

The dangers to the child are chiefly: Asphyxiation, meningeal hemorrhage.

Let me call your attention to some of the elementary facts connected with the mechanism of uterine expulsion.

Physiologists explain to us that every muscle in the body has an opponent, and that, generally, the flexors and extensors are opposed to each other.

The muscular fibre which shortens during contraction does not lengthen after contraction, except by direct action of its opponent.

In the uterus the opponent to the muscular fibres is not a muscle, but the liquor amnii, contained within the membranes, acting by hydrostatic pressure.

Before labor the muscular fibres, after contraction, are forced to their original length by the pressure of the liquor amnii.

After labor commences, but before rupture of the membranes, the internal os begins to open and the amnion is forced partly into the cervical canal. The resisting pressure is thus lessened, and the muscular fibres are not stretched to their original length after the contraction, but become gradually shortened by successive pains. This is partial retraction.

We have, also, the results of uterine polarity, in consequence of which the lower zone and cervix relax while the fundus of the uterus contracts. Such relaxation does not, in itself, cause dilatation, but renders the lower zone capable of extension.

After rupture of membranes there is generally a stoppage, for a time, of the contractions.

Premature rupture of the membranes destroys the proper equilibrium of the various forces in a way not easily understood.

Generally something like a storm arises, accompanied with irregular contractions, and, perhaps, tetany of the uterine walls, spasms of the cervix, and pains, sometimes intolerably severe, with diminished expulsive force.

These great changes in the expulsive forces have much more to do with the difficulties connected with the progress of the labor than the shape of the hard presenting part as compared with a bag of water.

I will now give a history of a case occurring in my practice many years ago:

Primipara. Full term. Membranes ruptured Thursday morning. Labor pains commenced the following Sunday morning. The contractions soon became strong and were accompanied by intense pain, amounting to agony at times. Occiput posterior. Administered chloroform. Introduced hand and rotated occiput to the front. Applied forceps; delivered with difficulty. Was mortified to find that the occiput had slipped