

threaten death by starvation or debility, the induction of abortion by the douche would evidently be far preferable to either the dilatation of the os uteri, the attempt to puncture the membranes, or the administration of ergot. The latter has little power in such cases, while neither dilatation nor puncture could be effected without danger, because of the undeveloped state of the cervix uteri.

After the fifth month, when in the normal condition of the pelvis the os uteri can be reached, and the membranes punctured with tolerable facility, there is a certain number of cases in which the evacuation of the uterus is called for to relieve the effect of the pressure or irritation, and in which the evacuation of the liquor amnii is alone sufficient to relieve the urgent symptoms. In these cases, the operation of puncturing the membranes has the advantage of affording immediate relief. I alluded to dropsy of the amnion; excessive vomiting in the latter months of pregnancy; draining hemorrhage from partial separation of the placenta; the occurrence of insanity, convulsions, and chorea; or dangerous oppression of the circulation or respiration. Here the mere diminution of the size of the uterus, which may be obtained by the evacuation of the liquor amnii, without the immediate expulsion of the foetus, sometimes affords instantaneous relief. In all such cases, puncturing the membranes is a more direct method of obtaining relief than any other procedure, and on this account may be preferred.

In cases where the operation is performed to save the child, without reference to the condition of the mother, as when the child has died, and again at the latter part of pregnancy, from imperfect circulation in the placenta, there can be no question of the superiority of the douche to any other method. Its operation is, in fact, scarcely, if at all different from natural labour, and there is no risk whatever of injury to the mother through its employment.

In fine, from the accounts of the numerical results of the induction of premature labour by the ordinary method, it appears that nearly one-half of the children are born dead. This is partly owing to the necessity for its performance in some cases before the foetus has become viable; and in part to the occurrence of difficult labours from deformity, and from the evacuation of the liquor amnii at the commencement of labour. This latter cause of increased mortality among children born through the induction of premature labour, promises to be entirely obviated by the substitution of the douche for the operation of puncturing the membranes. There are, indeed, sound reasons for preferring the douche in all cases in which the foetus is living and viable, in which the immediate relief to be obtained by discharging the liquor amnii is not imperatively demanded. As regards the mother, the douche relieves her from all risk of mechanical injury to the uterus. It is well known that the proportion of mal-presentations is increased in cases in which labour comes on at the full term. In cases requiring turning, after the induction of premature labour, the danger to mother and foetus is increased by the absence of the liquor amnii. But these and other difficulties which follow upon the evacuation of the liquor amnii before the commencement of labour, when the foetus has arrived at the latter months, are greatly diminished by the employment of the douche. This happy improvement promises to be of equal value to the mother and child. Above all, it is applicable in cases where the os uteri cannot be reached, where the induction of premature labour by any other known means is impossible, and where the only alternative is the danger of the Cæsarian section—*Lancet*, Oct. 2, 1852, p. 297.

OBSERVATIONS ON THE INDUCTION OF PREMATURE LABOUR BEFORE THE SEVENTH MONTH OF PREGNANCY.

By Dr. Robert Taylor Lee, F.R.S.

[In a paper, read before the Medical and Chirurgical Society, Dr. Lee said that]

In the year 1812. in the third volume of the "Transactions" of the