

Staff Meeting Bulletin
Hospitals of the » » »
University of Minnesota

Obstetrical Report - 1937

STAFF MEETING BULLETIN
HOSPITALS OF THE . . .
UNIVERSITY OF MINNESOTA

Volume IX

Friday, April 29, 1938

Number 25

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Published for the General Staff Meeting each week
during the school year, October to May, inclusive.

Financed by the Citizens Aid Society

William A. O'Brien

I. LAST WEEK

Date: April 21, 1938
Place: Nurses' Home
 Recreation Room
Time: 12:15 to 1:15 P.M.
Program: Movie: "California Giants"

Announcements

Popliteal Aneurysm
 Carl Lind
 John Randolph Paine

Discussion: John R. Paine
 C. J. Lind
 O. H. Wangensteen

Present: 99

Gertrude Gunn,
 Record Librarian

II. MOVIE

Title: "Popular Science - No. 2"

Released by: Paramount Productions

III. AUTHORS1. CHARLES EWART McLENNAN

Was born in Duluth, Minnesota. Attended the University of Minnesota, B.A., 1930; M.A., Anatomy, minor in pathology, 1932; M.B. and M.D., 1934. Intern, Detroit Receiving Hospital, 1934-35 (16 months). Resident Chicago Lying-In Hospital, 1935 (8 months). Appointed Fellow in Obstetrics and Gynecology, January 1, 1936.

2. MANCEL TALCOTT MITCHELL

Was born in Eau Claire, Wisconsin. Attended University of Minnesota, B.S., M.B., M.D., 1934. Junior Intern Eitel Hospital, 1933-34. Intern Philadelphia General Hospital 2 years, 1934-36. Houseman, Eitel Hospital, 1936-37. Appointed Fellow in Obstetrics and Gynecology, July 1, 1937.

IV. KANSAS CITY

One hundred years ago, before medical education was established in this country, wandering lecturers went from center to center expounding knowledge. In spite of advances in communication and medical education, wandering lecturers still go from place to place. A sample day of one on April 26th of this year at Kansas City.

7:30 Arrived. Reception committee confused by lack of similarity to picture.
 8:00 Breakfast at club. News photographer of rival sheet attempts to take picture of reporter from Kansas City Star. He looked more like a distinguished visitor as he was just back from India, where he had been playing polo.
 9:00 Visit to Kansas City General Hospital, where headquarters of Jackson County Medical Society are located. Minnesota interns seem pleased to see someone from home - anyone, in fact.
 10:30 Tour - William Rockhill Nelson Art Museum. Imposing structure with nucleus of copies of old masters in gigantic size. Modern collection identified simultaneously with host on basis of pictures published in Time. Felt very "arty" after this. Grounds very impressive. Site is former home of donor who made his money in the Kansas City Star.

(Continued on Page 324)

V. HOSPITAL REPORTS

1.

UNIVERSITY OF MINNESOTA HOSPITALS

Average Length of Stay per Patient per Service
 July 1, 1937 - March 31, 1938

<u>Service</u>	<u>Admissions & Transfers</u>	<u>Patient Days</u>	<u>Average Length of Stay</u>
General Surgery	1114	12819	11.5
Neuro-Surgery	29	482	16.6
Urology	371	5054	13.6
Urology Tumor	10	163	16.3
Orthopedics	102	3555	34.8
Tumor Surgery	414	3246	7.8
Reconstruction Surgery	32	713	22.2
Tuberculosis Surgery	26	978	37.2
Chest Surgery	12	166	13.8
Medicine	794	13055	16.4
Neurology	381	9195	24.1
Dermatology	138	1629	11.8
Chest Medicine	55	1371	24.9
Psychiatry	90	1687	18.7
Eye	177	2967	16.7
Nose and Throat	284	1551	5.4
Gynecology	589	5157	8.7
Gynecology Tumor	128	1223	9.5
Obstetrics	448	4542	10.1
Newborn Pediatrics	368	3244	8.8
Pediatric Surgery	213	2770	13.0
Reconstruction Pediatrics	35	681	19.4
Orthopedic Pediatrics	82	4155	50.6
Medical Pediatrics	1046	12549	11.9
Pediatric Ophthalmology	45	653	14.5
Pediatric Otolaryngology	134	1123	8.4
Pediatric Urology	2	68	34.0
Health Service	671	3744	5.5
Ambulatory	18	55	3.0
TOTALS	7808	98595	

Average Length of Stay: 12.6

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Average Length of Stay: 12.6

2.

