but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains." Again, "the short inert pains which prognosticate hemorrhage," call for the treatment urged by myself two years ago, viz., rupture of the membranes. This is usually enough without recourse to other aids, medicinal or mechanical, as it suffices to induce regular muscular effort by allowing the ovum to become elongated and the organ space for contraction. When adhesions are present they inflict lacerations of the muscular tissue at the points of union, and thus cause nerve irritation with rapid reflex action; and this quickened action expends its force to a greater or lesser degree locally, ere the whole organ has time to participate in one common effort. Hence, there is a lack of expulsive power, and painful and retarded labor. Time forbids going into the consideration of much that suggest themselves in connection with this subject; but there is one point I wish to bring before you. When the adhesions exist—as they most generally do—at the lower third of the cavity or around the internal os, we have a condition of things that is an effectual bar to powerful uterine effort, as well as to any progress towards expulsion. Even if the spasms are regular and strong, they must fail, inasmuch as the adhesions act in a mechanical way and effectually prevent dilitation of the os; while at the same time, the pains are expended without object on account of the mutual antagonism of the contractile forces. Failure must follow, inasmuch as there is the absence of the one essential condition of success, viz., a concentration of the expulsive powers of the organ toward the outlet. Such cases are always troublesome to the accoucheur, and tedious and distressing to the patient. There can be but little doubt many hours and days of sorrow could be averted by a knowledge of the conditions present and a timely proffer of the required aid. Fortunately, the difficulty, in most instances, is within reach, and the finger of the attendant is able to effect the desired detachment of the membranes from the uterine surface. When once this is done the liquor amni rushes downward and the bag of waters after filling the os, is driven forward like a wedge by the concentrated, and now powerfully expulsive, uterine effort, because such effort is directed toward the outlet.

The rapidity with which labor is accomplished after the correction of such irregularities is truly marvellous, and most satisfactory to both accoucheur and patient.

I am aware that, in some cases, the attachment of the decidua is beyond the reach of the finger. When this is the case, two methods of treatment are open to us. First, we can use the uterine sound—as a digital prolongation—and separate the adherent surfaces to almost any extent; or, second, we can resort to rupture of the membranes, and allow the fœtus to glide over the decidua, inasmuch as the latter fails to glide over the uterine surface as it does in normal labor.

Much more might be said, but I will draw your attention to but one point more, viz., the great advantage, with regard to both safety and time, that follows the rapid and complete delivery of the after-birth. These results, so much to be desiderated, can generally be accomplished by aiding the last labor-pain, that expels the child, by pressing quite firmly over the uterus with the left hand at the precise moment that the organ is contracting By this means our object is thoroughly accomplished. If it fails at for the moment, we should wait a little, and then repeat our efforts with the next uterine contraction, which, when gently and skilfully applied, seldom fails to be crowned with success. When it is desired to aid the uterus in expelling the after-birth, be careful not to twist or make strong traction upon the membranes; if you do, the result will be their laceration and partial removal. Besides this, frequently a sack of blood is left behind, which must be a source of great danger. I have no doubt that many cases of puerperal peritonitis and metritis are induced by such means; also the presence of such a foreign body will favor hemorrhage by dilating the organ Even the retention of the adherent membranes alone are not free from danger, as all will readily admit.

In conclusion, I would urge upon my fellow practitioners to cultivate an acquaintance with the diseases of women. No subject presents more inviting interest' nor offers a fairer and fresher field for exploration and scientific enjoyment.

Progress of Medical Science.

ON THE ECZEMATOUS ERUPTIONS, AND ECZEMATOUS ASTHMA OF CHILDHOOD.*

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Whatever may apparently be gained in accuracy of classification by the general adoption of the more recent views of dermatologists regarding eczema, I fear we are in danger of losing much in the broader

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