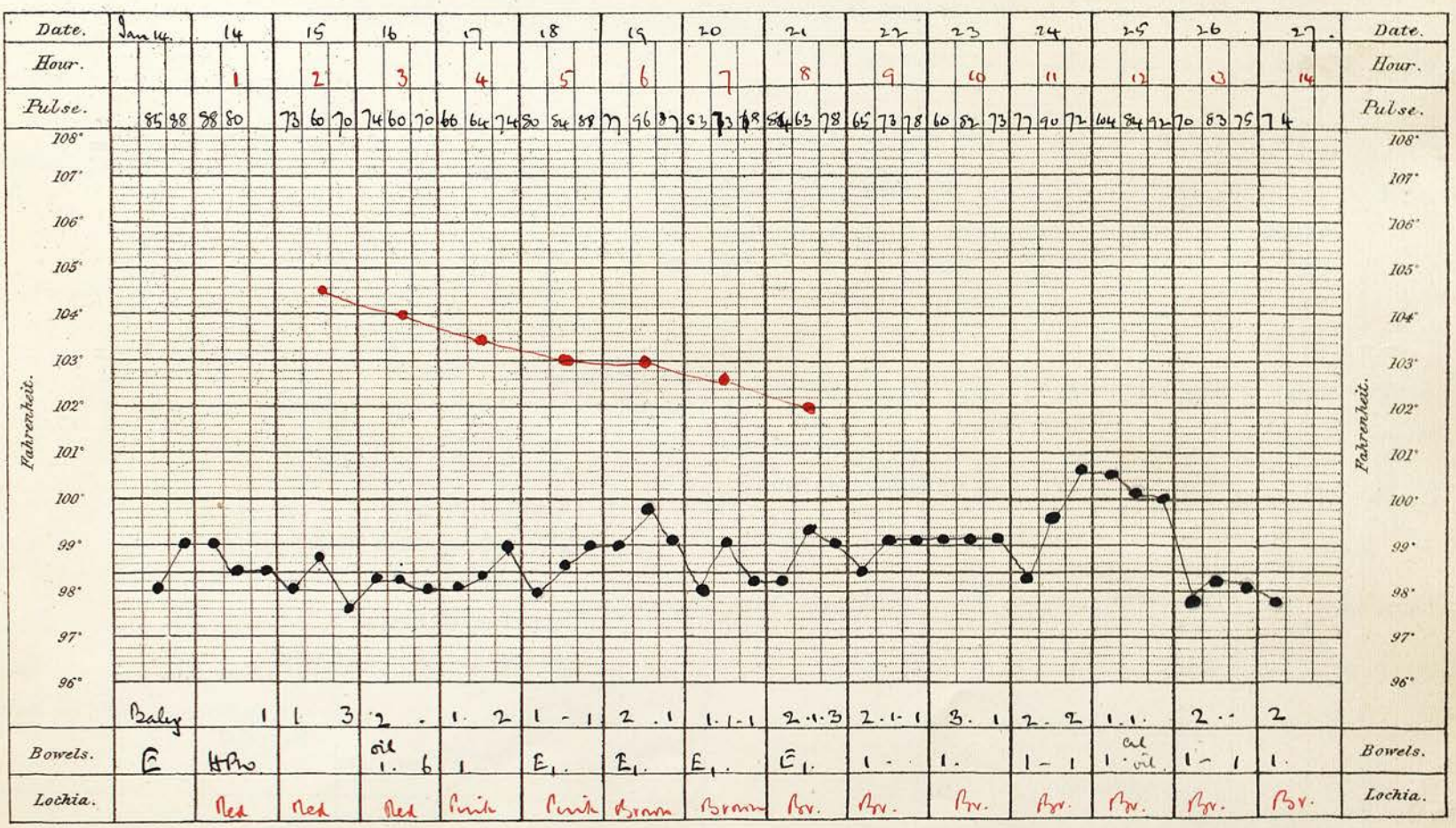
discharged to-day. Feeling quite well - Child has not recovered the weight lost at the beginning -

Name E. B. Religion Ch. of England. Register Number 45
 Address 179 Purvis Rd. Kewside Dist. Previous Number in 19

Age, 25 ~~M~~ S., Occupation, Nursemaid.
 Ward 7 Bed 22 Transferred of to Ward Bed
 Admitted to Hospital 14th of January, 8.30 am. 1903.
 Operation or important complication
 Discharged 27th of January, 1903.
 By Physician W.S. Giffiths
 At own request Result { Mother } well.
 Transferred to { Child }

Date of last menstrual period 6th April 1902
1 gravida, full time or month;
 Previous labours 0 date of last,
 Previous miscarriages, 0 date of last,
 Important complications and their dates, connected with previous—
 (1) Pregnancies 0
 (2) Labours 0
 (3) Miscarriages 0
 Any other important illness 0
 Complications during present pregnancy.
"Flushed" Breast Some Rt nipple.

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 14^{th} of *January* 1903 at 8.30 am o'clock. | Warded 13^{th} of *January* 1903 at 11 am o'clock.
 Delivered 14^{th} of *do* 1903 at 10.50 am o'clock. | Discharged undelivered of 1903 at o'clock.
 by _____ cause _____

	I.		II.		III.		TOTAL.	
	H.	M.	H.	M.	H.	M.	H.	M.
Duration of labour	3	30	1	20		10	5	-

Measurement of Pelvis—

Interspinous 10 | Intercristal $10\frac{1}{2}$ | Conj. ext. $7\frac{1}{2}$ | Conj. diag. | Conj. vera (estimated) | Conj. vera (actual)

Abnormal conditions on admission—Discharges 0 | Ulcers 0 | Œdema 0 | Catheter Urine *trace of all*

Presentation of Child *Vertex* | Position of Child *LOA*

Pains began 14^{th} Jan date 5 am hour | Rupture of membranes 14^{th} Jan date 5.30 am (2) hour
 Delivery 14^{th} Jan date 9.50 am hour | (1) Spontaneous | (2) Artificial

Operation or important complication *nil* | Hæmorrhage, amount $3\frac{3}{4}$ | Time of occurrence (a) Before } Placenta
 (b) With }
 (c) After }
 Source { Uterus | How arrested
 { Lacerations
 Laceration { Cervix
 { Vagina
 { Perinæum { Through Sphincter } Union { Complete
 { Labia { To Sphincter } { Partial
 { { Slight } { None
 { *nil* }

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

PULSE. On Admission. 85	During second.	88	After third.
INFANT. Male, female, weight, lb. 5 oz. $13\frac{1}{2}$ length, inches $20\frac{1}{4}$	Male, female, weight, lb. oz.	length, inches	
3rd day " " 5 " 8	3rd day " " "	"	
5th " " " 5 " $12\frac{3}{4}$	5th " " " "	"	
8th " " " 6 " $2\frac{1}{2}$	8th " " " "	"	
14th " " " "	14th " " " "	"	

Born, alive, dead. Died before labour. Peeling. Macerated. Died during labour. Cause
 Apparent age, Malformations,

CHILD'S HEAD.	NAMES OF ALL WHO EXAMINED PATIENT.	CORD.	
Circumference. $13\frac{1}{4}$	Physicians	Length	Condition of child on leaving Hospital <i>Good</i>
bi.P. $3\frac{1}{4}$	R.M.O.	Convolutions round child	
bi.T. 3	Labour Ward Sister	Insertion	
O.M. 5	Pupil Midwives	Date of separation	
S.O.F. 4	Students	Condition of navel on leaving	
F.M. 3		Method of feeding <i>Breast + bottle</i>	
		Vaccination.—Date	Result.

