Graduation Thesis
on "Futurist Labour"
by Robert Enman.
Tedious Labour.

In the annals of Obstetrics, no case is
recorded more distressing to endure, or in
practice more painful to witness, than those
of Tedious Labour: the poor Mother's mind
is racked by the pangs of hope deferred.
Her strength is exhausted by fruitless efforts,
and she is bedidden by a protracted con-
valescence, or exhausted by the efforts of
nature, she sinks and dies.

Regarding then the mental distress, the body
pain, and the may be fatal effects, it is not
surprising, that the mind of the Obstetric
Practitioner should be roused to grapple
with the difficulty, and give relief to life
to the helpless sufferer.
Such then being the nature of the subject, I propose to discuss in the following pages, it is necessary in the outset to define it. Sedious Labour has been variously defined by different authors, for instance, Harvey defines it thus: "Sed partus difficilis et laboriosus, quae modum negque ordine debito res praebetur, ant inaquas eloquibus symptomatis imprudenter." Rodewie defines it in these words, "Dicatur autem partus ille difficilis, qui cum partus vel maturus proficisci accidit; vel quis cum gravissimis fit symptomatis, ut tardius procedat, ita ut longo tempore Praebatur." While Niemius defines it in the following manner, "Partus difficilis appellatur, qui delibat utque ordinarias natae leges non servat, sed longius tempus insumit, et atque subito vehementius, aliaque symptomata graviora constitantia habeat." (So much for Latin definitions.) I will now quote some eminent authors who have been content to define it in the English language. Thus we have Dr. Morumin defining it to be; Labour in which the head presents as in Cætochias, which
terminates without danger to the mother, which
is affected principally, by the natural pains,
but which occupies a space of time exceeding
twenty-four hours.

Dr. Desman says that, "Every labour in
which the head of the child presents, which is
protracted beyond twenty-four hours, shall be
called difficult."

And lastly, Dr. Churchill defines Fecund
Labour thus: "The head of the child presents,
and the labour is terminated without manual
or instrumental assistance, but it is prolonged
beyond twenty-four hours, from causes which
occasion delay in the first stage. The Placenta is
expelled naturally.

This last definition is the one to which I
shall adhere in treating of this subject in
the following pages, not so much on account
of its superiority over the others, but because
on account of its limiting the discussion
to the causes and treatment of the difficulties
which occur during the first stage of
labour, thereby rendering the labour tedious,
and protracted beyond twenty-four hours."
We will now look to its frequency, this can only be done by referring to statistics, and Dr. Churchill gives the following table:

<table>
<thead>
<tr>
<th>Author</th>
<th>No. of Labors</th>
<th>Have 24 hours</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jos. Clarke</td>
<td>10,387</td>
<td>134</td>
<td>1 in 77½</td>
</tr>
<tr>
<td>Dr. M. Marimain</td>
<td>2,947</td>
<td>128</td>
<td>1 in 23</td>
</tr>
<tr>
<td>St. Dominick's</td>
<td>2452</td>
<td>48</td>
<td>1 in 51</td>
</tr>
<tr>
<td>Dr. Mainwells</td>
<td>839</td>
<td>46</td>
<td>1 in 18</td>
</tr>
<tr>
<td>Dr. Theo. Beatty</td>
<td>1,182</td>
<td>69</td>
<td>1 in 17</td>
</tr>
<tr>
<td>Mr. Dunn</td>
<td>4,666</td>
<td>62</td>
<td>1 in 75</td>
</tr>
<tr>
<td>Dr. Churchill</td>
<td>1,285</td>
<td>166</td>
<td>nearly 1 in 36</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,758</strong></td>
<td><strong>653</strong></td>
<td></td>
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</tbody>
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From this table it will be seen that in very 36 labours, one is protracted beyond 24 hours; it is therefore evident, that it is of the utmost importance that the mind of the Assistance should be made up as regards the treatment he will adopt in different forms of tedious labour.

