

The Midwife.

An Interesting Face Baby.

The mother was a five para, aged 40; her previous labours had been uneventful; she had during the last months of this pregnancy attended a hospital, and was thought to have an ovarian cyst; the doctor, therefore, was anxious she should not have a difficult labour. According to her dates she was at term when labour pains began at 1 a.m.; she was first seen at 8 a.m.; there were good contractions every five minutes. On abdominal examination, the head was felt very definitely above the brim; the greatest resistance was to the left anteriorly; the fetal heart was distinctly heard to the left below the umbilicus, but was curiously slow—80 to the minute; the mother's pulse was 60.

On vaginal examination the presenting part was very high, and nothing could be felt but

a large bag of membranes, the os was anteverted, soft and dilatable. At 10 a.m. the membranes ruptured, over two pints of discoloured liquor amnii escaped; the os was fully dilated; it was easy then to diagnose a left mento anterior position. At 12, mid-day, no advance had been made. At 1 p.m. the fetal heart sounds were again counted eighty per minute. Axis-traction forceps were ap-

plied under chloroform anaesthesia; strong pulling was ineffective. The patient was then placed in Walcher's position, and a different direction given to the pull; there was still no advance. Internal version was, therefore, decided upon; the right foot was seized, but there was considerable difficulty in grasping

the ankle, owing to its being very fat. In order to relax the uterus, amyl nitrite was administered by inhalation; this was followed, after about two minutes by a severe gush of hæmorrhage (two pints estimated). The turning was by no means easy, the left leg was brought down when breech was at the vulva; the appearance of the extremities confirmed the suspicion that the child was an abnormality. The face was now in the cavity. Prague's method being unsuccessful, jaw and shoulder traction, with vigorous supra-pubic uterine expression, was tried,

and the head slowly delivered. The placenta followed immediately. The child was still-born. The patient's pulse was 100, temperature 97.6. She had a perfectly normal puerperium. The child was suffering from a disease known as chondrodystrophy or achondroplasia (Gr.: without forming cartilage), popularly and wrongly termed fetal rickets. The longitudinal



[previous page](#)

[next page](#)