while it is indeed many times a God-send, I would deprecate most strongly the routine practice of employing anæsthetics in every case, as I am persuaded that the tendency is to retard labor even when confined to what is called obstetrical anæsthesia or analgesia, and when pushed beyond that, to produce stupor, it may even suspend uterine actioic; and has provoked grave symptoms, though I believe there is only one case on record where death has occurred under chloroform in labor.

There seems to have been some years ago a great diversity of opinion as to the propriety of using anæsthetics in labor, but with that we have nothing to do at the present day. The use of chloroform has come to stay, and the question now is, under what circumstances and to what extent shall it be employed? As regards the circumstances, no hard and fast rule can be laid down except the general one of being assured that it is for the patient's benefit. I would use chloroform where the pains are remittent rather than intermittent; and in these it gives the patient a clear interval of comparative ease, thus allowing a chance for recuperation. Where there is excessive suffering, humanity would prompt us to employ some means to aleviate this, and in this case I would administer chloroform to the extent of blunting their sensations, though here I may suggest that the amount of pain or contraction is not a gauge of the severity of the suffering, and each case must be decided on its merits.

The objection that I urge against the indiscriminate use is under some circumstances, the very reason why it should be used; that is in primiparae, where stray forcing pains are pressing the head against a firm perineum. Here we want to retard labor to give the tissues time for relaxation, and I think that nothing will do this so satisfactorily as chloroform when pushed to the extent of producing complete unconsciousness. In instrumental labor I do not find chloroform indicated in every case. In many I should consider it unadvisable to use. In eclampsia I suppose it will be one of the first things to be thought of and used freely, or its place may be taken by chloral.

One other subject I wish to touch upon as I am aiming to merely refer to a few matters, not to treat them exhaustively.

It was not to be expected that obstetrics should escape the general antiseptic fever; and perhaps the history of the movement produces the strangest evidence of the wisdom of "making haste slowly," in the adoption of every new thing that may be proposed in connection with our work as accoucheurs. Like surgery it passed through the cycle of carbolic acid injections and carbolic spray to be followed by the period of corrosive sublimate injections, this in turn giving place to the more rational plan of applying the antiseptic where it is most needed, viz., to the attendants instead of the patient. The virtues of the latter method being that it insured cleanliness and could do no harm, while in the former the frequent occurrence of poisoning from the absorption of the agent used whether carbolic acid or bichlorides in a short time made its most earnest advocates glad to retrace their steps until we find the present status of antisepsis in midwifery to be summed up by Lusk, of New York, as follows: "The use of the vaginal douche in child-bed as a routine practice is now happily a thing of the past, and again he says: "My own opinion is that the intra-uterine douche in child-bed is not indicated except where there has been slovenly help rendered by the attendant at the time of child-birth."

For myself I think that where the douche is used it should be simply for the purpose of flushing the uterus and removing any offending substance as blood-clots or fragments of membrane; and for this I should use plain water boiled, and allowed to cool to the proper temperature.

There is no doubt that the antiseptic movement has done good in spite of the excesses to which it has been carried,