Let us now see what are the effects of tedious labour, with regard to the Mother & Child. Dr. Churchill gives a long table to prove, that there is very little, if any, to cause danger
to the Mother, no matter how tedious the first stage may be, I very little as regards the child.
Thus out of 143 tedious cases, not one of the
Mothers died, and only 10 children, one of which
was proved, thus reducing the number to 9, or
1 in 16 nearly. This is very favourable as regards
the Mother, but they are, to a certain extent, select
cases, and as regards the child, I consider
one in sixteen rather a large mortality.
Dr. Collins gives in his statistics, 11 Matted deaths
resulting from Tocions Labour, viz. 11 in 16414.
or one in 1492.
As far as my own experience goes, I have only
had two which depended on causes occurring
during the first stage, which will be detailed
fully below in the proper place, having had
50 cases in all, or 1 in 25.
We will now consider the causes which prevent
labour in the first stage, and the proper treat-
ment for each:
1. **Inefficient action of the uterus, or. inertia of
the Uterus.** This cause generally occurs in delicate
women confin'd for the first time, in a dilated
state of the bowels, when the intestines are loaded
with frequent motion, in imitation of the De De Ennie Uterus, the Festina of the Uterus De De De. Treatment, Palliative treatment is sufficient in many cases, the accoucher must practice patience in these cases, I encourage his patient to do the same, he must keep up her spirits by cheerful umorous conversation, avoiding those topics which tend to depress rather than cheer the patient, if it be in the day time do not enforce your patient to keep in bed, let her amuse herself by some light employment, encourage her to walk about, as salt exercise sometimes tends to increase the force of the pains, if necessary clear out the bowels by purgatives, or perhaps better, use stimulating enemata, which sometimes quicken the pains, if the patient requires food it must be bland and stimulating, and not nourishing. If these means fail, we must have recourse to some more potent remedies, Dr. Churchill recommends Opium if the patient is suffering from want of sleep it is exhausted, provided there be no Counter indication, Dr. Green says "it should be an universal rule never to administer Opium in Labour until the bowels be previously opened."
Thus must only be given in cases, where the sole cause of delay, is a bicornal, or feeble state of the uterine action; or where it is desirable to terminate the labour speedily, and that too by means of the natural powers.

I think there is no danger in giving "Brasol" if we attend strictly to the following rules laid down by Churchill. 1. When the pains are feeble and insufficient, without especial cause; 2. If the os uteri be soft and dilatable; 3. If there be an obstacle to a natural delivery; 4. If the head or breech be present, and be sufficiently advanced; and 5. If there be no threatening head symptoms nor excessive general irritability.

But on the other hand, it should not be given:

1. If the os uteri be hard, rigid; 2. If the presentation be beyond reach; 3. If there be a mal-presentation; 4. If the pelvis be deformed; 5. If there be any serious obstacle to delivery in the soft parts; and 6. If there be head symptoms or much general irritation.

And I may add that Accouchers are now generally agreed, not to give ergot in first cases.

With regard to the mode of administering it,
and the preparations used are various, some prefer the Euphor Bisacis Compositi; a teaspoonful every 10 or 20 minutes, some prefer the extract, some the powder, I often the extract, each of which may be given every twenty minutes till the effect be produced, the doses are from 1/5 to 1/2 a teaspoon of the powder, half a drachm to a drachm of the tincture, and from 5 to 10 grs. of the extract. Dr. Davis says the American mode of administering it, is to infuse a couple of the powder in an ounce to a half of hot water, and to give a tablespoonful of this infusion every 10 minutes. As far as my own experience goes, I prefer the last mode, but as I have only given it times, I am not justified in forming an opinion. The first time I gave it, was in a case of abortion about the 16th week, when I used the Euphor Bisacis Compositi; I gave a teaspoonful every half hour till I had given three, without the slightest effect; on the second occasion, I infused two drachms in a tea-cupful of hot water, and of this infusion I gave a tablespoonful every 20 minutes. The first two were vomited, but the third had the most marked effect, it was in a case of accidental hemorrhage about the 7th month. The child was sixteen,
I may mention that the hemorrage on both occasions was very alarming; they had both bled more than once before I was called, and that they both made a rapid recovery.

