

Most physicians knowing the tolerance of the pregnant woman for chloroform are, I fear, rather careless in its use. If it is given slowly, drop by drop, there is little danger, and that danger when present is, I have found, always evidenced by a slowing of the pulse, which may become 60 or less. Whatever the danger in ordinary anæsthesia, this slowing of the pulse is usually the first danger sign when it is given in obstetrical practice.

If you are called upon to deliver a patient in the absence of a physician your attention should be directed to the prevention of infection, to the prevention of unnecessary lacerations, and to the prevention of other accidents, the gravest of which is hæmorrhage. The necessity for careful asepsis has already been considered.

The best safeguard for the perineum is the slow descent of a well flexed head. Passage of the head through the vulva may be compared to that of a foot and ankle through a small cylinder. The small fontanelle, the large fontanelle and the neck may be compared to the toe, heel, and instep of the foot. It will be seen that pressure with the thumb downward upon the toe, and with the fingers upward against the heel until the instep has passed the lower plane of the cylinder lessens the danger of impaction and facilitates egress. Pressure made with the thumb upon the small fontanelle and with the fingers against the large fontanelle, until the neck is well in the symphysis pubis, will minimise the danger of tearing when the head descends. After the head is born, unless there is evidence of asphyxia on the part of the child, wait for further pains before attempting extraction. If the cord is about the neck and too tight to allow the passage of the body, through the loop, it may be necessary to cut it, and for this purpose a pair of sterile scissors should be at hand. Needless to say the portion of the cord attached to the child should be tied as soon as the birth is completed. After respiration has been established by means of a few brisk slaps upon the buttocks of the child, your entire attention should be devoted to the mother. If the fundus is watched carefully, and not actively handled, there is no danger for the mother so long as the uterus remains below the level of the umbilicus; a rise above the umbilicus suggests that the placenta has separated, and if this is so friction will induce pain which, with bearing down by the patient, will usually cause spontaneous expulsion. Under no circumstances pull on the cord, nor, after the placenta is born, pull roughly at the membranes, which can nearly always be brought away intact by slowly rotating the placenta. In all cases the placenta and membranes should be saved for the inspection of the physician. After the birth of the placenta is the proper time for massage