OUR PRIZE COMPETITION.

(a) DESCRIBE FULLY THE VARIETIES OF UTERINE INERTIA; (b) WHAT TREATMENT WOULD YOU ADOPT IN EACH CASE?

We have pleasure in awarding the prize this week to Miss M. E. Ross, 14, St. Thomas Street, S.E. 1.

PRIZE PAPER.

There are two varieties of Inertia :—

(*a*) Primary,
(*b*) Secondary,

but as this nomenclature is apt to lead to confusion, most text-books prefer to class them under the heading of—

(*a*) Inertia due to sluggish uterus,
(*b*) Inertia due to exhausted uterus.

(*a*) Inertia due to sluggish uterus :—

The cause of this inertia is obscure, but is said to be due to faulty enervation of the uterus —at all events it is more commonly found in primiparæ. Though the power of retraction is retained, the power of contraction is temporarily lost, thus producing a long, painful labour, with the ultimate risk of exhaustion.

The symptoms are feeble pains and slow progress of the fœtus, the patient presents a tired appearance, and will probably be nervous and worried.

The treatment is to assist nature as much as possible by procuring rest or sleep, after having previously emptied the bladder and rectum. The bag of membranes makes the best dilator, and should be kept unruptured as long as possible.

The drugs commonly used to produce sleep are chloral, bromides, and morphia. A mixture of chloral hydrate (20 grains) and bromide (20 grains) in one ounce of water is said to have a good effect, while morphia ($\frac{1}{4}$ or $\frac{1}{3}$ grain) sometimes acts wonderfully in softening the cervix.

After a sleep, or even a period of drowsiness, the uterus is refreshed, and starts again with renewed vigour.

In cases of early rupture of the membranes and sluggish uterus it will be necessary to apply forceps. Sometimes an injection of pituitary extract (1 cc.) obviates the necessity of forceps, but in any case preparation must be made for applying them, if delivery is not effected within thirty minutes after the injection.

In cases of non-dilatation of the cervix which will not yield to hot vaginal douches or drugs, it must be dilated digitally under an anæsthetic, or else a de Ribes bag inserted; also under an anæsthetic, and thereafter forceps applied.

(*b*) Inertia due to exhausted uterus :—

Here, also, the causation is obscure. It may be due to faulty enervation of the uterine muscle, but in many cases is associated with a poor physical or mental condition of the patient. It is chiefly confined to multiparæ. Clinically the symptoms presented are :—

1. Absolute cessation of pains.
2. No progress of fœtus.

Pathologically the power of retraction is lost, thus giving rise to a dangerous post-partum hæmorrhage, if delivery be effected or forceps applied, in the absence of retraction.

Treatment.—Investigate vaginally to see if there is any cause of obstruction. Procure rest for the patient by drugs—chloral, bromides, or aspirin. By far the most useful drug in this condition is morphia, which should be given early, and in a sufficient dose, either $\frac{1}{4}$ grain or $\frac{1}{3}$ grain. If there is any cause of obstruction it must be removed.

The patient rests, then wakes up refreshed, and the uterus resumes work. Forceps must never be applied while the uterus is inert, or there will be an uncontrollable post-partum hæmorrhage.

As regards the child, there is risk attached to both types of inertia, as its vitality is impaired, more especially in cases of early rupture of the membranes.

In cases of extreme distress on the part of the child, labour can be hastened by performing a podalic version.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Kathleen A. Fyson, Miss Winifred M. Appleton, Miss Florence M. Heany, Miss A. B. M. Owen, Miss E. A. Walford, Miss M. Gillam, Miss M. Steevens, Miss Grace A. Tomson, Mrs. Farthing.

Miss Grace A. Tomson gives the following possible causes of uterine inertia in the first stage of labour :—(*a*) loaded rectum; (*b*) distended bladder; (*c*) excess of liquor amnii; (*d*) general weakness of constitution; (*e*) twins or multiple pregnancy; (*f*) pendulous abdomen; (*g*) too early rupture of membranes.

Miss A. B. M. Owen states that in secondary uterine inertia the uterus is tired. The pains which have been good, instead of becoming stronger and more rapid, become weaker, and the intervals between the pains longer. This is not due to obstruction, but to the fact that the contractile power of the uterus is exhausted. A long second stage is invariably the cause of uterine inertia in the third stage of labour.

QUESTION FOR NEXT WEEK.

Express an opinion for or against the use of prophylactic packets for prevention of venereal disease.

previous page next page