Dr. Simpson has tried this Indian lamp in a few cases, and found that the uterine action was distinctly and markedly increased; Dr. Gizer of Nain has tried it in sixteen cases; in nine there was no perceptible increase of uterine action, but in seven it succeeded very well. Dr. A. Christian tried it in seven cases successfully; such being the results in the hands of such distinguished men as the above, I think it is worthy of a further trial.

Dr. Bradfurd of Manchester, proposed the application of galbinism in tedious from want of power in the uterus; Professor Simpson tried it in eight cases of protracted labour, and thus sums up the results:

In one instance the pains were more frequent in their recurrence, but shorter in their duration, during the application of the galbinism. In five other cases, the employment of the galbinism neither increased the average frequency of the pains, nor their average duration. In one, the pains ceased while the galbinism was applied, and returned upon its
removal. In another the uterine action ceased while
the galvanoism was applied, and did not return for
twenty-four hours afterward. Mrs. Dorrington used
it successfully in five cases; Mr. Clarke in two;
Mr. Cleveland in one; Mr. Dempsey in ten; and
Mr. Houghton succeeded in 5 cases; thus we see it
has been tried in 31 cases, and in 23 of these suc-
cessfully, negative in seven, doubtful in one. It is
remarkable that the seven unsuccessful cases oc-
curred in Dr. Simpson's eight cases, of the remaining
one was doubtful; therefore he has not had a
single case decidedly successful: Nevertheles, I think
it ought to be tried in more cases as at present it
seems undecided whether it is really useful or not.

The chief objection to its use is, that the galvano-
mic apparatus is not very portable, you cannot put
it in your waistcoat pocket, or carry it conveniently
in your hat.

The Water douche, and dry cupping have been
successful in various cases, the first on the authority
of Mr. Hinrich, and Mr. Paul Dubois; the latter
on the authority of Dr. Washington. I think
I think that if we use judiciously, the remedies
given above, in cases of Tubo-fever. Referring,
in structure of the uterus, we shall seldom fail in bringing the labour to a successful termination, both as regards the mother and child.

2. Rigidity of the lips, whose of the uterus, may originate in the age of the patient, the cervix is rigid in first labours occurring before the age of 18, or above that of 40. First labours are always more severe and painful than subsequent ones. Jeremiah has evidently known this for he in the following beautiful passage in the 4th Chapter 31st verse. "I have heard a voice as of a woman in travail, and the anguish as of him that bringeth forth her first child." Densman says, "The difficulty, with which first labours are often completed, not only depends upon the greater rigidity of the joints, or upon their reaction, but on the imperfection or irregularity of the action also, by which they are dilated; for this is far less perfect and regular in the first instance, than when the same office has been frequently performed." who Ramsbotham says, "Women, at bearing their first child, especially if they have entered the middle period of life; those who possess a strong constitution en-
granted on a vigorous and rigid fibre, are the
most likely to suffer from this cause of pro-
traction. To add to the distress, it is very unusual,
when extraordinary rigidity exists, for the mem-
tum to break early in the labour, and this unfortunate
occurrence much aggravates both the pain en-
duced, and the tediousness of the dilating process.
The frequency of first labours as a cause of
their protraction is seen from the following: Dr. Collins
had 109 cases of Tidious Labour, 75 of which
were first births, or in round numbers 70 percent.

I may state that both of my cases, which were
protracted beyond twenty-four hours, were first births.
The moisture of the parts is the best test to
judge of the rigidity of the Os Interc., if there is
plenty of moisture there is very little fear of this
complication, but on the other hand the dryer
the parts are the more slowly will they dilate.
If the Os has been the seat of Chronic Inflammation
most probably from Puerperia, it will dilate slowly.
Cicatricial tissues, caused by sloughing of the os,
from the effects of a previous tedious labour,
Organic disease. Cancer, Spasmodic contraction
of the os internum, are the chief causes which
protract labour from the slow dilatation of the Os Int.,
Treatment. In treating a rigid os uteri, we use the same means as in reducing a difficult dislocation or hernia.