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Jan. 14th

Passed water naturally - Baby passed urine & meconium -

General condition good - Temp & pulse practically normal.

Uterus firm - lochia normal in all respects.

Breasts & nipples normal - no visible fissure -

- 18th

To-day it is observed that the ^{Right} nipple ~~is sore~~ ^{is sore}, and a local application of Peckham's

1-2000 is made - otherwise there is nothing special to note - the breasts

being active & full - the child looks well - and the patient though subjected to some pain by suckling is now to be protected by a ~~Nipple shield~~ ^{Nipple shield} ~~to Right Breast as well~~ -

Uterus & lochia quite normal - Temp a little high - 99°. Pulse 88.

- 21st

Doing well - Uterus not palpable - The nipple of Rt Breast is much better.

- 23rd

making good progress - Rt Nipple nearly healed - no signs of any inflammatory condition.

Temp steady at 99°. Pulse 82.

18th
Shield to
Nipple.

DATE.

LYING-IN WARD REPORT -contd.

TREATMENT.

25th

Temp rose last night to 100.6°. Pulse 72. There is a marked flush on the right breast in its outer 1/2 - the "flushed" area is distinctly tender & feels hot - but there is no indication of the subjacent tissue felt - confirmed by Dr. W.S.A. Griffiths - there is no enlargement of the axillary glands - Nipple nearly healed - Uterus & lochia quite normal -

Nipple shield,

18th

→ Jini's Balsam

19th26th

"Flush" still present on the breast - still no indication of tissue below - whole breast is normal to the feel - & only slightly tender -

Bottle 1-3

Cream in 30.

alternately with the breasts.27th

"Flush" gone - Patient discharged apparently quite well - the breasts also look well.

25

- Calomel for III

Elixir 3/5 hrs

Name L. A.
 Address 66 Judd Street.

Religion Ch of England.

Register Number 7
 Previous Number in 19

Age, 17 M S., Occupation, Barmaid.
 Ward 25 Bed 65 Transferred of to Ward Bed

Admitted to Hospital 2nd of January. 1903.

Operation or important complication
Forceps.

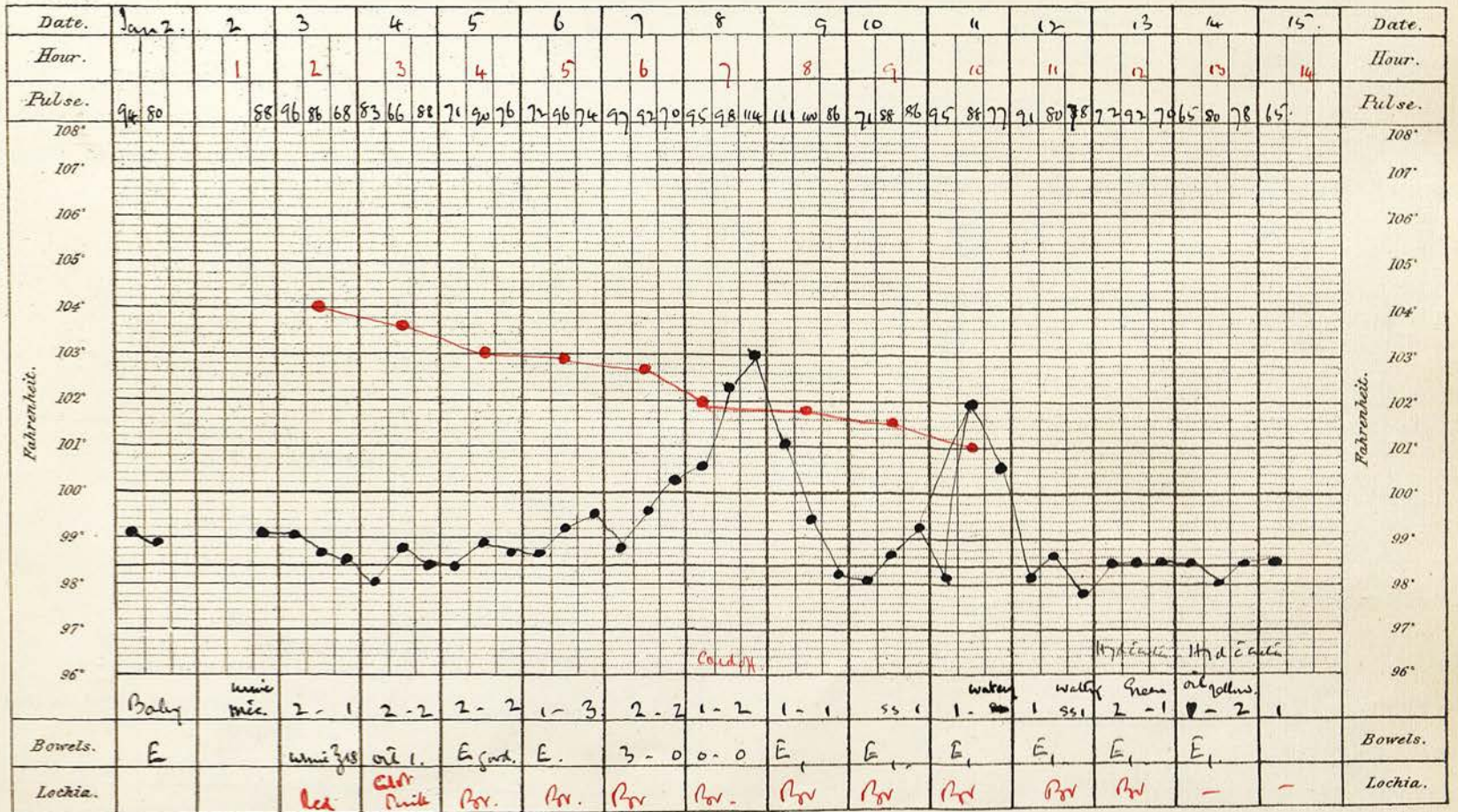
Discharged 15th of January. 1903.

