

## THE STATISTICS OF MILITARY FAMILIES HOSPITALS.

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THE Army Medical Department Reports are very highly valued by all statisticians, but it seems a remarkable fact that they give no information with regard to the large amount of work in obstetrics which is annually performed by officers of the Royal Army Medical Corps.

Colonel Caldwell, in his "Military Hygiene," points out that no statistics of infant mortality in the Army, as apart for mortality amongst children generally, are available in the official blue-books, but an obstetrical statistician might have gone further and deplored the fact that no records of the large number of obstetrical cases dealt with in the military families hospitals of the United Kingdom, India and the colonies are at present available. This seems a great pity, as there are in Great Britain and Ireland alone eight families hospitals, and the records of the work of these institutions might yield invaluable information to writers on obstetrics, and that new and important branch of State medicine known as Infant Hygiene.

The eight home hospitals have an aggregate of nearly 200 beds, and as they are administered and controlled on identical lines by a central authority, they constitute, for statistical purposes, one huge maternity hospital, almost equalling the aggregate number of beds of Queen Charlotte's, the Rotunda and York Road Lying-in Hospitals. The fact that the hospitals are under the complete medical and administrative control of only eight military physicians makes them still more unified, as I find by this years' *Medical Directory* that the three institutions named have, in addition to the consulting staff, about fourteen medical officers in attendance on the sick, so that individual idiosyncrasy must affect the civilian institution to almost double the extent that it can affect the military hospitals.

The total number of admissions for parturition to the military families hospitals in the United Kingdom alone must, I think, amount to about 1,000 cases annually; yet, although the statistics of civilian hospitals with a total of twelve or fifteen hundred parturitions are quoted with something akin to awe by obstetrical writers, the military statistics, which, if India and the colonies were included, must deal with double this number of cases, have, as yet, found no place in obstetrical statistics.

I suggest that a record of each obstetrical case dealt with in our families hospitals should be kept, and that Army Form A. 16 (Annual Report of Hospitals for Soldiers' Wives and Children) should be altered so as to provide a table giving details of obstetrical work done. A column showing causes of death and death-rate of children under one year should be introduced, and there should also be a table showing the amount of operative work done in the hospitals.

I subjoin a form of record of obstetrical cases in use in the Military Families' Hospital, Devonport. The forms are bound up at the end of the year and form a complete record for scientific reference or statistical purposes. I suggest that a record of this nature might be introduced as an Army Form.

Year, 19.....		THE MILITARY FAMILIES' HOSPITAL, DEVONPORT.	
Month.....			
Regiment .....		Company.....	
Name.....		Age.....	
Admitted..... at..... A.M..... P.M.		No. of Pregnancy..... Period of Pregnancy.....	
PREVIOUS HISTORY	{	Previous Labours..... Abortions..... Premature..... Full Term.....	
		Date of last labour..... 19.....	
		Last Menstruation commenced..... 190.....	
		State of Health during Pregnancy..... On Admission.....	
DIAGNOSIS	{	Abdominal Palpation.....	SIGNATURE
		Vaginal Examination .....	
		1.....	
		2.....	
		3.....	
4.....			
LABOUR AND DELIVERY	{	Labour commenced..... of..... at..... a.m..... p.m. Membranes ruptured..... a.m..... p.m.	
		Infant born..... Placenta delivered..... minutes.	
		Presentation..... Position..... Nature of Labour.....	
		Membranes..... Placenta.....	
		Perineum.....	
Nurse in charge.....			
PUERPERIUM	{	Date of first leaving bed.....	
		Date of discharge..... 19... Condition when leaving hospital.....	
		Day Nurse in charge..... Night Nurse in charge.....	
NOTES :—			
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INFANT	{	Sex..... Weight..... lbs..... oz. Length..... ins. Condition at birth.....	
		Mode of feeding.....	
		Condition when leaving Hospital.....	
		Bowels.....	
NOTES :—			
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