

through it. If an insuperable obstacle, such as mentioned, prevents the descent of the child, and the contractions of the upper uterine segment continue, the child's body is driven down further and further into the lower uterine segment and cervical canal. The walls of the lower segment become more and more distended to receive the increasing bulk of its contents, while the firmly contracting upper uterine segment is drawn up higher and higher, and it becomes thicker and thicker, until it sits upon the child's body like a cap.

The ring of Bandl, or the upper boundary of the lower uterine segment, is normally at about the level of the brim. As the upper segment becomes thicker the contraction ring becomes more and more marked as a visible and palpable line running across the abdomen between the symphysis and the umbilicus, approaching nearer the latter the greater the distension and elongation of the lower uterine segment. If there is a greater bulk of the foetal body in one side of the lower uterine segment than the other, the contraction ring is higher on that side, and will thus run an oblique course across the abdomen. There is a limit, however, to the capacity of the lower uterine segment, and to the stretching and tenacity of its walls. The limit being reached, the walls give way, and rupture occurs.

Similar effects may be produced, it is affirmed, without insuperable obstruction, by the tetanic action of the upper uterine segment, induced by the administration of ergot in the early stage of labor. Occasionally rupture takes place without obstruction, owing to tissue degeneration—fatty fibrous or tubercular—of the uterine wall. Rupture may also arise from traumatism, as from falls, blows, or violent and unskilled manipulations during the forceps operation or version. Inflammatory changes due to prolonged pressure between the foetus and the pelvic walls may conduce to rupture and even to ulceration and gangrene. The site of the rupture will vary, but it almost always begins in the lower uterine segment. It may occur on the anterior, posterior or lateral walls, authorities differing as to the most frequent seat; probably the most frequent site is on the posterior wall. The line of cleavage is