Bloodletting was formerly used to a large extent, hence we have Ranniman speaking in favour of this means as occasionally useful; Dr. Deesha thinks it certain and rare failing in its effects, he used to bleed in every case of rigidity without exception and with the best results from the cases he cites. Thus in one ease he actually took two quarts of blood from his patient, by one operation, and she did well. This ease only shows us what some women can stand; Blandell, Burns and other eminent accoucheurs recommend it; Dr. Hamilton used to advise his clasp that he could always relax the os uteri by bleeding; and that he never allowed the first stage to continue longer than 12 or 14 hours, so completely had he the process under his control.

My Father says Ranniman, has always used the Lancet with caution under the first stage of labour, in consequence of the risk of flooding afterwards; and I in conformity with his views, adopting his sentiments, and relying greatly on his
practical experience, seldom direct bleeding in the first stage of labour, for the purpose, simply, of overcoming rigidity. At the same time it is but fair to state that my father, although he is adverse to indiscriminate bleeding in all cases of rigidity, if the situation, considers it sometimes useful to soften and relax that organ.

And even Dr. Churchill so lately has said, "The first I apprehend the most effectual remedy, when the patient can bear it, is loss of blood."

He also says, "In most cases of rigidity, fourteen or sixteen ounces rapidly taken from an ample supply in the arm will be sufficient; and if it make the patient feel faint so much the better."

All that I can say is, that bleeding in any case of Ileion's Labour is unjustifiable in the highest degree, and that it cannot be depreciated in too strong terms, and I think that Dr. Laues and others, added the effects of a more flooding to that of rigidity, and that Child bearing women of the present day may deem themselves happy that the operation of Vesication is very rarely performed now, and that this important, vital fluid is allowed to remain in the system.
Hauscenta seem to have been used by our worthy ancestors. Thus Hartman says "As partus, infelix, susciter partuin difficilim; soli hausta universi, ulla et artus et retinae, in speculato, volue repletur et materiam exพบ-

Sarah Stone a midwife who published some cases in 1737 mentions several instances of women in labour, to whom was given the juice of leeks, mixed with their husbands wine, in order to strengthen the pains.

It is not easy to see the utility of such drastic purging medicines as the above, unless they caused nausea and vomiting, which effect they would invariably succeed in producing provided the patient knew what she was taking.

Emetics were recommended by Scouler, and by many others since his time, founded on the observation, that the spontaneous vomiting in labour is almost always followed by relaxation of the os uteri, but as thesame benefit results from exciting nausea, it is much better to avoid the shock of vomiting, and in order to effect this small doses of Tartar Emetic must be given very frequently. The to or 1/5 of a grain may be given every
ten or fifteen minutes. Specacamba seems to be prepared in Ireland for effecting nausea. I dare say either are sufficiently successful, but as I have had no occasion to use either, I cannot judge of their respective utility.

Sedatives, Opium is very useful when given promptly, its utility lies in its power of arresting uterine contractions, therefore it ought only to be given, when the pains are irregular, when they are more hurtful to the mother's strength than useful in dilating the os, it must be given in large doses so as completely to suspend the irregular and injurious uterine contractions.

Anæsthetics. Chloroform is our chief anchor in cases of rigidity of the os uteri, I was very much astonished in a case by its effects in a case I was called to attend in the Confinement in this case the waters had escaped on the commencement of labour, when I arrived the os was dilated to about the size of a shilling the lips were extremely thin and rigid. The patient was a Pumipara, and she was troubled with intense vomiting & retching. Therefore nausea was contra-indicated, after having been with
for five or six hours, and the os not dilating in the least, although the pains were extremely violent, frequent, and regular, I sent for the House-Surgeon at the Maternity Hospital who having ascertained the state of the Patient, applied Chloroform, with the effect that she was delivered in the short space of an hour and a half after the administration of this most potent remedy.

