

of the kidney tissues will complete the data required for an exact diagnosis.

I have, perhaps, indulged in some verbosity with regard to toxæmia in pregnancy, because I recognize it as being a large factor in the causation of all the ills that may follow during labour and the puerperal state. Even pernicious vomiting of pregnancy may owe toxæmia as its chiefest cause, although in this case, we should examine closely into probable peripheral sources of irritation as well. Perfect quiet and rest may be required by an excitable and weakened patient.

Irritation from a displaced uterus can be detected and corrected by bi-manual manipulation. Pessaries or aseptic tampons may be used to advantage. Should the displacement be complicated by adhesions, tampons medicated with ichthyol and glycerine are useful. If there is no pathological condition other than a cervical discharge or erosion of the os uteri, then treat with nitrate of silver applications, or dilate the os; if rigid, dilate under chloroform, which may, however, produce an abortion, mention of which should always be made if such procedure be deemed necessary. Chloral and sodium bromide may also be used to overcome the irritability of the nerve centres after eliminative measures are exhausted. Abortion or premature labour may be justifiable in extreme cases.

And now, with regard to *Labour*, it is not my intention to deal with the subject, more than to make a few observations which have frequently impressed me in my more or less limited twelve years' experience. I have learned to look upon normal labour as a physiological process which in normal conditions of health will be accomplished satisfactorily with little aid from the obstetrician. While meddling midwifery is surely to be deprecated, yet I believe much suffering can be averted and much appreciated aid can be rendered by the prudent, careful and judicious obstetrician.

In many cases the stage of dilatation is a much prolonged, exceedingly painful and tedious process, due perhaps to the condition of the already weak, over-sensitive and exhausted patient. In such a case, my usual practice is to give a few whiffs of chloroform, and the same dilatation is accomplished by the fingers, without suffering, in three or five minutes, which would have taken by nature's patient and long-suffering method hours to accomplish. Then I sometimes give her another chance in the second or expulsive stage, which is often too slow for the patient's patience or weak condition; the latter condition being usually the chief index of the length of time I wait before I again supplement her work by that most valuable though most dangerous instrument in undexterous hands, the forceps.