first period or stage of labour, and, with it, generally, the membranes are spontaneously ruptured and their contents discharged.

Again, after having accomplished its object, the full dilatation of the uterine neck and contiguous parts, the membranous bag may not become ruptured till at the expiration of the second stage; that is immediately on its rupture, the bag having protruded between and, in some cases, even beyond the external parts, and having gradually, though effectually induced the necessary degree of dilatation of the vaginal canal, the child's head immediately follows the escape of the amniotic fluid.

However, this is not always the case, and often the very persistence and integrity of the membranous bag after, and even before, the completion of the first stage of labour, is in itself productive of vexatious delay, more particularly when the expulsive efforts are only of a moderate degree of severity or even when they become, from, apparently, unappreciable causes, totally suspended. I have for the last eighteen years enjoyed something of a large private and consultation midwifery practice, and have adopted the following course, which although it may not be entirely orthodox, has, however, the merit of being based upon a somewhat extended experience, and attended with invariable success. I am particularly careful to preserve the amniotic fluid till the os uteri is well dilated; and though the head is just being engaged in the superior strait, it often happens that the pains although they may be strong, and probably as pressing as at any other period, still there appears to be a want of their direct application upon the fœtal body, the consequence is that the labour begins to flag, and, at times, is almost stationary; but if the membranes are ruptured at this stage, the presentation being correct, and the waters evacuated, the uterus has *room* to contract, there *now* being a vacuum; it embraces more closely, or even moulds itself over, the various parts of the child still retained in the womb, and, necessarily, a speedy termination of the labour occurs, which would otherwise have been more or less prolonged. We sometimes observe that the abdomen, *cæteris paribus*, is, in some women very large, giving rise to the idea that the womb contains two children or that it is inordinately distended by the amniotic secretion: to determine the first point, a careful external examination will generally detect a sufficiency of the hard parts of one or two children; while the second may be defined by the uniformity of the abdominal surface and its unusual degree of fluctuation, combined with the distant feel of the fœtal parts. In such a case as this, the labour cannot progress as the over distension of the womb tends to induce a paralysed state of its muscular fibres, and nature here teaches us the remedy, by a spontaneous and early discharge of the fluid contents of the uterus.

Whether I have been more fortunate than other practitioners in having but lucky cases falling to my lot, I cannot say; but, of this I am certain that I have never been more than from two to six hours in attendance on any case, even although called at the commencement of the first stage, and when the os was opened sufficient only to allow the introduction of the point of the finger, to satisfy myself as to the nature of the presentation. It may be proper, however, to remark that much of my success and the immunity of my patients from prolonged suffering may be possibly due to the use of my friend, "Dr. Pollard's