

had the patient lived. You may think some of these statements are founded on mere guesswork. To a certain extent this is true, but I feel certain that the guessing is nearly correct. We will probably all agree that the patient's life should have been saved, and her suffering should have been greatly lessened.

Before going into details I wish to tell you, in a general way, some things founded on my observations in connection with the last twenty cases I have met.

A small proportion of dry labor cases progress favorably even when membranes have ruptured two to seven days before the onset of labor.

Generally the labors are tedious and painful far beyond the average.

The tremendous storms which sometimes suddenly and unexpectedly arise in connection with the uterine contractions are occasionally accompanied by pains amounting to agony which is unendurable for any length of time.

In many cases where the patient's lives are saved much injury is done through hemorrhages or injuries to the parturient canal.

By judicious treatment the lives of mothers and children can generally be saved, and the sufferings of the mothers can be greatly diminished.

In a large majority of cases the occiput is turned to the rear, and remains so unless the malposition is rectified artificially.

In a small proportion of cases of these occipito posterior positions, the occiput goes to the front naturally.

In a certain proportion of dry labors there is some pelvic deformity, generally contraction of the brim.

I will now refer to a few cases illustrating some of these points:

W. Goldie's patient. Membranes ruptured shortly after onset of labor, and before dilatation of the cervix. Pains very severe, had lasted from morning until half-past four p.m. when I saw her. Patient nearly worn out. Os partially dilated but rather rigid. Vagina not well dilated. Perineum rigid. Chloroform administered, vagina and cervix dilated by fingers and hand; perineum still somewhat rigid. Forceps applied at six; delivered at 6.30; occiput to the left front. Bad rupture of the perineum through sphincter ani and serious laceration of the pelvic floor. Both were repaired by immediate operation.

In this patient, although the membranes were ruptured fairly early, the head acted as a ball valve so well that the liquor amnii was not all evacuated until the cervix was partially dilated, but was evacuated too soon to allow an easy normal labor. I think it might have been better if greater effort had been made early in the morning to diminish the pains, but at