as cured. Since then she has been in good health and looks much improved.

The tumor was of the nature of a fibroid but small cysts were found in places, around which areas the tissue was soft and somewhat translucent in appearance.

LINGERING LABOUR.

Meeting of the British Medical Association.

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I may begin by asking myself in what respect do my own views in 1890 differ from those I was taught as a student some thirty-five years ago. The one dominant idea at that time was that interference by way of promoting a rapid labor, and easing the agonies accompanying it, was a thing to be looked on with the greatest suspicion. This teaching, which was embodied in the often-quoted axiom, that "meddlesome midwifery is bad midwifery," led to the patient being often needlessly left to linger on in many fruitless hours of suffering, wearied and exhausted by her pains, and making, therefore, a protracted convalescence which she might have readily been spared. The tendency of the day is perhaps to err in the opposite direction, but I do not hesitate to affirm that it is the bounden duty of the practitioner to avail himself of every means in his power to ensure his patient an easy and short labor, with as little suffering as possible, provided only he is satisfied that the means he adopts are such as are not in themselves likely to prove injurious.

To begin with, let us consider what may be done in a case of labour prolonged in the first stage from a rigid and undilated cervix. In this, the great lesson insisted on in my youth was that protraction is of no importance provided the membranes are unruptured, and that therefore the sufferings of the patient were of little consequence. For example, I refer to Churchill's *Midwifery*, which was the most generally used textbook when I was a student, and I find it laid down that labour is not to be considered as even tedious, unless more than twenty-four hours have elapsed; again, we are told that no matter how long the delay, we are not justified in interfering unless we find evil resulting. I fancy that few modern obstetricians would admit these statements to be such as now guide them in practice.

The mere wear and wear of a labour lasting more than twenty-four hours seems to me to be in itself a serious thing, nor do I admit that it is right to wait with our hands folded, doing nothing, until symptoms of mischief have actually arisen. I shall not consider here at all cases in which rigidity of the cervix is due to structural causes, such as cicatrices, inflammatory or malignant indurations, and the like, all of which are exceedingly rare. I refer simply to the frequently met with difficulty arising from non-dilatation caused by inertia, or by irregular and cramplike pains, premature rupture of the membranes, adhesions of the membranes, and over-distension of the uterus from excess of liquor amnii.

It is in such cases that our predecessors recommended an energy of practice very much at variance with their theory that delay was of little consequence. Bloodletting was the first resource, fourteen to fifteen ounces being recommended by Churchill as a very moderate quantity; then came tartar emetic in nauseating doses, large hot baths, and other such means, all of which may be placed in the limbo of obsolete remedies, and none of which are probably ever thought of in the present day. Opium was advised occasionally, and no doubt is useful in certain cases, but has the disadvantage, no matter in what form it is administered, when given in sufficient quantity to be really useful, of temporarily arresting the pains altogether. It is to be noted that in the vast majority of such cases there is no real obstacle in the cervix. It may be said that this will always dilate readily enough provided the expulsive powers be properly acting, and in dealing with this our first object will be to ascertain, and if possible remove, the cause which is interfering with the normal progress of the case. Fortunately, we have most useful agents at our disposal which were