Local Treatment. The application of Soecils, Belladonna, Stramonium, and Carolic Acid, have each been proposed, well, and thrown abroad. The vapour from Chloroform and warm-water is very useful, so also are simple stimulants.

Artificial dilatation of the Os Utero. The utility of this, has been and is very much disputed. Thus we have Dr. Burns, Hamilton, and Simpson strenuously recommending it, while on the hand we have Dr. Murphy and Collins, and almost all the English Authorities, coupled with all those of Ireland, objecting to any mechanical interference whatever, as far as my opinion goes, although an Englishman. I must say that I think the eminent Scotch Accoucheurs mentioned above are right, and the English and Irish
are wrong, for my part I cannot see, what possible harm the exercise of gentle pressure by the tips of one or two fingers during pain can do, we see Nature doing the same thing in every natural labour, by that beautiful contrivance of hers, the bag of waters, or fluid wedge. Nature I say does not compel it using a certain amount of force in dilating the os. Therefore why should the accomplished accoucheur hesitate to use the Gulf of his fore-finger for the same purpose. Dr. Heiblo has invented an India-rubber bag for this purpose which he introduces then inflates it, but the finger is a preferable instrument, the more so, as you always carry these useful appendages about with you.

Incision. This mode of overcoming a rigid os is not only required, but sometimes extremely useful in cases where the os uteri is affected with Cancer. Nature sometimes gets over the difficulty by tearing off the Carcinomatous Placenta. Dr. Dermian says, "We should never put the Mother to great danger for the sake of the Child, but we should do so in these cases, if necessary;"
besides the extra amount of risk is not great, we should certainly not be justified in performing
Dianetomy, it is also useful in cases where the os 
septum is of a cartilaginous consistence, when
dilatation by the finger has been attempted in vain;
being perfectly assured that labour cannot go
on without having recourse to this severe operation.
we take a pair of four pointed scissors, or a four
pointed bistoury, and make two or three incisions
on each side, avoiding the anterior or posterior lips
on account of the Rectum or the one hand, the Bladder
or the other, taking care to make very slight
incisions, allowing nature to extend them, great
care should be paid to the parts during coalescence.
3. Impaction of the Head and Pelvis. This difficulty often takes
place with regard to the anterior lip which gets
caught between the Child's occiput, and the
Symphysia Pubis, owing to the pressure exer-
cised upon it, it becomes edematous, swollen, and
very tender to the touch; but in order to
illustrate this more clearly I will now give
a case which occurred to me during the period
I was attending out-dooe cases in connection
with the Maternity Hospital. In the evening of the 20th October 1864, I was called to attend Mrs W., aged 19, who was in labour with her first child. On examination I found the os uteri dilated to about the size of half a crown. The labour went on in the usual way till about 7 o'clock the next morning. Then the pains became weaker and the intervals longer, and at last they ceased altogether. This was caused by fear and mental emotion, for on questioning her, she said she had been very long in labour, and that she was afraid that she would not live to see the birth of her child. I assured her there was no danger, and entertained her by cheerful conversation, with the result that after the pains had ceased for two hours, they commenced again, very weak at first but they gradually increased in strength, frequency, and duration, until at last they became exceedingly strong, but to my surprise, the child's head made no progress, and on making a careful examination, I found that the posterior lip of the uterus had slipped over the child's forehead, I was beyond reach, while the anterior lip was caught between the
child's head, and the Symphysia Rules, I gently pressed it over the occiput and kept it there for three or four pains, after which the labour was slowly but gradually terminated about 4 p.m. She had been in labour from 12 noon the previous day, or in other words she had been in labour for 28 hours. As this difficulty generally occurs in cases where the labour dilates slowly, we use in the first place relaxant remedies, and then when the uterus of the girl caught between the head and symphysis, we apply the treatment, I adopted in the case detailed above.