By Physician W. R. Pollock.
 At own request
 Transferred to

Result { Mother } well.
 { Child }

Date of last menstrual period March 20th
1 gravida, full time or month,
 Previous labours 0 date of last,
 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.
"Flushed" Breasts.

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



DATE.

SPECIAL LABOUR REPORT.

Patient having been in 2nd stage - for 2 1/2 hours - pains regular. Effort necessary -

Tweezers were applied and Head extracted.

Perineum torn which was sutured.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Jan 3rd.

General condition good. slept well. Temp 99°. Pulse 96.

Uterus firm - not tender - Has passed urine naturally -

Breasts natural. - Bowels not yet moved -

Baby looks well - has also passed urine & meconium -

" 4.

Has passed a small piece of membrane + clot the size of a half crown - not offensive

" 5.

Breasts swelling well - Rt nipple somewhat flattened - Temp a little over 99°.

Pulse 90. - Lochia Brown - not offensive - Uterus firm & well contracted -

" 7.

Temp a little up again - over 99° last night -

Uterus contracting slowly - not tender. Lochia normal -

" 8th.

Temp up last night to 100.2 - This morning 100.4. Has some pain in

abdomen distended - with flatulency + is tender to the touch -

Uterus & lochia quite normal - Perineum healing well - no pain & no discharge seen.

Infant healthy.

Jan 9.

Temp went up last night to 103°. Pulse 114.

During the night Nurse reports that Both breasts were "flushed" - The exact size & situation is however difficult to gather - but apparently it involved both

breasts - and was only partial - or localized - not diffuse -

The breasts show no signs of a "flush" to-day - and are not indurated.

Neither are they distended in any way - furthermore the mother

does not complain of tenderness in any part - Temp at 8 am. 101° Pulse

at 8 pm normal. - Appetite quite sound. Perineal stitches removed - healed aseptically -

To-day there is definite evidence of a "flush" in the left breast.

The outer $\frac{1}{2}$ is involved - but here again there is no induration

of the subcutaneous tissue - which feels soft & quite natural - the

skin is the only affected part - and it is tender & hot - but

otherwise there is nothing special to note - the mother can feed

infant quite comfortably off this as well as other breast -

The areolas & nipples are apparently normal -

at midday the Temp went up to 102° Pulse 88. But mother made

no complaint & is quite comfortable.

The baby's motions are a little watery -

"Flush" still present in the same situation on left breast - Temp &

Pulse nearly normal at midday - mother feels quite comfortable &

with the exception of this "flush" everything seems the quite normal -

Child's motions green - $\left\{ \begin{array}{l} \text{Str. \& ceta \& i. green} \\ \text{of brown} \\ \text{of olive \& \& } \end{array} \right.$ - "Flush" gone

Everything apparently normal & healthy in mother & child -

Special Note. Stitches removed from perineum. 8th day. healed aseptically

Sod Borcail p. ii to
child before each feed.

11^h

12^h

13^h

14^h

Name *M. C. B. E.*

Religion

Ch. of England.

Register Number *69.*

Address *17 Beeslow Place, Munich.*

Previous Number in 19

Age, *24* M. *S.*, Occupation, *Housewife.*

Date of last menstrual period

3 gravida, full time or month,

Previous labours *2* date of last, *end of 1900*

Previous miscarriages, *0* date of last,

Ward *2* Bed *6* Transferred of ~~to Ward~~ Bed

Important complications and their dates, connected with previous—

Admitted to Hospital *19th* of *January.* *10-45 am.* 19*03*

(1) Pregnancies *0*

Operation or important complication

(2) Labours *0*

Discharged *2nd* of *Feb.* 19*03.* 19*03*

(3) Miscarriages *0*

By Physician *W.S.A. Giffiths.*

Any other important illness *0*

At own request

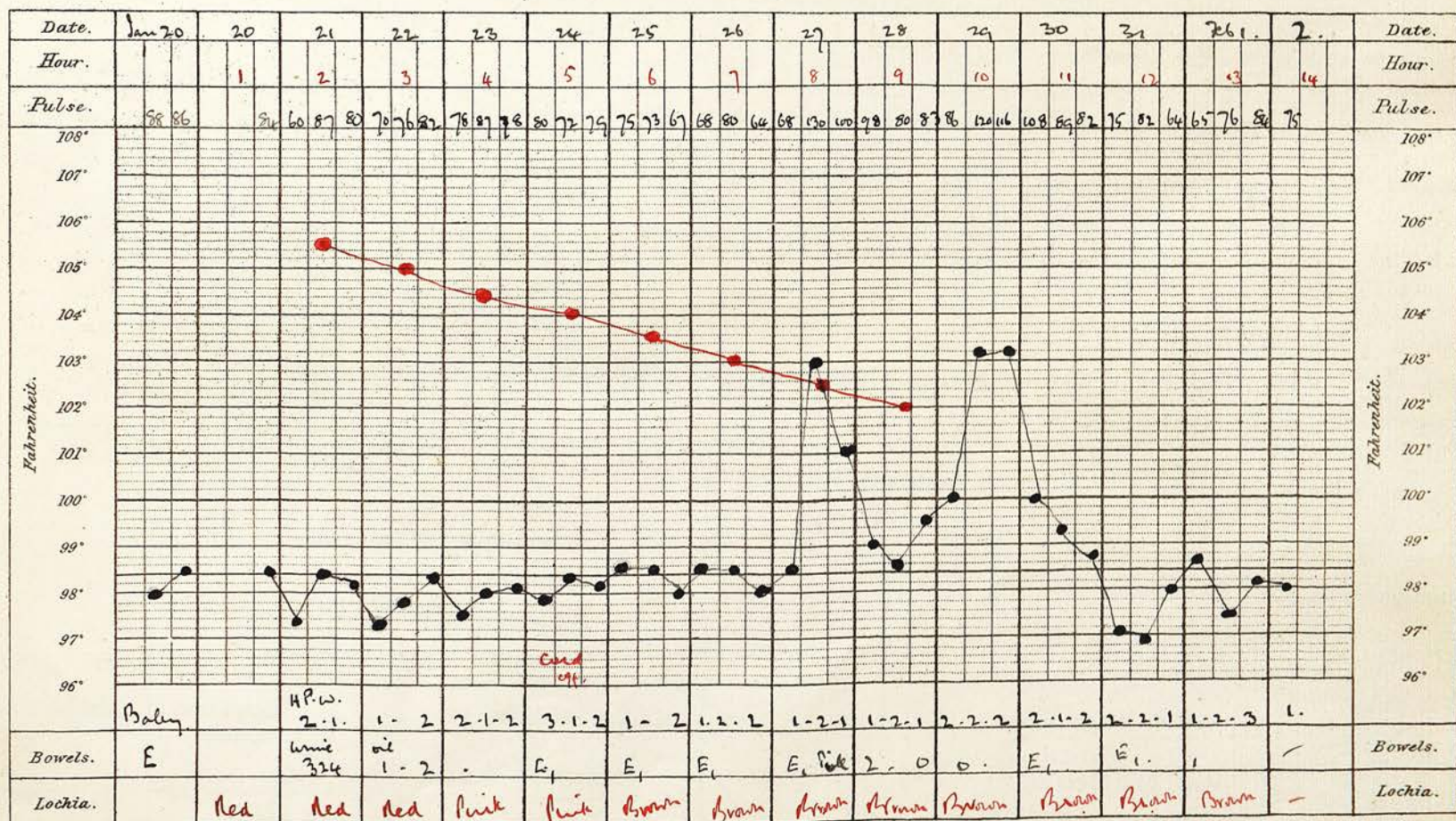
Result { *Mother* } well.
 { *Child* }

Transferred to

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.



