

up an extreme position and becoming a partisan for or against any particular treatment. Progress in obstetrics has been much retarded in all ages by those who have unfortunately adopted such an attitude. When one finds equally distinguished obstetricians holding absolutely different views, it is almost certain that the right is with none. Personally, I know of no recognized obstetric operation which has not its place and may not be practised with advantage under certain conditions, and I consider that obstetrics has been greatly advanced by the revival of symphysiotomy, by pubiotomy, and by vaginal Caesarean section.

There are three factors which influence labour—the *forces*, the *child*, and the *passage*—and no attitude towards dystocia could be sounder than attempting to estimate in every case how far each of these factors is disturbed. This is often difficult, especially in the minor forms of dystocia, for sometimes more than one, and indeed all three, are at fault. The obstetrician, however, must carefully consider all, and relegate to each its proper place. The easiest explanation of a delay or difficulty is to blame the forces—the factor which is most indefinite and most difficult to exactly estimate. For this very reason, therefore, and because it is the least serious, the accoucheur should not rest satisfied with attributing the trouble to it until he has made certain that neither of the other two factors is disturbed. This matter will be more fully considered in the next chapter.

But labour may be further disturbed by accidents to the parturient, such as rupture of the uterus; by hæmorrhage, such as that which is associated with placenta prævia; by displacements of the uterus, such as retroversion, all of which, and many other complications considered in these pages, the accoucheur must be alert to appreciate and deal with. Frequently he has to do this with all celerity under conditions not too favourable and with very inadequate assistance. Appreciating this fully, I have tried, in considering all complications, not only to describe the ideal treatment of the particular condition, but also, when such a treatment is impossible, to indicate the best course to follow under the circumstances.

There remains, however, another group of cases where the factors of labour may or may not be disturbed, but where operative interference becomes necessary in the interests of the mother or child, because the vitality of mother or child shows signs of progressive weakness.

In the case of the mother, where actual disease such as valvular disease of the heart, phthisis, hyperemesis, etc., is not present, it will be found almost without exception that one or more of the factors of labour is disturbed. In this connexion it must be remembered that women bear labour very differently, and that consequently, with some