that time no physician was present. You will notice that we had an occipito anterior position. I wish to state, however, in this connection what I will repeat later, that this was the exception and not the rule in cases where early rupture of the membrane occurred.

J. G. Caven's case. Pregnancy advanced eight months. Uterus distended from hydramnios. May 3rd, pain in abdomen considerable; May 7th, 8th, 9th, pain severe with some tetany of the uterus, relieved by hypodermics of morphine. May 10th, labor commenced; seen by Crawford Scadding in consultation. May 11th, noon, first seen by myself. Uterus in a condition of tetany; membranes kept continuously tense; slight dilatation. Membranes punctured. Saw her again in the evening. During afternoon forceps applied and slipped. The pains had been very severe. We presume, from the slipping of the forceps, that there was some abnormal head presentation, the nature of which we could not for a time discover. Chloroform administered. Occiput found to be towards the left posterior, rotated to the front by the hand; forceps applied; child delivered.

The puncture of the membranes in this case changed it from an ordinary difficult labor to the so-called "dry" labor. When there is tetany of the uterus it is not well to evacuate the amniotic fluid too suddenly. Rapid escape of the waters may be partially prevented by using the fingers or hand as a plug. It might have been better to administer chloroform earlier with the object of relieving the uterine spasm, and puncture the membranes while the patient was still under the influence of the anesthetic. I may say that I know of no treatment for a patient with such symptoms which is entirely satisfactory to me.

I had noticed years ago that among the many varieties and complications of tedious dry labor, malposition of the head was somewhat common. I have recently, however, reached a definite conclusion that in nearly all cases of pronounced dry labor, that is, when the membranes have ruptured before the onset of labor (especially sometime before), the occiput points to the rear. Whether this faulty head position is the cause or effect of the evacuation of the liquor amnii, I do not know.

In the early part of 1899 I happened to have three difficult dry labors within a short time, two of them being the worst I ever saw. In each the occiput was posterior. I then went over some of my notes, and found that such complication was more common than I had thought. I have studied the matter somewhat carefully since, and will give you some statistics later.