regarding which it is permissible to say a word. The first striking feature of precipitate labour as one encounters it in practice, is the fact that it is peculiar to certain individuals. This is due not only to the strength of the uterine contractions, but also, and even in greater part, to the slight resistance offered by the soft parts of the parturient canal. Very frequently such patients state that they have had only ' one or two pains,' which shows that the process of dilatation, usually accompanied by much suffering, occasionally does not set up nervous phenomena termed ' pain.'

The ordinary dangers of precipitate labour are familiar to every one — rupture of the perineum, post-partum hæmorrhage, injuries to the child. In addition, there has occasionally followed a subcutaneous emphysema, and still more rarely fracture of the sternum. These complications are considered in Chapter XXXVI. Walthard[1]
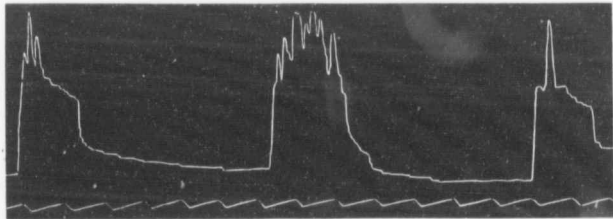

FIG. 3.—Uterine Contractions registered by Schäffer's Instrument.

points out that emphysema is very rare in precipitate labour. Certainly, the two cases I have had experience of followed labours in which the bearing-down efforts were prolonged and of unusual severity.

Uterine Inertia.—We are more concerned here, however, with he other condition, in which the expulsive forces are feeble and ineffective. As the expulsive forces consist of two component parts, the uterine contractions and the auxiliary forces, it is natural to expect that labour may be protracted sometimes by one, sometimes by the other, and occasionally by both being at fault.

Uterine contractions, to be effective, should possess three characteristics. They should occur at regular but not too long intervals, they should be strong, and they should be sustained. As labour advances these features should become more decided. Sometimes all three are at fault, but the most frequent cause of delay is the weakening and cessation of the contractions just when they should continue.

Winckel's ' Handbuch,' 1905, Bd. ii., Teil iii., p. 2094.