

it is necessary to interfere earlier than with others. Generally speaking, the cardiac condition, as indicated by the pulse, is a fair guide. To have the full benefit of this guide, however, one must know beforehand the ordinary rate and character of the pulse, for I have found it by no means uncommon to get a pulse-rate of 90 to 110 quite early in labour—indeed, even during the later weeks of pregnancy. A steadily rising pulse-rate is of most value, and must always be looked upon as a danger-signal. The same applies to a steadily rising temperature and increasing restlessness.

I have only referred to the early indications for interference, and have not mentioned tetanic contraction of the uterus, tenderness over the lower uterine segment, and the appearance of Bandl's ring. Without doubt, these also are indications for immediate delivery. As we shall see, when rupture of the uterus is being considered, they are symptoms of the very greatest seriousness. *But they should never be allowed to develop; the uterus should be emptied long before they make their appearance.*

As regards the child, a steady slowing of the fetal heart, especially when the rate decreases to about 100, always points to the child's life being in danger. At such a time one finds the cardiac sounds much affected by the uterine contractions. At all times they are very much slower during the contractions, but if the child's vitality is undisturbed they quickly return to the ordinary rate as the contractions pass off. *When they return slowly, and especially when they are irregular, there is no time to lose if the child is to be saved.*

The escape of meconium in all presentations other than the breech is another danger-signal on the side of the child. No doubt small quantities of meconium are discharged into the amniotic cavity even during pregnancy, but its free escape during labour, unless the child's cardiac condition is absolutely satisfactory, calls for speedy delivery.

Strong and irregular fetal movements also frequently precede the death of the fetus during labour. With the mother very restless and suffering from the pains of labour, however, such a symptom is seldom of much practical value. We must depend, therefore, almost entirely upon the condition of the fetal heart. If the labour is at all protracted, the accoucheur must auscultate the fetal heart frequently; he must note its rate and character, and how it is affected by the uterine contractions.