

altogether unknown to our predecessors. Of course, I do not consider the obvious resource of seeing to such conditions as the state of the bowels, the bladder, the normal axis of the uterus, and the like. The relief of the acute pain, the calming of the excitement attending it, the lessening of spasmodic uterine action which is one of the chief causes of non-dilatation of the cervix, and the relaxation of tissues are all promoted in a most marked degree by the use of anæsthetic drugs, which were entirely unknown to our predecessors. I do not here refer to the administration of anæsthetics by inhalation. The value of this at the proper time, which in my judgment is during the expulsive stage, is very great; but chloroform, especially when given over-freely, has, in my experience, the disadvantage of distinctly retarding labour by lessening uterine action, and thereby causing inertia. It is too strong an agent, I believe, for the first stage, and not sufficiently prolonged in its action. In chloral, however, we have a remedy of almost incalculable value in prolonged first stage, and which practically supersedes all other methods of dealing with this troublesome complication.

In 1874, in a paper on this subject, I directed the attention of the profession to the value of this drug in labour, and ever since I have been constantly using it with the best results. Since that time I have practically never had any trouble from the thin rigid cervix, which formerly used to give so much worry. Under the use of this agent the pains become longer, steadier, and more efficient; the patient falls into a somnolent condition, dozing quietly between the pains, which are not lessened or annulled, as is the case when chloroform is inhaled freely; and, above all, the wild state of excitement, which is so frequent in this class of labour, is calmed and soothed, to the infinite relief both of the patient and practitioner. Nor is it necessary to administer doses of any unsafe amount. Fifteen grains, repeated in twenty minutes, either by mouth or rectum, is generally sufficient to produce an effect lasting over several hours. Possibly a third dose may occasionally be required, but never more.

Another great good following this practice is that, when the expulsive stage is reached, the patient being already in a state of semianæsthesia, very much smaller quantities of chloroform or of the A C E mixture are required than would otherwise be the case. Since using chloral in this way I have never had occasion to give opiates either by the mouth, rectum, or hypodermically, and I believe them to have the disadvantages of tending to arrest uterine action altogether, instead of steadying or even increasing it, as is the case with chloral.

A subsidiary drug, of recent introduction into midwifery practice, is often decidedly useful at this stage of labour, and that is quinine. It is, perhaps, hardly to be called an oxytocic, since it is said to act rather as a general stimulant and promotor of vital energy than as a direct exciter of uterine action, although it has recently been pointed out by Dr. Doyle that in Trinidad quinine, given in malarial fevers, constantly produces uterine contraction and abortion. Be this as it may, it is, I believe, the case that in labour with feeble ineffective pains in the first stage, one or two doses of 15 grains have often a markedly beneficial effect in strengthening and altering the character of the pains; nor have I ever had reason to think that it has any of the dangerous properties of ergot.

Amongst mechanical means used in undilated os, manual dilatation with the finger long held a prominent place, and was formerly, as you will remember, the subject of much acrimonious discussion, having been recommended by Smellie, Burn, Gooch, and other prominent obstetricians, and strongly reprobated by others, such as Denman, who calls it "an abominable practice." In recent times Dr. Trenholme, of Montreal, has pointed out—and I am convinced that it is a sound practical observation—that separation of the membranes by sweeping the finger round the inner surface of the os, frequently remarkably promotes dilatation. Whether his theory that this acts by separating adhesions which retard dilatation be correct or not I cannot say, but of the fact I have no doubt, and this mechanical expedient can at least do no harm.