

TREATMENT.

Before giving definite rules as to treatment, I will make a few clinical remarks regarding two cases occurring within the last month.

A. B., I. para. Membranes ruptured at 9.30 a.m. Seen by me 10.45 a.m. Patient had had no pains. By external examination the back of the child easily discovered on mother's right, and slightly posterior. Within a few minutes I was able to make the following diagnosis. Dry labor, head presenting in second or third position. By internal examination I could make out absolutely nothing as to presentation.

I refer to this particularly because I fear that examination during pregnancy and labor by external abdominal palpation is not employed in this Province to nearly the extent that it should be. This particular case furnishes an instance, by no means infrequent, of the vast amount that may be learned in the easiest possible way by external examination.

I have made my diagnosis, in part at least. What is my prognosis? The condition is serious, I think of the various dangers to which I have alluded, and I desire to avoid them. I have no idea that I can make the labor easy, but I feel that I can guard against most of the dangers, if not all. I order rest and quiet as much as possible. The patient told me she would like to get up "to look after a few little things." I agreed at once, largely because I did not wish to lay down iron rules which might cause some exaggerated views as to dangers, and thus cause alarm in the patient. At the same time I told husband and nurse I wanted none, or as little as possible, of that "moving about" which is so dear to some midwives and accoucheurs. She got up, put on a wrapper, looked after her "few little things" and returned to her bed. An enema was then administered. When slight pains commenced at 1 p.m. three doses of chloral were given at intervals of twenty minutes, and appeared to afford some relief. At 3 p.m. some dilatation of the os, occiput to the right posterior. At 5 p.m. a little chloroform during pains; occiput apparently coming to the front, uterine contractions accompanied by severe pains. At 6 p.m. chloroform almost to surgical degree; occiput found to be anterior, os fairly well dilated. Chloroform to obstetrical degree another hour. At 7 p.m. chloroform to surgical degree, forceps, easy delivery. Placenta separated in about fifteen minutes, expressed in twenty minutes. Uneventful recovery.

In this case it appeared to me that the rest, the chloral and the chloroform, all did good. In addition, I think the applications of the forceps and delivery fairly early prevented spasm of body or neck of uterus and also the nervo-muscular storm