UNIVERSITY OF MINNESOTA HOSPITALSDeaths and Autopsies by Services
July 1, 1937 - March 31, 1938

<u>Service</u>	<u>Deaths</u>	<u>Autopsies</u>	<u>Deaths</u>	<u>Autopsies</u>
	<u>July-March</u>	<u>July-March</u>	<u>March</u>	<u>March</u>
Neuro-Surgery	3	3	1	1
General Surgery	60	46	2	2
Urology	22	13	2	2
Orthopedics	1	0	0	0
Tumor Surgery	24	15	2	2
Tuberculosis Surgery	2	0	0	0
Chest Surgery	4	0	3	0
Medicine	114	87	19	18
Neurology	26	17	2	2
Dermatology	3	3	0	0
Chest Medicine	3	0	0	0
Psychiatry	2	1	1	1
Eye	1	0	0	0
Nose and Throat	3	1	0	0
Gynecology	6	4	0	0
Gynecology Tumor	4	2	0	0
Obstetrics	0	0	0	0
Pediatrics (Inc. Newborn)	75	51	6	5
Health Service	3	3	0	0
TOTALS	356	246	38	33

% of Autopsies, July-March 71.1%

% of Autopsies, March 1938 86%

VI. E. STARR JUDD - AN APPRECIATION*

I cannot accept the honour of being the fifth memorial lecturer without a brief public reference to the kindly memory that I preserve of E. Starr Judd.

No doubt many here knew him much more intimately than I and yet history, unfortunately, is written by the strangers of posterity.

As a recent graduate in medicine I sat in the surgical amphitheatre of the

greatest private clinic in the world and watched Judd operate - deliberate, deft, approaching each problem with constructive thoughtfulness. It was an attitude that I had met as a student in Halsted and Finney. Indeed, I have since visited many surgical clinics but speed, drama, and so-called brilliance I have encountered only in the operating rooms of the world's lesser surgeons, heedless technicians who achieve notoriety and perhaps wealth but of us deserve little remembrance.

Professor Grey Turner of London has ventured the guess that "in the course of his career Judd probably did more operations than any other

*Preface to E. Starr Judd Lecture - 1938.
University of Minnesota Hospitals.

surgeon." But he delighted in his work and in his home.

John B. MacCallum* while yet a medical student toiling over the microscope wrote of our profession, "We are toilers here, men who rise in the misty dawn and rest not even at dewy eve, for far into the night we must plug till our eyes are weary and the wings of our spirit droop. Then even in our sleep we see sections and cells floating like phantoms across the darkness, and when we can't sleep and look up at the ceiling, we see the blackness shape itself gradually into thousands of cells which move slowly back and forth, sway to and fro and never stop. It is all perfect slavery and yet -----."

Other forms have replaced microscopic cells for some of us. Perhaps Dr. Judd saw gall bladders and duodenums writhing through the darkness over his bed, and yet, when all is said and done, it is great fun.

Being a member of the Society of Clinical Surgeons, I was associated with Dr. Judd there in a somewhat more intimate manner. In the autumn of 1935 we expected him to join us at the meeting in Philadelphia. At the close of the meeting we were sitting in the stands of a football stadium when word was brought to his closest friends among us that Judd, who had been our president only the year before and then in full vigour, would never again bring us his wise counsel and friendship. A shadow seemed to pass over the great cold amphitheatre.

