

but she will generally complain that it is doing her no good; the quantity may then be increased, until on inhalation the exhibitor finds that she cannot take a full inspiration without cough. 4th.—In the second stage of labour, chloroform may be given when the head is approaching the perineum, or before then if the pains become intolerable; this may be known not merely by their greater intensity when the uterus is in action, but also by the restlessness of the patient in the intervals; she is watchful, dispirited, still crying, but in a more subdued tone, from pain and a feeling of soreness. 5th.—When the head arrives at the perineum, chloroform may be given in a fuller dose, if it have not already accumulated. The perineum yields more readily under its influence, and the severity of the pains is controlled without any loss of force. This rule applies especially to cases in which powerful forcing pains are acting against the perineum at the hazard of its laceration. 6th.—When operations are necessary, if they are not severe,—as, for instance, some forceps operations,—chloroform may be given in the same manner as in natural labour, but always after the instrument is applied; if severe, it may be given as in surgical operations, but not to the same extent. Hence an assistant is necessary who is conversant with the properties of this anæsthetic. It is obvious that the same person cannot operate and give simultaneously the full soporific dose of this agent. 7th.—It should be applied to the mouth just before the pain commences, two or three full inspirations taken, and the moment the action of the uterus ceases it should be withdrawn; it should never be applied in the interval between the pains. 8th.—When inhalation is continued in this interrupted manner for some time, if any alteration be observed in the countenance or manner of the patient,—if the face is flushed or bloated, or tinged with a slight lividity,—if she ramble or become hysterical, let it be withdrawn and the face of the patient fanned; wait until the pains return to their original severity before renewing the inhalation, when it is probable that these symptoms will not return. 9th.—In some instances the patient is very intolerant of her pains, and if given chloroform to relieve them, she becomes hysterical, crying, perhaps louder than before it was inhaled; in these cases it is better to induce sopor, which may be easily done without stertor. Whenever sopor is brought on, the closest attention should be given to the countenance,—observe the irritability of the eyelids,—to the respiration,—notice its frequency, and especially stertor,—to the pulse,—mark its strength. 10th.—There should be the freest circulation of air in the apartment, and if after delivery there should be any feeling of faintness or nausea, ammonia in effervescence will relieve it.

There are many other matters in this new edition of Cazeaux's Midwifery that we would like to notice, did our space permit. We must,