Vacc.

mit 3/4.

LABOUR WARD REPORT.

Admitted 19th of January 1903 at 10-45 a.m. o'clock. | Warded 20th of January 1903 at 10 p.m. o'clock.
 Delivered 20th of " 1903 at 9 p.m. o'clock. | Discharged undelivered of 1903 at o'clock.
 by _____ cause _____

	I.		II.		III.		TOTAL.	
	H.	M.	H.	M.	H.	M.	H.	M.
Duration of labour	13	-	-	-	-	12	13	12

Measurement of Pelvis—

Interspinous 10 Intercristal 10 3/4 Conj. ext. 7 1/2 Conj. diag. _____ Conj. vera (estimated) _____ Conj. vera (actual) _____

Abnormal conditions on admission—Discharges 0 Ulcers 0 Œdema 0 Catheter _____
 Urine normal

Presentation of Child Vertex Position of Child L.O.A.

Pains began 20 Jan. date 8 am. hour _____ Rupture of membranes not definite date _____ hour _____
 Delivery 20 Jan. date 9 p.m. hour _____ (1) Spontaneous _____ (2) Artificial _____

Operation or important complication nil. Hæmorrhage, amount 3/4 Time of occurrence (a) Before } Placenta
(b) With }
(c) After }
 Source { Uterus _____ How arrested _____
 { Lacerations _____
 Laceration { Cervix _____
 { Vagina _____
 { Perinæum { Through Sphincter _____
 { { To Sphincter _____
 { { Slight _____
 { Labia nil. Union { Complete _____
 { Partial _____
 { None _____

PULSE. On Admission. 88 | During second. _____ After third. 86

INFANT. Male, female, weight, lb.	oz.	length, inches	Male, female, weight, lb.	oz.	length, inches
3rd day	" "	<u>6 " 14 1/2</u>	3rd day	" "	" "
5th "	" "	<u>6 " 14</u>	5th "	" "	" "
8th "	" "	<u>7 " 2 1/2</u>	8th "	" "	" "
14th "	" "	<u>7 " 6 1/2</u>	14th "	" "	" "

Born, alive, dead. Died before labour. Peeling. Macerated. Died during labour. Cause _____
 Apparent age, Full. Malformations, _____

CHILD'S HEAD.	NAMES OF ALL WHO EXAMINED PATIENT.	CORD.	
Circumference. <u>13</u> bi.P. <u>3 3/4</u> bi.T. <u>2 3/4</u> O.M. <u>5</u> S.O.F. <u>4</u> F.M. <u>2 3/4</u>	Physicians _____	Length _____	
	R.M.O. _____	Convolutions round child _____	
	Labour Ward Sister _____	Insertion _____	
	Pupil Midwives _____	Date of separation _____	
Students _____	Condition of navel on leaving _____		
		Method of feeding <u>Breast & bottle.</u>	Condition of child on leaving Hospital <u>Good</u>
		Vaccination.—Date <u>22.1.03.</u>	Result. <u>28.1.03.</u>

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Jan 21.

General condition good. - Temp at 8 a.m. 97.2. Pulse 60.

The uterus is firm - well contracted - not tender -

lochia - normal in quantity & colour - not offensive.

Breasts - Cysts well developed - nipples sore.

Bowels - not yet moved.

Bladder - emptied naturally 3 times.

Baby has passed urine & meconium -

- 22nd

Complains of after pains - uterus feels bulky & is tender at fundus & on anterior aspect.

- 23.

Uterus still feels bulky and she still complains of pain in lower part of abdomen - The Temp & Pulse are practically normal - The lochia are red or pinkish in colour - not excessive in quantity & certainly not offensive in odour - Patient feels comfortable & Baby looks well.

22nd

Dr. B. G. E.

M.D. 30.

T. G. E.

a. p. 30. G. E.

Jan 27th
10 pm

The ~~patient's~~ Temp went up to 103° Pulse 130 - at 2 pm. and at night (8 pm) it
and at 101° & Pulse 100 - Patient complains of headache during the day
and some pain in the Right Breast. There is a small patch of induration
there to-day, in the axilla & - but no "flush" skin over it - It feels
hard, knobby & is tender - but there is no accompanying erythema -
The nipple of the affected Breast is apparently quite sound & is certainly
not painful. Child fed off Breast as usual - Lochia quite normal -
not offensive - Uterus firm & well contracted - Nothing made out to
account for condition.

27
Hot fomentations to be
applied if the
Breast is painful

28

10 am. This morning it is observed that there is a definite "flush" over the
area of induration in Right Breast which was described yesterday - It came
on during the night is now well marked - being inclined to the wedge
shape with apex at nipple. - The physical signs are much the same as
yesterday - hardness & tenderness in the tissue below "flush" - painful to
pressure - still no sign of nipple fissure - Hot fomentations applied to-day.
Temp & Pulse practically normal to-day - Uterus & Lochia normal.

28
Apply fomentations this
morning

29th

To-day the patient complains of pain on the inner side of same Breast.
Temp rose up to 101° this morning - Pulse 96 - There is the same feeling
of hardness & tenderness on the inner side of Breast ^{with a flush} as was described yesterday on
the Right outer side - but it is important to observe that a small fissure
was found this morning in the Right nipple which had escaped
observation before - It is more tender also - The child is still fed by
Bottle now and the Breasts rested -

Bottle 1-3. every 2 hrs.
Hot Breasts for 24 hours
Painkillers 1-2000 to
be applied to Right nipple.
Fomentations to Breast.