But I dare say he would have preferred it so, might have wished with young MacCallum's words:

"Oh, come be swift and take me while
I stand.

My work still strong beneath a
steady hand,

A life that ne'er grew old."

Wilder Penfield
Montreal, 1938

*See: "Short Years" by Archibald Malloch, 1938, Chicago. This is the life of J. B. MacCallum which will be a delight to physician, medical student and lover of letters.

VII. OBSTETRICAL REPORT - 1937

University of Minnesota Hospitals

Compiled by C. E. McLennan
and M. T. Mitchell

It is customary and desirable for obstetrical services to publish annually a statistical analysis of the work being undertaken by the service. Such statistics are particularly valuable in a teaching hospital, where current trends must continually be summarized for presentation to the student body. Furthermore, steps for improvement of the service can be taken only after thorough review of the undesirable aspects of past experience.

The first annual compilation of obstetrical statistics in this hospital was undertaken at the close of the year 1936. The report issued at that time was patterned largely after similar studies from the Minneapolis General Hospital for the years 1930 through 1934. The labor involved in collecting these data from many sources was of such magnitude that it seemed highly desirable to institute a system for gathering the figures day by day, rather than struggle with poorly kept records at the end of a year. Furthermore, it was felt that the keeping of daily records would decidedly improve the quality of the final statistics. After several weeks of experimentation and study of various systems of obstetrical records, our present system was developed.

The daily summary sheet, a facsimile of which is included in this report, is a modified form of a similar record in use at the Chicago Lying-In Hospital. The information recorded on these sheets is cumulative for each month, so that the figures recorded on the last day of the month represent the totals for that month.

Our cross-index of diseases and operations is similar to that used in our own hospital record room before the introduction of the modern punched-card system. It consists simply of a

card for each disease or operative procedure on which are listed the case numbers of those patients to whom the particular diagnosis applies.

In addition, we transcribe onto 3x5 inch cards (printed for the purpose) the information as to diagnosis and operative procedures which appears on the face sheet of the patient's hospital record, along with certain other data such

as age, parity, dates of admission, delivery and discharge. Wassermann reaction, and cervical smear report. This card, then, serves as a miniature copy of the essential information contained in the complete hospital record. These are filed alphabetically during each month. At the end of a year they are resorted into an alphabetical yearly file. A new card is made out for each readmission of the same patient.

Name	<u>Doe, Mary</u>	Hosp.No.	<u>348269</u>
P	<u>1</u>	G	<u>2</u>
Age	<u>26</u>	M	<u>x</u>
S	<u>S</u>	Gest.	<u>40 wk.</u>
Wass.	<u>neg</u>	Smear	<u>neg</u>
Date adm	<u>2-10-38</u>	deliv.	<u>2-10-38</u>
disch.	<u>2-21-38</u>		
Infant: Sex	<u>Male</u>	Wt.	<u>3460 gms.</u>
Alive	<u>x</u>	S.B.	<u>Neon.Death</u>
PREGNANCY,	<u>normal, OLA</u>		
Parturition,	<u>abnormal, OLA to OA</u>		
Episiotomy,	<u>midline</u>		
Forceps extraction,	<u>outlet</u>		
Blood loss	<u>300 cc.</u>		
Puerperium,	<u>normal</u>		

On another 3x5 inch card is placed only the case number and name of the patient. These are filed in numerical order according to case number. They are valuable in identifying patients by name when using the cross-index of diseases (on which only case numbers appear). Thus, any case can be traced from any one of several sources - hospital number, name, disease or operative procedure used therein.

The number of deliveries at the University Hospital has shown a steady increase in the past few years from 425 and 430 in 1934 and 1935, respectively, to 445 in 1936 and 481 in 1937. The percentage of multiparous patients delivered in the past year is again, as in 1936, somewhat higher than one would expect in a state hospital which excludes all Twin City residents except primigravidae. Slightly

over 50 per cent of the patients had had one or more previous deliveries.

