

# OPERATIVE MIDWIFERY

## CHAPTER I

### CONSIDERATION OF DYSTOCIA IN GENERAL—CLASSIFICATION OF DYSTOCIA

WHEN all the most distinguished writers of obstetric treatises in the past have failed to give an absolutely satisfactory definition of dystocia, it may be fairly assumed that the task is impossible. That this should be so is not to be wondered at when the other condition of normal labour or eutocia can only be described by cumbersome details of its phenomena. Fortunately, a definition is not essential to an understanding of dystocia. The obstetrician is not long in practice until he forms an idea of the condition; indeed, it might prevent a full appreciation of the fact that Nature in parturition, although generally following a certain course, refuses to be trammelled by hard-and-fast rules. It is important for the accoucheur to remember this, and to appreciate within what limits he may be allowed a free hand. The mistake is too often made of forgetting this and of interfering with Nature, when, with a little patience, it would have been unnecessary.

But if it is of great importance that the accoucheur should appreciate the natural variations of parturition, it is equally important that he should recognize when Nature is at fault and requires assistance, and that he should do this as early as possible. *He must never presume that a parturition is normal. He must not be content until he has satisfied himself that it is not abnormal.* This attitude must be assumed in every labour. Again and again one sees how failure to do this results in complications being overlooked until they cannot be remedied, and the child's, and even, occasionally, the mother's, life sacrificed or greatly endangered.

Another matter which the accoucheur should ever bear in mind is the limitations of the different operative procedures. Repeatedly cases are being admitted to the Glasgow Maternity Hospital where the