unnecessary to discuss results obtained by such methods, for it is at once apparent that no exactness could possibly be obtained by such devices.

The earliest and most scientifically constructed instrument for calculating the uterine force is the tokodynamometer of Schatz<sup>1</sup> (Fig. 1). By means of it and its modifications, many interesting observations and tracings have been made by different observers, showing the features of normal and abnormal uterine contractions. Some years ago Schäffer<sup>2</sup> gave this subject special consideration, and by means of his instrument made some tracings. Schäffer's instrument (Fig. 2) has the advantage of being more easily applied, although, of course, one cannot estimate the uterine contractions so accurately with it, as with Schatz's and similar instruments. Schäffer states

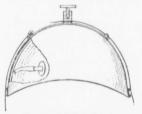


FIG. 2.-Schäffer's Pelotte.

that in the interval of the contractions the pressure is 5 millimetres of mercury, and during the contractions it varies from 80 to 220 millimetres. He also considers that the power of the uterine contractions and auxiliary forces is about equal. The most recent investigations in this subject are those made by Fabre,<sup>3</sup> and communicated to the International Congress in London of 1913. But although such instruments and investigations are of decided scientific interest, they are, at present, of no practical value. In practice one can only estimate the efficacy of the forces of labour by the progress made.

The expulsive forces may be abnormal in three ways: they may be unusually strong, they may be unusually feeble and ineffective, and they may be irregular (tetanic).

**Precipitate Labour.**—Although excessively strong uterine contractions and the resulting condition of *precipitate labour* does not, properly speaking, come under the head of dystocia, it is a subject,

<sup>2</sup> 'Experimentelle Untersuchungen über Wehenthätigkeit,' Berlin, 1896.

<sup>3</sup> Transactions of the Section of Obstetrics and Gynaecology, International Congress, London, 1913, part ii., p. 59.

<sup>&</sup>lt;sup>1</sup> Archiv f. Gyn., Bd. iii., Heft 1, and Bd. xxvii., Heft 2.