The incidence of operative deliveries - 17% - is almost identical with that of 1936. This, of course, is considerably higher than the operative incidence for services which represent a true cross-section of the general obstetrical population; operative deliveries at the Minneapolis General Hospital, for example, average around 5 to 6%. Our unusually high rate is no doubt due to the many complicated cases sent to the University Hospital because of the need of operative interference. Private deliveries have tended to elevate our operative rate; for example, one half of all the cesarean sections in 1937 were done on private patients.

There was a notable decrease in maternal mortality during 1937. There were only 3 maternal deaths in the entire hospital, including patients other than those admitted on the obstetrical service, whereas there were 12 in 1936. Only 1 of the 3 deaths was truly chargeable to the obstetrical service (as is shown in the tables), thus making the rate 2.2 per 1,000 live births (4.7 in 1936 for obstetrical deaths). The national rate in 1936 was 5.7 and the Minnesota rate 4.2; in 1937 the figure for Minnesota dropped to a record low of 3.0 maternal deaths per 1,000 live births.

Infant mortality (stillbirths and neonatal deaths occurring in hospital) in 1937 showed a very slight decrease over the previous year - 6.8 per cent as compared to 7.2 per cent. There were relatively fewer stillbirths and more neonatal deaths in 1937. Converting our neonatal deaths into the number per 1,000 live births, we get 36.5; similar figures for the year 1935 in the U.S. registration area and Minnesota are 32.4 and 29.8, respectively. Stillbirths are usually expressed as the number per 100 live births; our figure for 1937 was 3.4. Recent stillbirth tables published by the U.S. Bureau of the Census show a national rate of 3.8 and a rate of 2.9 for Minnesota.

Ten of the 16 stillborn infants and 8 of the 17 cases of neonatal death were definitely previable as determined by weight, length and period of gestation. Yet, all of these cases had to be reported as births because the state law requires that any case of 20 weeks or more gestation be reported as a birth. Of the other 6 stillborn infants, 5 might possibly have been saved by better obstetrical management, both on our part and that of the referring physician. The one remaining stillbirth apparently was caused by poor judgment on the part of the mother's relatives (full term infant born in auto on way to hospital).

Of the 9 neonatal deaths not accounted for by previability, 2 might possibly have been prevented by better obstetrics (subarachnoid hemorrhage, tentorial tear). Excluding 1 case of fetal dropsy, there remain only 6 which may be considered actual pediatric deaths; the causes of these deaths are indicated in the tables which follow.

The obstetrical service at the Salvation Army Home in St. Paul, recently renamed the Booth Memorial Hospital, is conducted by the fellow on obstetrics at the University Hospital. However, the cases from that institution are not included in this report. About 90% of the patients there are primigravidae, and deliveries increased from 89 in 1936 to 103 in 1937.

DAILY CUMULATIVE SUMMARY SHEET

Date Jan. 31, 1938

Admissions 47 House 39 Private 8 Single 8 Married 39 Discharged 48 On floor 20

Infants delivered: Male 15 Female 22 Alive 36 Stillborn 1 Previab. S.B. 0 Premat. S.B. 1

Deliveries	37	Onset		Termination								Perineum					
		Spon	Induced		Spon	Forceps extract			Extract	Vers.	Cesar	Other	Episiotomy		Lacerations		
			Drugs	Mech.		Out	Low	Mid					M line	M la.	1°	2°	3°
Previa	2	2			2												
Premature	4	4			3		1						2				
Term	31	21	10		26	2	2		1				2	13	7	1	
Vertex	35	25	10		30	2	3						2	15	7	1	
Breech	2	2			1				1								
Other																	
Primipara	16	11	5		11	2	3						1	14	1		
Multipara	21	16	5		20				1				1	1	6	1	
Multiple																	