30th

Nipples improved - Temp went up yesterday to 103.2. but is much better
this morning - 101° Pulse 98. Patient feels more comfortable - There is
still a "flush" on the inner side of Breast - but on the outer it is much better
and there is almost no induration. - Uterus & Lochia as before normal -
Mother & child quite well - going out to-morrow -

30.1st

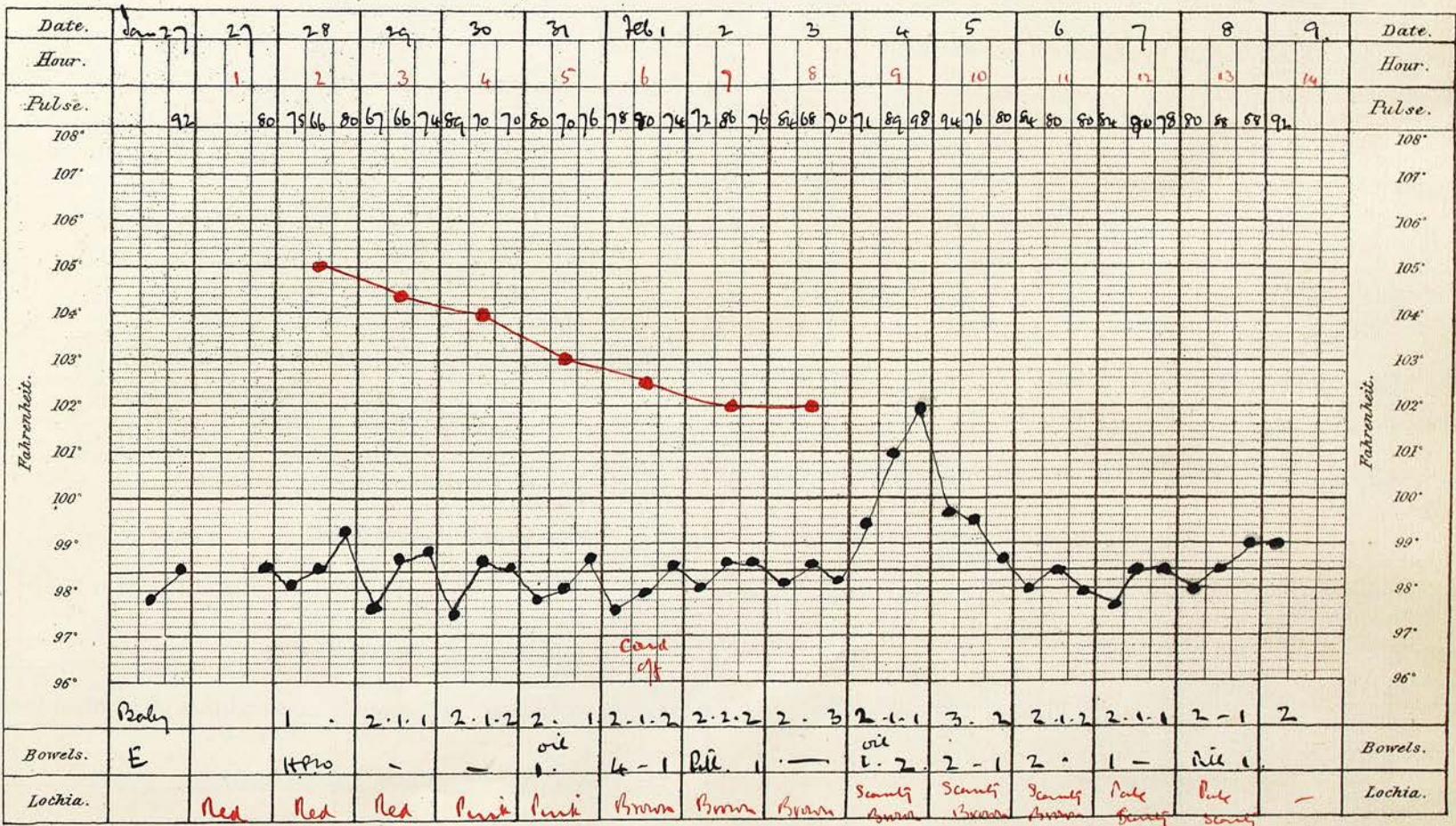
Name A. H. Religion Ch of England
 Address 44 Holmes St. W. Kensington.

Register Number 98
 Previous Number _____ in 19__

Age, 40 M. 3, Occupation, Housewife.
 Ward 7 Bed 21 Transferred of _____ to Ward _____ Bed _____
 Admitted to Hospital 27th of January - 8-30 pm 1903
 Operation or important complication _____
 Discharged 9th of February. 1903
 By Physician W.S.A. Griffiths.
 At own request _____ Result { Mother } well.
 Transferred to _____ { Child } _____

Date of last menstrual period
IV gravida, full time of _____ month,
 Previous labours 3 date of last, Nov. 1901.
 Previous miscarriages, 0 date of last, _____
 Important complications and their dates, connected with previous—
 (1) Pregnancies _____
 (2) Labours 1st + 3rd instrumental.
but note in 3rd foetus weighed 8 lbs. 9 oz.
 (3) Miscarriages _____
 Any other important illness _____
 Complications during present pregnancy.
"Flu" on left breast

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



Vacc.
 with
 4/4

LABOUR WARD REPORT.

Admitted 27th of *January* 1903 at 8:30 p.m. o'clock.
 Delivered 27th of " 1903 at 9:45 p.m. o'clock.

Warded 27th of *January* 1903 at 11 p.m. o'clock.
 Discharged undelivered of 190 at o'clock.
 by _____ cause _____

	I.		II.		III.		TOTAL.	
	H.	M.	H.	M.	H.	M.	H.	M.
Duration of labour	11	30	1	15	0	15	13	0

Measurement of Pelvis—

Interspinous *9 3/4* Intercristal *10 3/4* Conj. ext. *7 1/2* Conj. diag. _____ Conj. vera (estimated) _____ Conj. vera (actual) _____

Abnormal conditions on admission—Discharges _____ Ulcers _____ Oedema _____ Catheter _____
 _____ Urine *normal*.

Presentation of Child *Vertex* Position of Child *Lo A*

Pains began *27th Jan date 9 a.m.* hour _____ Rupture of membranes *27th Jan date 8:35 p.m.* hour _____
 Delivery *27th date 9:45 p.m.* hour _____ (1) Spontaneous (2) Artificial

Operation or important complication _____
N.A. Hæmorrhage, amount *3/4* Time of occurrence _____ (a) Before } Placenta
 _____ (b) With }
 _____ (c) After }
 Source { Uterus How arrested
 { Lacerations
 Laceration { Cervix
 { Vagina
 { Perinæum { Through Sphincter
 { Labia { To Sphincter Union { Complete
 { Slight { None

PULSE. On Admission. _____ During second. _____ *92* After third. _____

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

Born, alive, dead. Died before labour. Peeling. Macerated. Died during labour. Cause _____
 Apparent age, *Full*. Malformations, _____

CHILD'S HEAD.	NAMES OF ALL WHO EXAMINED PATIENT.	CORD.	
Circumference. <i>13</i> bi.P. <i>3 1/4</i> bi.T. <i>3</i> O.M. <i>5</i> S.O.F. <i>4</i> F.M. <i>3</i>	Physicians _____ R.M.O. _____ Labour Ward Sister _____ Pupil Midwives _____ Students _____	Length _____ Convolutions round child _____ Insertion _____ Date of separation _____ Condition of navel on leaving _____	
		Method of feeding <i>Breast</i>	Condition of child on leaving Hospital <i>Good</i>
		Vaccination.—Date <i>4/2/07.</i>	Result. <i>9/2/03 4/4</i>

Jan 31.

