

OUR PRIZE COMPETITION.

WHAT INDICATIONS WOULD LEAD YOU TO SUSPECT CONTRACTED PELVIS? HOW IS LABOUR AFFECTED BY THIS CONDITION?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Bermondsey Hospital, Lower Road, Rotherhithe, S.E.

PRIZE PAPER.

A *contracted pelvis* may be suspected before the commencement of labour if a multipara gives a history of previous difficult or instrumental labours, or of delivery of child only after craniotomy, or of Cæsarian Section having been performed; if a primagravida the abdomen may be pendulous; if in either case the patient has obvious signs of deformity, as diseased or deformed spine or long bones, pigeon chest or similar condition suggesting rickets in childhood, or if the patient is a dwarf or has one leg shorter than the other.

Measurements, if taken, will not have an inch difference as in a normal case between interspinous and intercrestal diameters, and a vaginal examination will bring examining finger easily on sacral promontory, and diagonal conjugate will be lessened.

At the commencement of labour, on abdominal palpation the foetus may be lying transverse or in posterior position. Presentation may be breech, cord, or limbs. Membranes may rupture very early, and presenting part, especially if vertex, may be movable above the brim of pelvis, and even hang over pubes, and be unable to enter.

Vaginal examination.—If membranes are not ruptured they may hang down in a large bag, and cord may be presenting or prolapsed; if ruptured, presenting part will be high up and difficult to reach, and will move away from examining finger. If vertex presenting, sagittal suture may be transverse and fontanelles may be on same level. A large caput succedaneum will be felt on presenting part if fitting brim of pelvis. Cervix may hang loose in vagina, and same may be hot, swollen, and parched.

Labour will be *unduly prolonged* by presentation being abnormal, by increased moulding needed to bring vertex through pelvis, by a hot, parched vagina, a small outlet, and by extension occurring in the case of a vertex, in which case a face, brow, or unreduced occipital posterior may occur. Version may be essential to the delivery of the child, or severe laceration of perineum will result, a

brow is not likely to rotate under the pubic arch, and impaction will result in obstructed labour if left to nature. If the contraction is severe the doctor may perform craniotomy to save the life of the mother, or Cæsarian Section, when both mother and child may be saved, but the risk to the mother is somewhat greater.

Obstructed labour is caused by large child or small pelvis causing malpresentations, and unless relieved speedily will result in death of child and tonic contraction of uterus, with possible rupture of same, with fatal results to mother.

The liquor amnii having drained away allows all pressure on the child, the cord may be pressed on and placenta separated, and all its blood supply cut off. No fluid can lubricate the vagina in this stage of labour, consequently it becomes hot, dry, and swollen, causing increased pain to the mother.

The uterus presses harder upon the child, the pains become more painful, powerful, and prolonged, and increase in frequency, and unless relieved pass into the state of tonic contraction which may result in the uterus being ruptured and the expulsion of the child into the abdominal cavity.

The patient will have increased pulse rate and rise of temperature. Her face will betoken the agony she is undergoing; she will look and feel ill. Skin may be hot and dry or cold and clammy. Vomiting will most likely occur.

In very rare cases of obstructed labour inertia occurs, and a doctor must deliver the child.

Obstruction may occur from an after-coming head in a breech presentation, and if very large, perforation may have to be resorted to. In the case of inertia following good contractions hæmorrhage is most liable to occur during and after delivery, until contractions are re-established.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. A. Myers, Mrs. Farthing, Miss Marian Jones.

Miss Myers points out that a patient whose pelvis is contracted not only suffers more pain, but is liable to greater danger during labour than one with normal dimensions.

QUESTION FOR NEXT WEEK.

Define (a) simple tumour, (b) malignant tumour, (c) cyst, (d) hæmatoma, (e) abscess. Give examples of each.

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