4. Premature rupture of the Membranes.

This complication generally occurs from weakness of the membranes from violence, accidents, or careless examinations. Smellie says, "In my practice this case has chiefly prevailed among fat women, and may perhaps be owing to laxity."

When this accident occurs, the uterus is deprived of its fluid wedge, thereby rendering the process of dilatation slow, I more painful, on account of the hard head of the child becoming the dilating force, for which it is by no means so well adapted as the soft, elastic, and yielding bag of water.
I will now relate another case of Tedium Labor which occurred in my practice.

I was called to attend Mrs. So— who was in labour with her first child. I found on examination that the os uteri was dilated to about the size of a Florin piece. The membranes were protruding through the os, but I could not feel the child's head. The labour went on very slowly till the os was dilated to about the size of a Crown piece; when on making an examination, being anxious to make out the presentation, I accidentally ruptured the membranes, after which the labour the labour progressed very slowly, and painfully to the mother. I think the first stage was protracted to about 30 hours, and I think it was chiefly owing to the premature rupture of the membranes, but the mischief did not end here. The second stage was also protracted to about 15 hours, when I called in the assistance of Mr. Taylor, the House-Surgeon at the Maternity Hospital, who having got the sanction of Dr. Graham Neil, he applied the Forceps successfully both to Mother and Child, she made a good but
Now recovery; now I certainly blame myself for causing this case to become tedious, though it was an accident on my part; but it must be remembered that she was a Primipara, and that she gave birth to a large male child, and that she had been troubled with furious pains for a month previous to her confinement.

The cases becoming tedious from premature rupture of the membranes, are generally left to time and nature, but in some digital dilatation may be necessary.

5. Premature Tearing of the Membranes.

In the majority of cases the membranes break when the os uteri is fully dilated; but this is by no means always the case. They sometimes remain entire till they are protruded through the external orifice, in others they neither break nor protrude. As I have always felt some difficulty in determining when it is necessary to interfere in these cases, on account of the evil effects which are produced by a premature rupture, I will quote the opinions of two or three eminent authors on this subject, in continuing the
younger, accoucheur, &c. Mellor says, I have been concerned in many cases, where labour was retarded by the rigidity of the membranes; but as I have frequently known labour, and binding cases proceed from too much precipitation in breaking the membranes, I choose rather to wait a little on the other column, provided the patient is in no danger from weakening or flooding.

Drummond says with regard to this point, "that we cannot too often inculcate, as the observation is of the greatest importance, that neither the mother or child is ever in any danger, (excepting cases of hemorrhage and convulsion) on account of the labour before the membranes are broken; and that there is infinitely more caution required to avoid breaking them too early, than there is difficulty to avoid breaking them when necessary.

Ramotham says, "in cases of pre-natural toughness of the membranes, we should not rupture them until the os uteri is perfectly opened, the vagina distended, and they have protruded some what externally. As soon, however, as they have appeared at least outward to the pelvis, we may suppose that all the advantage which can
be derived from them has been gained; and, should they still resist the power of the uterine contractions, we may conclude that the perineal ligaments is resisting the exit of the head.

The above authorities all concur in the necessity of using great care in diagnosing this difficulty, but I think we may safely suppose them, when they are rough or slippery, when the uterus is fully dilated, when the vagina is distended, and when the pains are becoming languid.

With regard to breaking them, the finger-nail is generally sufficient, if not a gill may be used. Dessain says: "I am persuaded that no person, who is capable of judging when the membranes ought to be broken, will ever meet with any real difficulty in breaking them," and he also says, "The membranes may be ruptured by the nail of the index finger notched into a small saw." Dr. Lithken figures a finger scalpel with which he ruptures the bag in those cases.

6. Excepl of Liquor Amnii. This is often combined with the preceding difficulty, from above. The uterine action is not so effective in these cases, because the uterine fibres are separated.
Paralyzed to a certain extent; it is much more difficult to grasp a football than a cricket ball. The uterus is labouring under a similar difficulty, when there is an escape of liquor amniacus, the same treatment is to be used, and the same caution is to be adopted as in toughness of membranes, viz. Ruptura them.

