

to the rear while I was applying the blades of the forceps, and there was a bad rupture of the perineum and pelvic floor.

The treatment of this case was, in many respects, anything but good. The labor occurred at a time when I had rather hazy ideas as to the proper treatment of dry labors. In the first place, I did not take sufficient care of the patient during the two days intervening between the rupture of the membranes and the onset of labor. Next, I administered chloroform myself, chiefly from a desire to save my patient the payment of an extra fee. Next, I gave chloroform badly. Finally my treatment of the occipito-posterior position was faulty.

There was no nurse present, the people were poor and I tried to do the best I could without assistance. In recent years I have not attempted anything of this sort. I desire an assistant who will give all his attention to the administration of the anesthetic, which I wish done in a certain definite manner which I will describe later. Fortunately, in this case, the mother and child both did well, and I was able to repair the injuries to the pelvic floor and perineum by immediate operation.

I will now pass on to speak of later work, giving especially the results of my observation during the last three years. Before doing so, however, allow me to return to the case of the Princess Charlotte and express certain opinions from a clinical standpoint.

After the rupture of the membranes at seven o'clock there was a pause followed shortly by pains which, during the latter part of the night, were very severe. The cervix was probably dilated at about seven o'clock Tuesday morning. Patient was then very tired and almost exhausted. She urgently required assistance, and should have been delivered about eight or nine o'clock, or by eleven o'clock at the latest. Pains were less severe during Tuesday, but became strong again about midnight. Delivery was expected every hour during the first half of Wednesday. Child died, probably during this (Wednesday) morning. Uterine contraction strong, with great suffering Wednesday afternoon and evening. Child born at nine o'clock.

The chief cause of the delay after Tuesday morning was, probably, faulty position of the head, the occiput being posterior. How do I know? you may ask. Well, I do not know, but I feel almost certain that such was the case. Why, I will tell you later. After delivery the patient suffered terribly from exhaustion and shock. There was hour-glass contraction and considerable hemorrhage. There was probably serious injury to the pelvic floor, laceration of the cervix, and a certain amount of necrosis of the tissues, subjected to the prolonged pressure, which would have resulted in a fistula, or two or three fistulæ,