Copy of Final Daily Report for January 1938

University of Minnesota Hospitals

- OBSTETRICAL STATISTICS 1937 -

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Year	Per Cent
Admissions to service	47	45	60	50	57	55	52	48	44	32	46	56	592	
House cases	39	41	51	40	51	48	42	40	39	29	42	47	509	86.0
Private cases	8	4	9	10	6	7	10	8	5	3	4	9	83	14.0
Married patients	39	34	46	41	41	44	45	43	34	27	33	41	468	79.1
Single patients	8	11	14	9	16	11	7	5	10	5	13	15	124	20.9
Discharges and transfers	48	45	57	61	48	61	51	46	49	35	45	47	593	
INFANTS DELIVERED	37	37	55	43	45	44	43	40	38	21	35	43	481	
Males	15	21	25	22	29	22	18	18	20	10	15	23	238	49.5
Females	22	16	30	21	16	22	25	22	18	11	20	20	243	50.5
Full term infants	31	31	49	36	41	42	37	35	33	18	31	39	423	88.0
Premature	4	3	5	3	3	2	6	3	3	2	4	4	42	8.7
Previa	2	3	1	4	1	0	0	2	2	1	0	0	16	3.3
Born alive	36	37	54	41	42	44	41	39	36	20	35	40	465	96.7
Stillborn	1	0	1	2	3	0	2	1	2	1	0	3	16	3.3
Neonatal deaths	6	2	1	3	1	2	0	0	1	0	1	0	17	3.5
MOTHERS DELIVERED	37	36	52	42	44	44	42	39	38	21	35	43	473	
Primigravidae	16	14	25	29	23	20	19	18	18	10	19	25	236	49.9
Multigravidae	21	22	27	13	21	24	23	21	20	11	16	18	237	50.1
Twin pregnancies	0	1	3	1	1	0	1	1	0	0	0	0	8	1.7
Parity: 0	16	14	25	29	23	20	19	18	18	10	19	25	236	49.9
I	6	8	11	4	5	12	7	7	5	1	4	11	81	17.1
II	6	5	9	5	10	1	8	5	6	5	5	2	67	14.2
III	0	2	2	2	3	5	3	1	2	0	2	2	24	5.1
IV	3	2	1	0	2	1	1	2	1	2	1	0	16	3.4
V	2	2	3	2	0	1	2	2	1	1	2	2	20	4.2
VI+	4	3	1	0	1	4	2	4	5	2	2	1	29	6.1

- OBSTETRICAL STATISTICS 1937 -

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	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sep.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Year</u>	<u>Per Cent</u>
BLOOD LOSSES (estimated)														
0-100 cc.	15	16	18	13	13	12	28	21	19	10	15	13	193	40.8
101-200	14	15	15	11	23	23	7	8	9	5	11	15	156	33.0
201-300	7	4	12	17	3	8	2	7	3	1	7	8	79	16.7
301-400	0	1	6	1	4	1	1	2	2	2	1	2	23	4.8
401-500	0	0	0	0	1	0	2	1	3	2	0	0	9	1.9