7. Occlusion of the os. This formidable difficulty is happily exceedingly rare; it is generally caused by the injection of Caustics to produce abortion. The treatment is to make a cruciate incision, where the os ought to be felt, which will be recognised by a slight dimple or concavity; if not the incision must be made at the most prominent part.

3. Obliterity of the os and body of the uterus.

This is caused sometimes by the position in which the patient lies during pregnancy; thus giving to the uterus an inclination to the right or left. Anterior obliterity or "pendulous belly," sometimes occurs in women who have borne a large family; the recti become separated, and the abdominal fascia become relaxed, allowing the uterus to bulge forward, which destroys the unity.
of axis of the uterine cavity, and pubic bones, which causes the child's head to impinge upon one or other side of pelvis.

Bundocuge says: The obliquity of the uterus is in general of much less consequence than is commonly said. It would be a scandal to the art to look upon it at present, with Devinito, as the most usual cause of difficult and postnatal labour: they are extremely rare; and the obliquity is so frequent, that perhaps there is not one woman in a hundred in whom it is not perceptible. When it is but slight or even moderate, far from obstructing delivery, it seems to favour it. It is only when it is extreme that it can oppose it; but it is always so easy to correct it, and prevent its consequences, that we might, with some reason, attribute them as much to the ignorance of the ignorance of the accoucher, as to the obliquity itself." He goes on to say, "When the obliquity is considerable, the neck of the uterus, commonly applied against some part of the sides of the pelvis, opens with much more difficulty than if it answered to the centre of the cavity, because the forces which tend to open it are
then directed in such a manner as to be partly lost on the side of the pelvis; which renders the labour longer and more laborious.

He next relates a case which he attended and treated, in which the uterus was inclined to the right side, and forward, so far, that its orifice turned backwards, and was with difficulty discovered by the touch. Treatment: I raised up the belly with one hand, to diminish the obliquity of the uterus; while with two fingers of the other, after having pushed back the child's head a very little, I was able to hook the anterior edge of the one-ifice, to bring it towards the centre of the pelvis, where I kept it during a few pains; and then permitted the woman to bear down with the little strength she had left, she was delivered in the space of quarter of an hour.”

Dr. William Hunter says, “As far as I have been able to observe, the more obliquity of the uterus, never occasions so difficult a labour, as to require any artful management to bring the os uteri into a proper situation. In such cases as in many others art can do little good, and patience never fails.”
This difficulty is to be remedied, by placing
the patient on the side opposite to that of the
obliquity; and by the judicious application
of a local rubefacient, or bandage. I think we shall
generally succeed, without using the manipula-
tion recommended by the right authority of
Mr. Baudeloque; but patience as recommended
by Dr. W. Hunter is of vital importance, in
this, as well as in all other forms of Delivery.

9. Large size of the Child, and 10. Vertical relaxation
of soft parts. These two difficulties, generally
combined: the head of the Child covered by
the Corvix latera descends into the cavity of
the Pelvis, and sometimes the whole uterine
womb protrudes through the Pelvis, and hangs
down between the patient's thighs, as far
as her knees, and the os uteri does not
often. Treatment, the uterus in these cases
wants stays to support it during the pains, and
keep it in its proper position; therefore it is
evident the Accoucheur must supply
this deficiency, by affixing support to the
uterus, in front, behind, or laterally.
11. Passions of the Mind. Fear, want of confidence, and mental emotion, are often causes of tedious labour. Dr. Clarke says, "It is well known that fear, and want of confidence will disturb & retard, just as confidence and hope will facilitate, labour." Dr. Smellie says, "I attended a patient the night that the fire happened in Beauford's Buildings, and within a few hours of the disaster. The labour went on exceedingly well, and we kept her from the knowledge of the accident for some little time, until we had taken measures for her safety, by having a chair in waiting, and a room prepared in a friend's house near Covent Garden. At length the nurse alarmed her, I told her the affair, and that it was at a distance, and also that we had provided for her safety; she seemed satisfied; yet the pains immediately ceased, and although the fire was extinguished, yet the pains did not return till some hours after, when she was soon delivered, and she recovered literally well." We often see the pains suddenly arrested by various causes which excite the passions
of the mind; such as grief, and a very common cause is fear of the result of the labour, as in the case of Mrs. W. described above. The arrival of the Accoucheur often arrests the pains, I have seen this happen several times on my entering the room where the patient was, all that the Accoucheur can do in these cases is to endeavor to inspire his patient with hope and confidence, draw her attention from her present position by cheerful conversation, he will generally succeed if he does this in a proper manner.