Hæmorrhoids much better - causing no disturbance now.

Uterus well contracted & not tender.

Lochia normal in appearance & quantity - not offensive.

Breast secreting well - no soreness of nipples seen.

Feb 2nd

Complain of headache - no uterine tenderness - Breast quite normal in appearance - Child healthy

- 4th

There is a ^{well} marked "flush" this morning on the left breast ^{axilla} - which is accompanied ^{by} a tender enlarged gland in the left axilla - the

Breast tissue is slightly indurated - the uterus well contracted & not tender - the lochia normal - The Temp now is 99.6°

and Pulse 71. - The hæmorrhoids are very much better & cause no trouble now - Note specially - no visible pus found in left nipple.

- 5.

"Flush" disappearing. - Breast is still tender & indurated in its axilla ^{by} and the gland is present in axilla as described - The Temp & Pulse are improving - Uterus & lochia normal.

- 6

"Flush" still present, but fading - Breast slightly tender in this situation - No evidence of a sore on nipple - and the uterus & lochia seem to be quite normal in every way - Gland in axilla not tender now & only just felt.

- 7th

"Flush" only very faintly ~~outlined~~ now - Breast tissue below quite soft again - Hæmorrhoids very much improved.

- 9th

all signs of Breast condition gone. Patient leaves to-day - quite well - Infant also looks very well.

4th

Fomentation to Breast.

Observe as directed

Name **E.P.** Religion **R.C.**
 Address **12 Baden Street, Shiloh Road.**

Register Number **203.**
 Previous Number **1119**

Age, **21** M. Occupation, **Housewife.**
 Ward **1** Bed **2** Transferred **of** to Ward **Bed**

Admitted to Hospital **24th of February - 5^{pm}.** 1903.

Operation or important complication

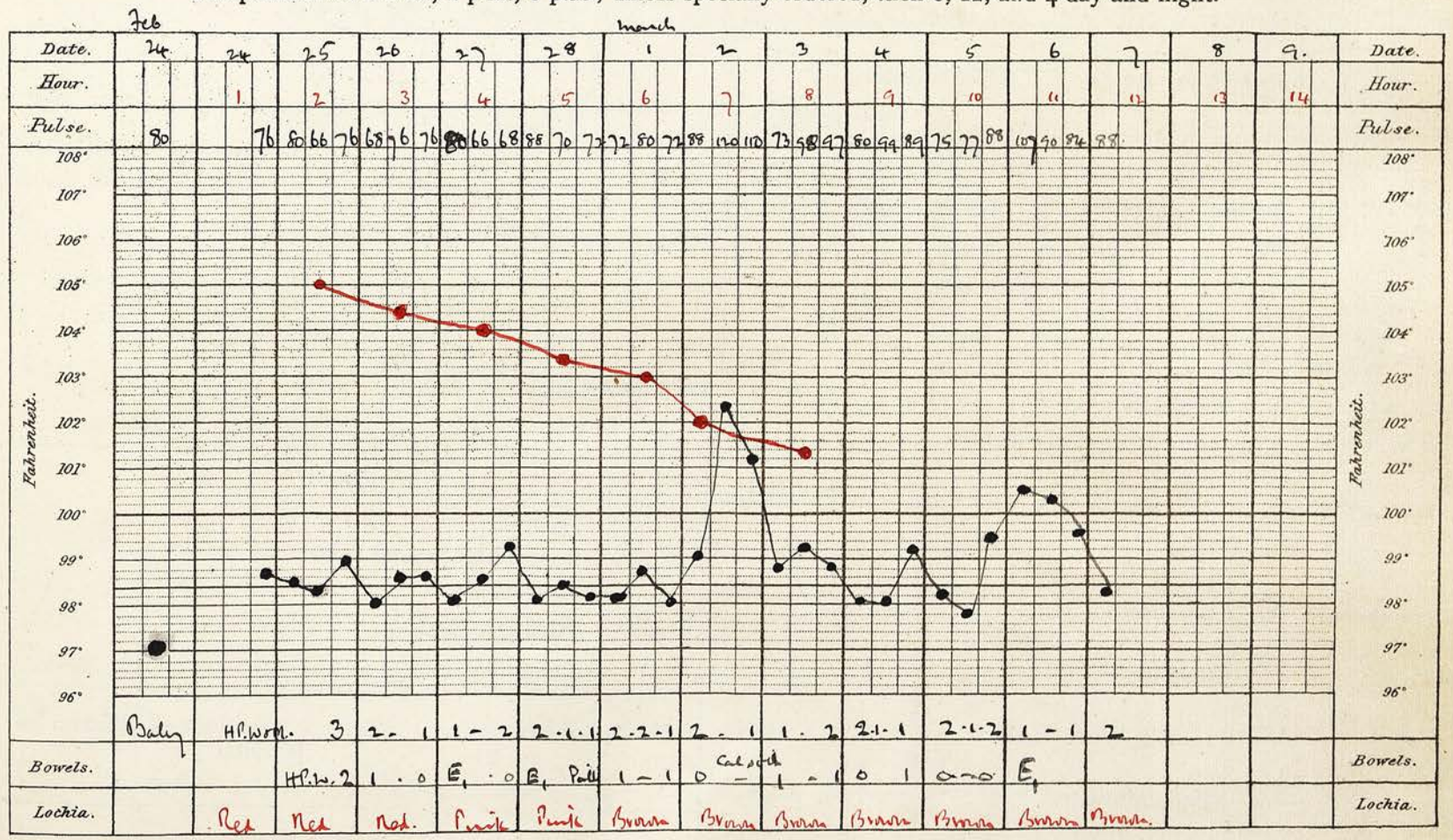
Discharged **7th of March.** 1903

By Physician **W. G. Gow.**
 At own request **Left against advice.**
 Transferred to

Result { Mother **not quite well.**
 Child **well.**

Date of last menstrual period
II gravida, full time or _____ month,
 Previous labours **I.** date of last,
 Previous miscarriages, **0** date of last,
 Important complications and their dates, connected with previous—
 (1) Pregnancies **0**
 (2) Labours **0**
 (3) Miscarriages **0**
 Any other important illness
 Complications during present pregnancy.
 Pyrexia. March 2nd. Cause undetermined
 - 5^{1/2} & 6^{1/2}. "Flashed" Breasts

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



DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Feb. 25

General condition good. Temp 98.4. Pulse 80.