501-600)	0	0	0	0	0	0	0	0	1	0	0	1	2	0.4
601-700) Postpartum	0	0	1	0	0	0	0	0	0	0	1	0	2	0.4
701-800) hemorrhage	1	0	0	0	0	0	0	0	0	0	0	0	1	0.2
801-900)	0	0	0	0	0	0	1	0	1	1	0	1	4	0.9
No record	0	0	0	0	0	0	1	0	0	0	0	3	4	0.9
FETAL POSITIONS AT DELIVERY														
OLA	19	23	22	14	25	29	20	19	25	9	15	19	239	49.7
OLP	1	0	2	1	1	0	3	1	1	2	2	3	17	3.5
ODA	13	12	21	23	16	12	15	13	7	7	9	10	158	32.9
ODP	2	2	3	1	1	0	3	0	1	0	8	9	30	6.2
SLA	0	0	2	0	2	1	0	1	1	0	0	0	7	1.5
SLP	0	0	0	0	0	1	0	2	0	0	0	0	3	0.6
SDA	2	0	5	3	0	1	1	2	0	2	1	0	17	3.5
SDP	0	0	0	0	0	0	0	1	1	0	0	0	2	0.4
Transverse	0	0	0	0	0	0	0	0	0	1	0	0	1	0.2
Undetermined	0	0	0	1	0	0	1	1	2	0	0	2	7	1.5
PARTURITION														
Spontaneous onset	27	29	36	37	34	39	33	35	33	18	26	35	382	80.8
Medical induction of labor	10	7	14	3	9	4	8	4	4	2	8	7	80	16.9
Mechanical " (bag, etc.)	0	0	2	2	1	1	1	0	1	1	1	1	11	2.3
Spontaneous termination	31	32	41	37	39	36	35	33	33	17	31	35	400	83.2
Outlet forceps	2	1	1	1	1	3	5	0	0	0	0	1	15	3.1
Low forceps	3	1	4	1	2	2	0	1	2	2	3	4	25	5.2
Mid forceps	0	2	1	0	0	0	1	0	0	0	0	0	4	0.8
Breech extraction	1	0	7	3	2	2	1	5	2	1	1	0	25	5.2
Cesarean section	0	1	1	1	1	1	1	1	1	0	0	2	10	2.1
Version and breech extrac.	0	0	0	0	0	0	0	0	0	1	0	0	1	0.2
Craniotomy	0	0	0	0	0	0	0	0	0	0	0	1	1	0.2

- OBSTETRICAL STATISTICS 1837 -

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	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sep.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Year</u>	<u>Per Cent</u>
PERINEAL REPAIRS														
Midlateral episiotomy	15	16	16	20	15	15	11	10	7	6	11	11	153	32.3
Midline episiotomy	2	2	14	5	9	7	8	11	16	4	8	10	96	20.3
Laceration, first degree	7	4	5	5	5	4	8	5	4	0	4	6	57	12.1
Laceration, second degree	1	0	3	2	0	2	4	1	2	0	2	3	20	4.2
Laceration, third degree	0	0	0	1	1	1	0	0	1	0	0	0	4	0.8
WEIGHT OF NEWBORN INFANTS														
0-500 grams	0	0	0	0	0	0	0	1	1	1	0	1	4	0.8
501-1000	2	1	1	3	1	1	0	1	1	0	0	0	11	2.3
1001-1500	1	3	0	3	1	0	1	0	0	0	1	0	10	2.1
1501-2000	1	0	1	1	0	1	1	1	2	1	1	0	10	2.1
2001-2500	2	2	4	1	2	1	5	2	1	0	1	3	24	5.0
2501-3000	3	4	13	9	9	4	7	5	2	1	3	8	68	14.1
3001-3500	20	11	17	13	15	17	13	14	11	11	16	15	173	36.0
3501-4000	5	12	12	10	11	11	12	13	13	4	10	14	127	26.4
4001-4500	3	4	7	3	5	6	3	3	6	2	3	2	47	9.8
4501-5000	0	0	0	0	0	3	1	0	0	1	0	0	5	1.0
5001-5500	0	0	0	0	1	0	0	0	1	0	0	0	2	0.4

