

which might have ensued if operative interference had been delayed for one or more hours.

III. para. Pains commenced at midnight, membranes probably ruptured in about half an hour. Saw her first at 1.45 a.m. Nurse gave her a hot bath and enema. The patient was then kept quiet in bed. I do not wish you to think that I consider that in all prolonged labors the patient should be kept constantly on her back in bed, but I think it is never wise to put the patient through any vigorous course of gymnastics, walking or otherwise, for the purpose of bringing on labor pains. I have a firm conviction, however, that in all cases of dry labor it is especially important to keep the patient as quiet as possible without going to any absurd extremes in the matter.

I refer especially to this point on account of the fact that many of our best and most conservative obstetricians have laid down rules directly opposite to those which I am now giving. For instance, Galabin, one of the best obstetricians in the world, says that in the interval between pains the patient should be "up and moving about as much as possible."

Pains became fairly strong about three o'clock and were accompanied by much suffering. At 3.30 and 3.45 chloral given in fifteen grain doses. After four, pains were exceedingly severe with very short intermissions. The chloral had done absolutely no good. What should one do now? Would it be well to keep the patient again in a hot bath and then give her a hot douche, for instance, a solution of lysol, for some fifteen or twenty minutes? No. Under such circumstances the hot bath and the hot douche are absolutely worthless, the storm is coming on and will soon be in full force unless you act promptly and vigorously. At 5.30 chloroform given to the surgical degree by Dr. Hutchinson. Chloroform had a marked influence on cervix, vagina and perineum. Parts were dilated by the hand. In a few minutes forceps applied; easy delivery. Mother and child both did well.

After what I have already told you in connection with these cases which I have reported, I may give my general directions as to treatment somewhat briefly.

#### DIRECTIONS AS TO TREATMENT.

Put the patient in a hot bath and administer an enema. I need say nothing special as to these procedures because they should be carried out as a matter of routine in all cases of labor.

Keep the patient quiet in bed. While it is not necessary to consider this an absolute rule I think it well for you to bear in mind the fact that excessive fatigue, or even a slight amount of weariness, may do considerable harm in all cases of dry labor, as I have before pointed out.