exhaustion. The labour often sets in fairly, with regular and effective pains, till, perhaps, the first stage is completed; after passing into the second stage, the pains alter in character, become more frequent and less defined, without periods of complete rest between them. Symptoms of acute fatigue are present. The muscles are irritable from exhaustion; they are losing power, are responding feebly, or not at all. The sufferer becomes irritable and anxious, thinks she should be assisted, and, perhaps, vents some ill-natured remark at the accoucheur standing listlessly by. On examination, the head is presenting naturally, and is usually found in the floor of the pelvis. Another digital examination in half an hour likely enough reveals no progress, owing to a true transient paralysis of the organ having ensued.

In another class of cases, the pains are slow and feeble from the beginning. The patient is usually the victim of disease, and the enfeebled parturient action is a fair indication of the lowered vitality. After a time, the pains become irregular, and seem to produce no effect on the os uteri, and they ultimately cease. In these cases, the powers of life appear to fail in the violent efforts required for expulsion. The uterus acts in sympathy with the general state of the system. Even when deficient or irregular action continues, the labour has ceased to be natural. From the resulting condition, spring many of the most troublesome complications connected with parturition. It is a condition which should by every possible means be avoided, and when it does occur, it should be relieved with the least possible delay.

Much, however, might be done for these classes of patients prior to the onset of labour. Even with the enfeebled woman, frequent and judicious administration of beef-tea and other kinds of nourishing food may obviate the tendency to exhaustion. Benefit may also be derived from the administration of the tincture of perchloride of iron; and, if near her confinement, I have even seen more benefit from the use of the liquid extract of yellow cinchona in fifteen-minim doses every four hours; while rest may be secured for a day or two when the non-effective labours happen during the first stage by the exhibition of a sedative. Until this first stage of the labour has been completed, I allow the patient her usual diet, she is not restrieted to the recumbent position, and, if the labour be tedious, I endeavour to persuade her that no mischief is likely to result from the delay. My experience is at one with Dr. Hamilton of Falkirk, who, in his able article on the proper management of tedious labours, says: "I now rarely attempt to interfere with the progress of the first stage of labour, even when this is protracted for some days. Indeed, when I can, I keep as much as possible out of the way of my patients, recommend them to walk about or lie down, as they may incline, to take a little sherry and water to support the strength, and, in fact, I get over it the best way I can without interference." Indeed, if I differ at all from Dr. Hamilton, it is through paying more attention to the dieting than he appears to have done. I prefer beef-tea to his sherry and water, and, instead of keeping out of the way, I see my patient at least daily, so that she may feel in no way anxious about her condition.

As illustrating my treatment of the first stage, I will read over the notes of a case.

Mrs. G., aged 35, of slender make, was confined with her third child; her pains were weak, short, and irregular; these had continued for some hours when I first saw her, she said about fourteen hours. The os had now opened about the diametar of half a crown. After waiting a little, finding the pains doing so little good, I left her. About six hours after I saw her again, the pains had become more frequent, teasing, and so constant as to prevent sleep, yet the os gave hardly any appreciable evidence of progress. To relieve her anxiety, I gave her an opiate, and arranged that she should receive her usual diet, with a good supply of beef-tea daily, until the labour was over. Four days afterwards I got a message to come at once. When I reached the house, the child was born, I was told, by a few very strong pains. She made a good recovery. In this case, it appeared to me that the uterine fibres were so relaxed and weakened as to cause the power of contraction never to get beyond the cramp-like initiatory efforts of the onset of labour. The pains were of a colicky character, the vagina was hot, and the secretion of mucus scanty. I have no doubt the rest in bed, along with the generous diet during these four days, helped very much to render the termination of this case so favourable to mother and child.

Whenever a woman has passed fairly through the first stage of labour, I remain with her and carefully mark the progress of it. With Dr. Hamilton, I have noticed "that the ratio of mortality to mother and child...is most intimately connected with the duration of the second half of the labour." The pains of expulsion vary in rapidity and in strength; sometimes a very severe one may be followed by several weak, useless ones; yet, on the whole, progress in made. When debility sets in, the pains become short, sharp, and recur more frequently. Indeed, like the feeble heart, the uterus is trying to make up for its weakened power by a quickened, excited action. With the onset of this condition, little or no further progress is gained. On examination, the passages are found quite sufficient to permit a natural delivery; but each recurring pain makes no permanent advance on the vertex, or may make no impression on it whatever. Should the obstetrician in attendance not deliver at this stage, he he will soon find, in the quickened pulse, the furred tongue, the anxious countenance, the drooping spirits, and the failing strength, along with the gradually subsiding pains, that he can gain nothing by the delay. I have ceased now to wait for these symptoms, and, as soon as the strength begins to fail, I gently inform the patient of her condition; by the time she has made up her mind, it is time to interfere, and, these cases being the most favourable for the forceps, I have used these instruments without difficulty and without injury to mother or child. Thus Mrs. W., a young lady born and rear-