Uterus - well contracted - firm - not tender.

Lochia - normal in quantity & colour etc.

Breasts - well developed - nipples quite hard.

Bowels - not yet moved.

Bladder - has passed urine naturally.

Baby - looks well - has passed urine & meconium -

.. 26th

Both mother & child progressing satisfactorily - Temp & pulse good - Uterus & lochia normal.

Bladder & bowels satisfactory - Breasts healthy, filling -

.. 27th

Breasts today are hard - painful - distended - causing the mother some

discomfort - Baby is taking well - The nurse has been directed to

draw off a certain amount of milk by the pump to relieve distension.

Condition

March 1st

Temp ~~is~~ improving generally - Breasts give rise to no further trouble just now - Child taking well - No soreness of nipples - The uterus & lochia are very satisfactory - Some urine had to be drawn off - Bladder for some reason undetermined did not empty itself properly and was found a little distended to-day -

March 3rd

Temp rose last night & yesterday at midday - 102.4 at 2pm and 101.2 at 8pm - Pulse 120 & 110 respectively - There does not seem to be any special cause which can be assigned the rise of temp - The uterus & lochia - Breasts, Bowels & Bladder are all quite satisfactory - and the Baby is doing well - ? Irritational rise of temp.

" 4th

Temp much improved - Pulse still rather high - It looks now as if, [judging by the rapid pulse alone] there were some septic process at work somewhere - but nothing can be found to account for it - The patient also has some headache & does not feel quite comfortable - sleeps badly & is restless -

" 5th

Still has headache - no shivering - Uterus & lochia are quite normal - but it is interesting that patient complains of pain in both Breasts - on the inner side of Right Breast and lower quadrant of Left - nothing is to be felt there worthy of note. Temp still low, but pulse is again persistently high.

10pm

To-night it is observed that the Temp has risen to 99.4 - and there is very definite pain in the same situations as described ^{this} morning - On examination there is felt some hardening of the Breast in the situation described - but indefinite & there is no fluctu - No soreness of nipples made out in either Breast -

6th

marked "fluctu" of the Breasts in the situations above mentioned - with well developed hardness & tenderness of the tissue below, Temp 100.6 - Pulse 107 - Fomentations applied -

7th

still some signs of "fluctu" in both breasts - no firmness made out in nipples - the induration is also obvious - but less tender & less well marked - Temp & Pulse much improved.

Patient left hospital this afternoon granularities - the general condition was good, the only cause for anxiety being the breast condition which had improved - minutely - but was not quite well -

MS
Fobancher 10

Name R.E.S. Religion Ch of England.
 Address 69 Cleveland St. Fitzroy Square.

Register Number - unrequired.
 Previous Number in 19

Age, 24 M. S., Occupation, Laundress.

Date of last menstrual period June 28. 1902.

I gravida, full time or month,

Previous labours 0 date of last,

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.

"Flashes" Breast. twice infected.

Ward 14 Bed 39 Transferred of ~~to Ward~~ Bed

Admitted to Hospital 26th of March. 1903.

Operation or important complication

nil.

Discharged by of W. R. M. M. M. April 8. 1903.

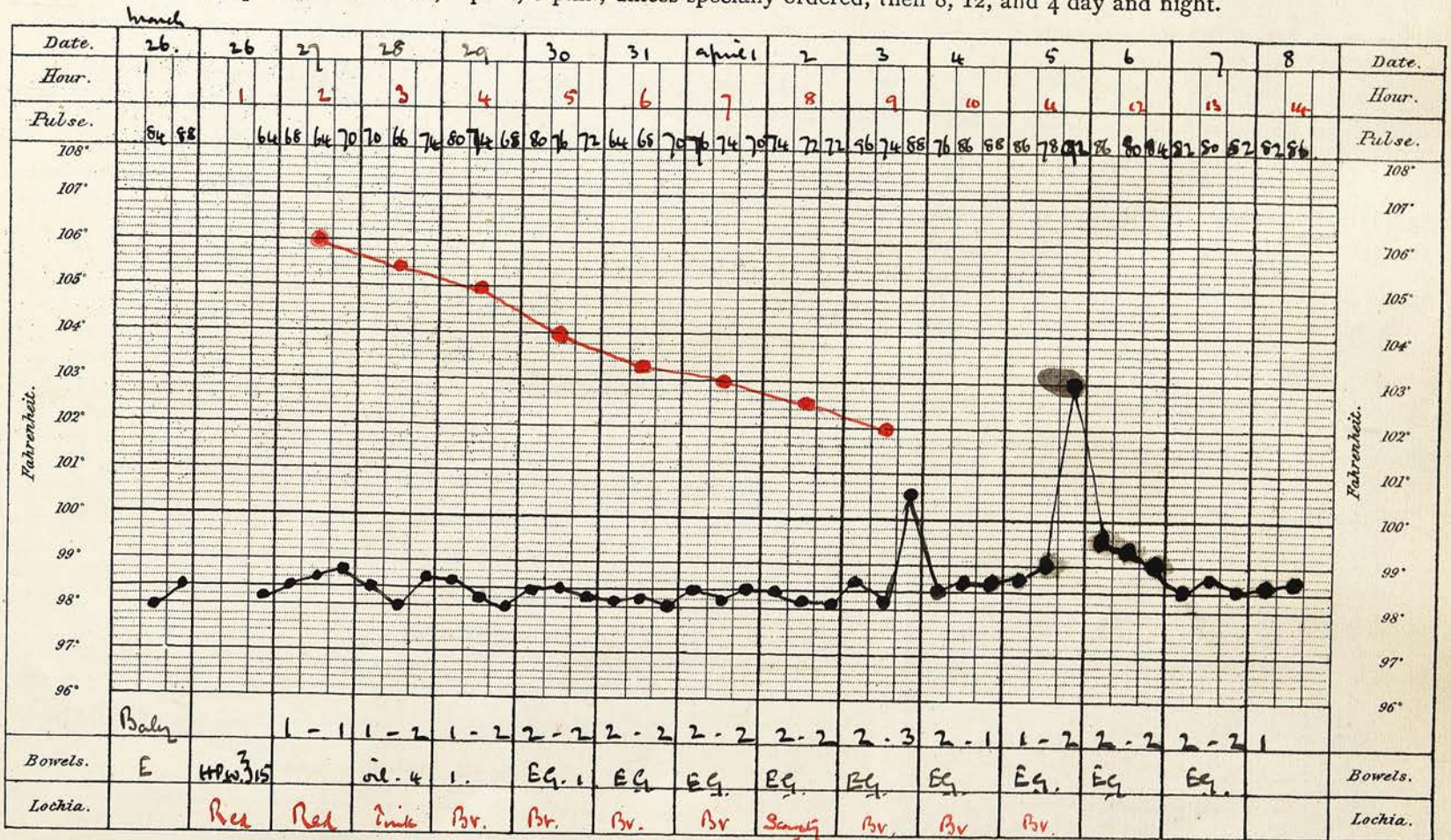
By Physician

At own request

Transferred to

Result { Mother } well.
 { Child }

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 March 1903 at 10-40 a.m. o'clock. | Warded 26th of March, 1903 at 10-55 p.m. o'clock.
 Delivered .. of .. 1903 at 9-30 p.m. o'clock. | Discharged undelivered of 190 at .. o'clock.
 by .. cause