Obstetrical Statistics 1937

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OBSTETRICAL COMPLICATIONS	<u>No.Cases</u>	<u>Per Cent</u>
Premature rupture of fetal membranes	88	18.6
Ablatio placentae	40	8.5
Pre-eclamptic toxemia	40	8.5
Subinvolution of uterus	24	5.1
Infected perineal wound (330 repairs)	21	6.4
Endometritis (foul lochia, fever)	20	4.2
Contracted pelvis (all types)	19	4.0
Maternal morbidity, unexplained	15	3.2
Prolonged labor (more than 24 hours)	15	3.2
Hyperemesis gravidarum	11	2.3
Fissured nipples	10	2.1
Inertia uteri, primary	10	2.1
Low implantation of placenta	10	2.1
Postpartum hemorrhage (over 500 cc.)	9	1.9
Hydramnios	6	1.3
Eclampsia	5	1.0
Previous cesarean section	5	1.0
Prolapse of umbilical cord	3	0.6
Dwarfism, achondroplastic	2	0.4
Hydatidiform mole	2	0.4
Inertia uteri, secondary	2	0.4
Missed abortion	2	0.4
Placenta previa	2	0.4
Dropsy of fetus	1	0.2
MEDICAL, SURGICAL AND OTHER COMPLICATIONS		
Anemia, idiopathic hypochromic	3	0.6
Atonic bladder	7	1.5
Bartholin abscess	2	0.4
Bronchiectasis	1	0.2
Bronchitis	1	0.2
Burns	1	0.2
Cervical polyp	3	0.6
Chorea	1	0.2
Cystitis	6	1.3
Darier's disease	1	0.2
Dermatitis medicamentosa	3	0.6
Diabetes mellitus	3	0.6
Epilepsy, idiopathic	2	0.4
Erythema multiforme	1	0.2
Erythema nodosum	1	0.2
Glomerulonephritis, chronic	2	0.4
Gonorrhea, chronic	6	1.3
Heart disease	3	0.6
Herpes simplex	2	0.4
Hydronephrosis	5	1.0
Hypertension, essential	7	1.5
Hypothyroidism	3	0.6
Hysteria	2	0.4

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MEDICAL, SURGICAL AND OTHER COMPLICATIONS (cont.)	<u>No.Cases</u>	<u>Per Cent</u>
Mastitis	1	0.2
Multiple sclerosis	1	0.2
Myomata uteri	8	1.7
Nerve deafness, post influenzal	1	0.2
Otitis media, acute	1	0.2
Otosclerosis	1	0.2
Ovarian cyst (dermoid)	1	0.2
Pneumonia, lobar	3	0.6
Psychosis, postpartum	1	0.2
Pyelitis	8	1.7
Rheumatic fever, acute	2	0.4
Scabies	1	0.2
Syphilis	7	1.5
Thrombophlebitis	6	1.3
Tuberculosis, pulmonary	3	0.6
Verruca acuminata	3	0.6
Von Recklinghausen's disease	1	0.2

CESAREAN SECTIONSHouse cases

<u>Indication</u>	<u>Type of Operation</u>
1. Dermoid cyst of ovary	Lower segment
2. Deformed, contracted pelvis in dwarf	Lower segment
3. Deformed, contracted pelvis in dwarf with previous section	Lower segment
4. Generally contracted pelvis, primary uterine inertia	Lower segment
5. Unexplained anuria (toxemia?)	Classical

Private cases

1. Generally contracted flat pelvis	Classical
2. Funnel pelvis (outlet contraction)	Classical
3. Flat pelvis, previous vaginal plastic operation	Lower segment
4. Breech presentation, previous cesarean section	Lower segment
5. Funnel pelvis, previous difficult operative delivery	Lower segment

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INFANT MORTALITY		<u>No. Cases</u>	<u>Per Cent</u>	
Gross		33	6.8	
Stillbirths		16	3.3	
Ablatio placentae (all previable)		3		
Eclampsia (one previable)		3		
Previability (no other apparent cause)		3		
Pre-eclamptic toxemia (1 previable)		2		
Missed abortion (previable)		1		
Placenta previa (term infant)		1		
Prolonged labor, inertia uteri (term)		1		
Suffocation (term infant born in auto on way to hospital)		1		
Trauma from attempted criminal abortion (previable)		1		
Neonatal deaths in hospital		17	3.5	
Previability (no other cause determined)		8		
Bronchopneumonia (all premature)		3		
Atelectasis (premature)		1		
Erysipelas (term infant)		1		
Fetal dropsy, erythroblastosis fetalis (term infant)		1		
Icterus gravis (term infant)		1		
Subarachnoid hemorrhage, diabetic mother (term infant)		1		
Subtentorial tear (premature)		1		
MATERNAL MORTALITY		<u>No. Cases</u>	<u>Per Cent</u>	<u>No. per 1000 Live Births</u>
Gross for hospital		3	0.6	6.4
Septic on admission, delivered outside of hospital		1	0.2	2.2
Death from medical cause apparently unrelated to pregnancy		1	0.2	2.2
<u>True obstetrical death</u> (hydatidiform mole with hyperemesis gravidarum)		1	0.2	2.2

(IV.) KANSAS CITY (Cont.)

