occurred in five cases, while in twenty-seven others the course of labor was disturbed. He regards the measure as presumably responsible for the death of one child, for serious asphyxia in eleven others and slight asphyxia in twelve. Sinclair (3), though having no personal experience with this method, says: "It may now be said to have received its final condemnation as too dangerous, both for the mother and child, and unsatisfactory in most other respects." We are sorry he does not state in what other respects it is unsatisfactory; it is difficult to conceive of any effect it could have except on the mother or child. As an alternative he suggests morphia-alcohol-cocaine anesthesia. We confess that we have never tried this combination. During residence in Winnipeg General Hospital we have frequently seen accident cases from railroads where alcohol has been administered by the companies and morphine given on arrival at the hospital, and we agree that the patient frequently suffered little pain, and hence shock was not increased. In spite of this fact we prefer not to have the inevitable mental after-effects in our obstetrical cases. To argue against the method in obstetrical cases because he finds it unsatisfactory in minor operations of the puerperium, such as "cleansing septic or pseudodiphtheritic and inflamed lacerations," seems to us to have little force. Steffen (13) says, the woman is not able to control the abdominal pressure, and it is very difficult to protect the perineum. We did not experience any difficulty arising from such a cause, neither did we have to resort to abdominal pressure to aid expulsion, which he says is necessary at times. Kirby's (5) verdict is favorable, and his conclusion is that labor is not prolonged, but that the patient's strength is conserved by the rest secured between pains. Newall (14) also makes the same observation. He says: "The pain of the first stage of labor was such that the strain of the expulsive pains was endured with less reaction than in the ordinary patient, and not being exhausted by the pain of the first stage of labor the patients were able to help themselves more efficiently in the final stage."

In a personal communication from Dr. Brodhead, Obstetrician to the New York Post-Graduate School, he gives us a summary of the results of its use in thirteen cases in his clinic. "The cases were all primipara. In seven cases low forceps operation was done, and less chloroform was required to produce anesthesia to the obstetrical degree. Slight delirium was noted in two cases, and in one case where the dose was repeated the delirium became marked, her uterine contractions were normal—low forceps were finally used. In one case there was profuse post-partum hemorr-