12. Bad Management. This unhappily is too often a cause of tedious labour, even at the present day; but much more so in the time of our forefathers. Middlecome Midsorifry was the rule in those days, but now every enlightened Accoucheur knows that Middlecome Midsorifry is bad. Richard Jones says in 1540, which is applicable to 1865. But this must the midwife above all things take heed of, that she compel not the woman to labor before the birth come forward, and shee itself. For before that tyme, all labor is in vaine, labor as much as ye lyst, and in this case many tymes it cometh to pase.
That the pain of birth caused so sore before the time, that when she should labor in haste, her might and strength is spent before in vain, so that she is not now able to help herself, and that is a merciful ease.

With regard to this point, Dr. Desman, says, "But besides the causes already mentioned, there is one much more frequent than the rest, which is the arrangement of the order of the labour by an officious interposition, or by improper management. Upon this subject it would be unpardonable to make an exception, which is not supported by experience, but I am now fully convinced, that the far greater number of really difficult labours, to which I have been called, and I must not conceal the truth on this occasion, many of those which have been originally under my own care, were not of that denomination from unavoidable necessity, but were resorted to by improper management, in the commencement or course of the labour. Nor does the disturbance of the order of a labour depend upon the practitioner alone; for the intrinsibility of
The patient herself, or of her friends and attendants, which, though it may be founded in affection and compassion to her sufferings, may also arise from many other motives, is too frequently productive of the same effect. From the above it appears, that tedious labour produced by bad management can be divided into two classes, viz. those produced by the accouchement, and those produced by her friends, and attendants: I must plead guilty of being the cause of one of my cases, viz. that of Mrs. L. described under the head, "premature rupture of the membranes," which I am sorry to say also comes under "bad management."

I have often been under the necessity of cautioning the attendants, who insisted, and sometimes even the patient herself, that she required some stimulant; "Whisky Toddy" seems the most popular in the Conduit; and in nearly every case where I have witnessed the first stage of labour, I have had to enforce the rule, that the patient should not be urged to bear down. As to treatment, I can only say that, "Prevention is better than cure," and when it does happen th
 labour can generally be elided under some one or other of the heads already discussed, and the treatment must be adopted accordingly.

In conclusion I will just go over the principal points as regards the treatment of Febrile Labour during the first stage. Preserve the patient's strength and spirits, keep the bladder and rectum empty, avoid all causes likely to disturb labour. Prevent voluntary efforts of the diaphragm and abdominal muscles. Rectify the position of the uterus if necessary by position or Landaus.

In most instances from general or partial rigidity of the Calix, from change from the normal nature of the membranes, rely chiefly on relaxant remedies assisted if necessary by artificial dilatation. If the rigidity is accompanied by general debility or spasmodic irritability of the cervix and the pains are more frequent than useful give an opiate.

If the obstruction arises from maternal relaxation and insufficiency of the uterus, support it or press during the pains. If part of the cervix is wedged in between the head and pelvis, support it and push it out. If the membranes are prematurely torn or there is a preponderance of Sigma Amnioper
...treat the bag. If the os is entirely obliterated, or the lips are so rigid or diseased, so as to render laceration, enlarge by incisions. In concluding, I have to apologize for drawing so largely upon different authors, and mingling with other quotations so little original matter. Hoping that the removal of this defect will not prove so tedious to the reader, as it has to the writer.

Robert Ernan.
Definitions - continued...