

enate the uterine contents, as anything short of attaining this result leaves our patient exposed to danger. *With regard to premature delivery*, it is clear that the ordinary pathological changes that result in setting up uterine contraction at the end of the ninth month, are in these cases precipitated by some peculiarity of constitution, or diseased condition of the uterus or decidua. One prominent feature of these cases strongly favors this view, viz., that the safety of the mother and child also, is greater, just in proportion to the length of time that intervenes between its occurrence and the normal period of gestation. This lessened danger is due to the comparatively advanced changes (already mentioned) having taken place, whereby lesser violence, than in the early stages, is exerted upon the decidua to effect its separation and expulsion. In both classes of cases, however, the difficulty of detaching the after-birth should lead us to delay as much as possible, the dilatation of the os, in order that the work of separation may be more perfectly accomplished by the uterine contractions. This view of such cases would also teach us, to aid by manipulation over the uterus, the final uterine spasm which completes the expulsion of the fœtus or ovum. In ordinary labor, which will be referred to hereafter, this course will also be of much service in bringing it to a satisfactory close.

*With regard to prolonged gestation* we have a simple and satisfactory explanation, when we once recognize the separation of the decidua as *the exciting cause* of labor. In these cases there is simply a delayed maturation or fatty degeneration of the decidua. Among the lower mammalia the period of gestation varies very much within the bounds of perfect health, and there is no difficulty in accounting for such cases upon the hypothesis just advanced.

The same theory that accounts for prolonged gestation, also accounts for its occurrence within a normal period. Perhaps temperament has something to do in hastening or retarding the ordinary pathological changes.

Important and practical as the views expressed are, in both abortion and premature labor, yet it is chiefly as relating to labor at term that they are most interesting. Not only do we perceive the operations of nature in originating uterine contractions with their consequent results, but we have

also placed before us a sufficient cause for many of the distressing and dangerous phenomena met with in the lying in chamber.

In the decidual adhesions, we see the cause of those imperfect muscular contractions which I have spoken of at some length, in the paper already referred to, which recently Dr. Athill similarly describes as "strong and quick; they do not gradually culminate in a strong pain and subside again, but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains." Again, "the short inert pains which prognosticate hemorrhage." call for the treatment urged by myself two years ago, viz., rupture of the membranes. This is usually enough, without recourse to other aids, medicinal or mechanical, as it suffices to induce regular muscular effort by allowing the ovum to become elongated and the organ space for contraction. When adhesions are present they inflict lacerations of the muscular tissue at the points of union, and thus cause nerve irritation with rapid reflex action; and this quickened action expends its force to a greater or lesser degree locally, ere the whole organ has time to participate in one common effort. Hence, there is a lack of expulsive power, and painful and retarded labor. Time forbids going into the consideration of much that suggests itself in connection with this subject; but there is one point I wish to bring before you. When the adhesions exist—as they most generally do—at the lower third of the cavity or around the internal os, we have a condition of things that is an effectual bar to powerful uterine effort, as well as to any progress towards expulsion. Even if the spasms are regular and strong, they must fail, inasmuch as the adhesions act in a mechanical way and effectually prevent dilatation of the os; while at the same time, the pains are expended without effect on account of the mutual antagonism of the contractile forces. Failure must follow, inasmuch as there is the absence of the one essential condition of success, viz., a concentration of the expulsive powers of the organ toward the outlet. Such cases are always troublesome to the accoucheur, and tedious and distressing to the patient. There can be but little doubt many hours and days of sorrow could be averted by a knowledge of the conditions present and, a timely proffer of the required aid. Fortunately the difficulty in most instances, is