which had been invented two hundred years before. However, I do not wish you to get the idea that the attending physicians did nothing. They were, in some respects, most strenuous. They carefully prepared their patient for her severe trial by lowering her organic strength by bleeding, aperients, and low diet; and they tried to resuscitate her dead baby.

In considering such a report we, the wisemen of this intelligent era, might think we could have done better. Well, as we could not by any possibility have done worse, it may be fairly assumed that we should have done better. Let me ask a question, however: How many of us to-day can manage, in a thoroughly satisfactory manner, an ordinary case of "dry" labor? Very few, if any, I fear.

The direct references to the subject in our text-books are of the most meagre description. We are told that in certain cases the membranes rupture early, causing a dry labor. In such a case the parts must be dilated by the hard unyielding presenting part instead of by the bag of waters. Such labors are tedious and painful. Lacerations of the soft parts are apt to occur and the use of the forceps is frequently necessary. I wish to-day to go a little beyond these vague statements, and speak somewhat definitely of the conditions present, the dangers to be feared, and the proper treatment to be adopted.

The term "dry," as applied to such labors, is unscientific, and to a certain extent misleading. I shall consider a dry labor as one in which the membranes are ruptured, and the waters evacuated before the onset of labor during early uterine contractions, or during the first stage of cervical dilatation. In other words, the term "dry" simply refers to premature rupture of the membranes, and discharge of the liquor amnii. If any portion of the parturient canal (especially the mucous membrane of the vagina) becomes hot and dry, that condition should be considered as one of the complications, and not as an essential feature of the "dry" labor.

Dangers.

The following are some of the dangers to the mother:
Exhaustion from long continued pain.
Rupture of the uterus.
Laceration of the cervix and vagina.
Injury to the pelvic floor.
Laceration of the perineum.
Various forms of fistula.
Irregular contractions of the uterus, "hour-glass."
Post partum hemorrhage.
Pulmonary thrombosis.
Septicemia.