- 12:00 Muehlbach Hotel. Imposing structure with quite a metropolitan air. Addressed Lions Club. Introduced by Ralph Coffey, former Minnesotan from Missouri. Organization sponsors crippled child program in Jackson County.
- 1:30 Tour - Municipal Auditorium, where National Nursing Convention was in progress. Building is ideal for holding meetings. Main auditorium seats 13,500. One theater 2,500, another 900, and so on. Building is completely air conditioned, decorated and ideally arranged, with dozens of small conference rooms. Nurses made very favorable impression. Most speeches indicate that they should be more interested in public health and the public should be more interested in nursing education.
- 2:30 Visit - Jackson County Medical Society headquarters. Business offices are separated from library and auditorium in Kansas City General Hospital. The development here has all the ear marks of similar changes elsewhere. Conferred at length with representatives about Birth of a Baby picture.
- 3:15 Radio Interview. Child Health. During interview my interrogator grew very pale and sweat poured from his brow. Out the window the boys at the control board watched a fire in progress in the distance. Radio stations and techniques are again standardized everywhere.
- 3:30 Trip - To magnificent City Hall. Escorted to Mayor's office but he was out. Afterward greeted by City Manager Judge McElroy, who was very gracious and explained that the reason for his vitality at 74 was his lowly start down by the tracks. In spite of all criticism of political affairs in Kansas City, Manager McElroy has compiled an enviable record. In direct charge of all city affairs is Boss Pendergast, of the Democratic Club. His little two-story building near the center of the downtown district lacked an elevator until the boss began to have a little coronary trouble. Outsiders at the present time are jailing careless judges of election who persisted in voting certain people now deceased.
- 4:30 Trip - Through Country Club District. Very highly developed and beautifully arranged residential district, said to be without equal in any other city in the country. Visited with Charlies Hayden's aunts who run a flower shop. Were interested in their nephew's whereabouts as one suspected that he had not written recently.
- 6:00 Dinner. Officers of Jackson County Medical Society and delegates to Missouri State Medical Association. More good Kansas City meat in the form of steaks this time. Kansas City meat as such even carried on the bill-of-fares of South America. After dinner, discussed basic science board, hospital insurance, and graduate study.
- 8:00 Meeting - Jackson County Medical Society. Subject: Periodic Health Examination. Very well attended. After meeting, racks of Coca-Cola were wheeled out with a large lunch. Also beer for those who cared for it.
- 10:00 Radio Interview. Kansas City Star station on Prolonging Human Life. Studios are in loft of press building. After interview an enthusiastic fan of the subject called to compliment radio station.
- 11:00 Nightcap.

My host for the day was Ralph Emerson Duncan, energetic, enthusiastic. pathologist who is all things for medical organization and progress in his community.

My appreciation.

J. C. L.

These familiar initials have appeared on many a paper during the past thirty eight years. Familiar as they have been, they are not as well known as their owner's imprint on the practice of obstetrics in Minnesota. Or we could dwell at length on his influence in the development of the intern year at Minnesota. He is better known than any of us because of his interest in our fifth year students in hospitals throughout the country. In some places you will read that he is retiring June 30th, 1938. Recently I read that he had resigned. Evidently there is some difficulty in recording the fact that he will no longer spend the greater part of his time with us after this year. It seems to me that we are in the position of a family growing up, for surely obstetrics has grown up under his guidance to full maturity. As a wise parent he is simply stepping aside to enjoy himself now that the children no longer need him.