The Midwife.

A Case of Missed Labour.

The papers read in the Section of Obstetrics and Gynæcology at the recent Annual Meeting of the British Medical Association at Sheffield appear in last week's *British Medical Journal*, and are highly instructive to midwives. Dr. Alexander Dempsey, of Belfast, is specially interesting in his note on "Missed Labour," in which he writes:—

Cases of missed labour are so uncommon, that I thought I might venture to trespass on the time of the Section with the following notes.

What I understand by the term "missed labour" is that the fetus has been retained in the uterus beyond the natural term of pregnancy, though it may have been dead for a considerable time before the completion of that term; or the fetus may have been alive until the very end of the full term of pregnancy, and parturition has not taken place.

Death of the fetus is probably the first event in all these cases. Then, some time after, there is usually an attempt on the part of the uterus to expel its contents. It is generally believed that the membranes rupture in this effort of delivery, and the temporary rest from pains which we often see in natural labour after rupture of the membranes, for some cause or another, becomes permanent, and labour is arrested.

Among the causes assigned for missed labour are death of the fetus, and the changes consequent upon it; a too intimate connection between the fetus and the uterus; unsurmountable obstruction to the delivery of the fetus, as in a case of carcinoma of the cervix; or some anomalous condition of the nervous irritability of the uterus. Barnes thought that some cases of presumed missed labour were cases of either interstitial pregnancy, or of pregnancy in one horn of a bicornuate uterus.

I have recently removed a placenta in a case which must have been an interstitial pregnancy in the early months. The placenta was grasped firmly in the middle by the contracting uterus, one part of it being adherent in a sac outside the uterus and the other within it. I can easily imagine that such a pregnancy might eventuate in a missed labour. The length of time which the fetus may be retained seems to depend upon the entrance or exclusion of air from the uterus. If no air gains admission to the uterine cavity—and this is possible in narrow parturient passages when there is only a small slit in the membranes—the fetus may be retained for almost an indefinite time. A case is reported by Dr. Cheston in which the fetus was retained in the uterus for fifty-two years.

Here the fetus undergoes changes similar to those accompanying the formation of a lithopaedion, an event of not uncommon occurrence in sheep and mares.

When air enters the uterus, decomposition and disintegration of the fetus sets in, and an offensive and putrid discharge commences. Portions of the fetus after a time begin to escape, and this may go on until the entire fetus is thrown off. But before this result takes place the patient may die of septicaemia. Spiegelberg, however, does not consider the retention of a dead fetus very dangerous, even when decomposition and suppuration accompanies it.

Severe septic infection, he says, is prevented by free drainage through the patulous os, while the internal wall of the uterus takes on a condition much like that of a granulating surface.

Others do not look upon it so lightly, because the mortality in most of the recorded cases has been very high.

Regarding treatment, I think that in every case, when the proper term of pregnancy has passed, and one feels assured of the death of the fetus, delivery should be accomplished. This course is the more urgent when suppuration is going on with an elevated temperature. Palliative treatment with repeated vaginal douching, as recommended by some authorities, and occasional digital examination to remove any fragments of bone presenting, in my opinion only serve to increase the danger of sepsis.

A bold effort to clear out the uterus, notwithstanding the amount of suppuration present, is in the end the safer practice to follow. This was done in the case I now relate:—

The patient lived in Maghera, Co. Derry, and I saw her on April 19th, 1907, in consultation with Dr. Mayberry of that town, and Dr. Hegarty of Magherafelt. She was 35 years of age, and the mother of three children. Her last birth, which was twins, was in August, 1905.

In July 19th, 1906, she took ill with pain in the right iliac region and vomiting. She had a temperature ranging between 101 degrees and 103

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