

The Midwife.

CONTRACTED PELVIS.

Contracted pelvis may generally be recognised even before measuring the patient's diagonal conjugate diameter. The woman is usually small with a large head in proportion to her body; she may have bent legs, indicating the probability of syphilis or rickets, and her joints may be thicker than usual, particularly the wrist bones. If she has a hunchback you will also suspect a flattened pelvis, as this deformity is frequently due to spinal caries. When examining a patient whom you suspect of having a contracted pelvis, look for curvature of the spine, projection of the sternum (or breast-bone) and unusual wideness between the hips. Take the interspinous and intercostal measurements, when they tend to approach one another the pelvis is probably contracted. The normal interspinous diameter is taken between the two anterior superior spines of the ilium, and should measure *ten* inches. The intercostal diameter should be *eleven* inches and is measured between the two farthest points of the iliac crests. The *external conjugate* should measure seven-and-a-half inches and is taken from the upper margin of the symphysis pubis to the spine of the last lumbar vertebrae.

The most important internal measurement is that of the *diagonal conjugate*, it should be four-and-three-quarter inches in length. To obtain it the patient is placed in the left lateral position, the index and middle fingers of the examiner are passed gently into the vagina and pushed upwards and backwards as far as possible. The hand is then carried slightly forward until the thumb side of the index finger impinges on the pubic arch—mark the spot where it touches the pubic arch, withdraw the hand, and measure from the mark to the tip of the middle finger-nail. If when examining by the vagina you can feel the promontory of the sacrum, you may be fairly certain that the pelvis is contracted. There are two varieties of contracted pelvis, the small-all-round pelvis and the flattened pelvis, which is small from before backwards. The abdomen, in either variety, will be larger than the period of pregnancy would lead you to suppose; it may be pendulous, and the presenting part will be high above the brim. The flat pelvis is the less serious, as only the brim is too

small. With a flat pelvis remember the *first stage* of labour is prolonged for the following reasons:—

- (1) Because the patient probably has a pendulous abdomen.
- (2) The membranes are likely to rupture early, and so the cord is more likely to prolapse, and
- (3) A malpresentation is more probable.

The *second stage* will be delayed because the head does not advance through the brim; or it may come down in a transverse diameter with the sagittal suture nearer the promontory, this is known as the obliquity of Naegelé. When the head is through the brim labour should be normal. Two accidents may happen with a flat pelvis, the child's head may be dented or the bones broken, and you may get sloughing of the mother's soft parts due to prolonged pressure, either of the anterior or posterior vaginal wall.

During delivery with a "small-round" or generally contracted pelvis, we get premature rupture of the membranes with prolapse of cord, and a pendulous abdomen. The head comes down in the oblique diameter as in a normal pelvis, but there is delay in both first and second stages. The principal effects of the delay will be a large caput succedaneum, or if the pressure be very prolonged a cephal-hæmatoma (exudation of blood between the bone and the pericranium); œdema of the patient's vaginal wall, cervix, and vulva. Delivery will probably have to be accomplished by forceps, or in very severe cases by a Cæsarian Section. The importance of recognising a contracted pelvis early in pregnancy cannot be too earnestly insisted on, prompt treatment by an efficient medical man may save the life of mother and child—whereas, delay in diagnosis will expose them both to great risk.

GLADYS TATHAM

(Certified Midwife).

BABY FARMING EVILS.

Miss F. Zanetti, the inspector in the township of South Manchester, read a most interesting paper on the Protection of Illegitimate Children Nursed for Hire, at the Berlin International Congress for the Study and Prevention of Infant Mortality.

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