

years I have endeavored to educate my patients, and I have had a fair amount of success. I may briefly indicate what I mean by relating a case. A young primipara, small, weighing about one hundred pounds, with a slightly contracted pelvis, had a normal labor up to a certain time. The parts were dilating well, the head appeared to be moulding in a satisfactory way. The patient asked for something to relieve pain. A doctor was summoned to give an anaesthetic if required. Now, I said to my patient: "We will give you something if you say it is necessary; or anything of that kind." I find it very important to say something about the babe. Such an appeal to the motherly instincts often works wonders. She said, "All right, doctor, I'll try." Labor went on satisfactorily and a healthy child $7\frac{3}{4}$ lbs. was born without any laceration, for her "pluck," and she was proud and pleased. I may say incidentally that I sometimes give morphine hypodermically (never less than half a grain) and chloral (frequently by the bowel), but I cannot go into details about that. I may say, however, that I do not now use scopolomine.

And now a few words about the use of the forceps. It appears convenient to speak of the instrument in the plural because there are two blades. It appears to me that the forceps are used too frequently in this country. The use of the forceps when the head is high and not engaged in the brim of the pelvis is certainly more dangerous than Caesarian section. This fact is now generally conceded, and need not be discussed.

When one has decided on forceps delivery the question of anaesthetization comes up. Can one deliver without any anaesthetic? Yes, in certain cases he can, and it might be well if this were done more frequently. Let it be considered, however, that in the majority of cases the anaesthetic should be administered not simply to the so-called obstetrical degree, but always to the surgical degree. Anything like a half administration involves serious danger to the patient. As to the choice of an anaesthetic, I desire to express my positive opinion that ether should be used. As before remarked, the supposed dangers and drawbacks do not exist under proper administration.

As to the choice of forceps, it is impossible to recommend with absolute confidence any instrument now available as the best (in my opinion). The following axis traction instruments are good: Neville's, Dewees', Milne Murray and Porter Mathew. All have their good points and also drawbacks. The Porter Mathew has *too much harness*, and the harness is apt to get out of order. The Neville and Dewees are perhaps a little easier to manage than the Milne Murray, especially for the beginner, but taken all in all these three instruments may be considered equally good. It seems to me, however, that the blades of all three are