	I.		II.		III.		TOTAL.	
	H.	M.	H.	M.	H.	M.	H.	M.
Duration of labour	15	20	1	10	-	10	16	40

Measurement of Pelvis—

Interspinous 10¹/₂ Intercristal 11¹/₄ Conj. ext. 7¹/₂ Conj. diag. Conj. vera (estimated) Conj. vera (actual)

Abnormal conditions on admission—Discharges 0 Ulcers 0 Œdema 0 Catheter
 Urine no alb.

Presentation of Child Venter Position of Child LOA

Pains began March 26 date 5 am. hour Rupture of membranes 26th March date 8-20 pm hour
 Delivery .. date 9-30 pm hour (1) Spontaneous (2) Artificial

Operation or important complication

nil

Hæmorrhage, amount 3 vi Time of occurrence (a) Before } Placenta
 (b) With }
 (c) After }

Source { Uterus
 Lacerations How arrested

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

Laceration { Cervix
 Vagina
 Perinæum { Through Sphincter } Union { Complete
 To Sphincter } { Partial
 Slight } { None
 Labia
3. Silk wound gut sutures

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

PULSE. On Admission. 84 During second. 82 After third.

INFANT. <u>Male</u> , female , weight, lb. <u>6</u> oz. <u>13¹/₄</u> length, inches <u>20</u>	Male, female, weight, lb. oz. length, inches
3rd day " " <u>6</u> " <u>3³/₄</u>	3rd day " " "
5th " " " <u>6</u> " <u>4¹/₂</u>	5th " " " "
8th " " " <u>6</u> " <u>10¹/₂</u>	8th " " " "
14th " " " <u>7</u> " <u>2</u>	14th " " " "

Born, alive, dead. Died before labour. Peeling. Macerated. Died during labour. Cause
 Apparent age, Full Term Malformations,

CHILD'S HEAD.

Circumference. 13

bi.P. 3¹/₂

bi.T. 3¹/₄

O.M. 5¹/₄

S.O.F. 4

F.M. 3¹/₄

NAMES OF ALL WHO EXAMINED PATIENT.

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

Breast.

Condition of child on leaving Hospital

Vaccination.—Date

Result.

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

March 27.

General condition - good - Temp 98.4 - Pulse 68.

Uterus - firm - well contracted - not tender -

Lochia. Red - normal in quantity & odour -

Bladder. emptied naturally. 3/40.

Bowels. not yet acted.

Breasts. well developed - Nipples sound & in good order.

Baby. Has passed urine & meconium -

Slept well last night -

March 28

Patient says she feels very comfortable and slept well last night - the

Perineum looks clean & healthy - stitches firm -

Lochia normal - uterus & breasts likewise -

.. 30

Child taking the Breast well - Both mother & child seem to be making

very satisfactory progress - The perineal wound & the laceration
are healing well - no discharge seen

April 2nd

Wounds well contracted & not tender - Lochia brown, sweet, normal quantity with no clots. Breasts secretory well - no soreness or tenderness of nipples. Bowels acting well - Temp & pulse have been ~~acting well~~ ^{almost} perfect all along so far - Perineal condition not quite so satisfactory - the healing is not found to be perfect.

- 3rd

10 am

Temp this morning 98.6. Pulse 96 - Stitches removed entirely - the union is not perfect. But it is not considered advisable to interfere any further with the condition. Slight discharge - not offensive - from the wound. In all other respects the ~~present~~ conditions are perfect. Uterus, Lochia, Breasts etc all everything that could be desired -

10 pm

During the afternoon the patient complained for the first time of some headache and a little pain in the anterior side of the left breast - at 2 pm the Temp was 98.6 - Pulse 74 - but at 8 pm. it rose to 100.6 and Pulse to 88 - On examination of the breast to-night at 10 pm. it is observed that there is slight redness of the upper outer quadrant of the left breast - the shape is somewhat indefinite but is inclined to the wedge - over this area the skin of the breast is hot & tender - and on palpation the breast tissue below is found to be firm - indurated slightly - "lumpy" - the milk ducts apparently being swollen irregularly - ? The remainder of the breast tissue is soft & easily palpable. There is no sign of any soreness - tenderness or fissuring on the nipple of the affected breast. - The Right Breast is quite normal - X-ray examination ordered -

April 4

"Flush" almost disappeared from left breast. though the tenderness is still apparent over the affected area on pressure. and is still easily differentiated from the rest of the breast - The Uterus & Lochia are quite normal - Temp this morning 98.4. Pulse 76.

5

10 am

Patient doing well now - very slight signs of "flush" still persisting - and there is tenderness in the affected area - otherwise everything normal -

10 pm

again complained of pain this afternoon in the lower outer quadrant of the breast - on examination this evening there is distinct tenderness in this area. Temp. 103. no evidence of "flushing" yet -

6th

During the night - the Nurse noticed the affected area became red - patient was restless & complained much of pain in the affected segment - this also is noticed to be definitely "flushed" and of wedge shape - careful examination of the nipple showed no traces of soreness or fissure - (continues on next chart)

SPACE FOR BINDING.

DATE.

SPECIAL LABOUR REPORT.

DATE.

LYING-IN WARD REPORT.

TREATMENT.

Case 8, continued

April 6th

The Breast tissue is hard - very painful on pressure - with irregularly swollen milk ducts. The uterus & lochia are normal in all respects - and the child is quite well. Temp 99.6° at 8 a.m.

Dr.
Fomentations
ordered

7th

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 "flask" is still there but the signs of it are less marked - and the affected area is not so painful to pressure -

DATE.

LYING-IN WARD REPORT -contd.

TREATMENT.

April 8

mother & child are so well that the Physician in charge has decided to discharge them to-day - The Temp is normal - The affected segment of the Breast is very slightly painful to deep pressure - and there is a trace of ice flaps still present - but the child can be & has been all along fed off the Breast - The Mammae & Axilla are almost quite normal - and the Pericardium is much improved -

Special note.

April 15th

mother turned up to-day to show herself - She is quite well - so is the child - and there is no sign of any disease in the Breast - the tissue is all soft and easily palpated - and no one could detect that there had been any inflammatory condition present there -