Give chloral in all cases of dry labor, as soon as the pains commence. In those cases where the membranes rupture days before the onset of labor it may be well to give two or three doses of chloral about bedtime. As directed years ago by Playfair, give fifteen grains every fifteen or twenty minutes for three doses.

Give chloroform to the obstetrical degree when the pains become very severe. It is not easy to give any definite rule as to how much chloroform should be administered in such cases. We must always bear in mind the fact that the administration of large quantities of chloroform may be followed by very serious results, especially by post partum hemorrhage. Having this in view we ought to be exceedingly careful about the administration of chloroform early in the first stage or perhaps at any time in the first stage.

I have already referred to certain cases in which the dilatation could be very much hastened by manual interference while the patient was fully under the influence of the anesthetic; but one does not like to give much chloroform when the os is very slightly, or not at all dilated.

If it happens, however, that you see a patient who has been in dry labor for many hours, and find that she is considerably exhausted, and that there is, at the same time, spasm of the cervix or Bandle's ring, or of the whole body of the uterus, chloroform may be administered as follows: Administer chloroform to the surgical degree perhaps for twenty minutes. The patiently may shortly afterwards waken, feel much refreshed, and the spasm may be greatly or wholly relieved. In other cases it may be we'l to give chloroform for a short time, followed by hypodermic injection of morphine, allowing the patient to have a comfortable sleep, after which the condition will be found to be greatly improved.

Make it a rule always to terminate labor as soon as possible even *when there is considerable rigidity of the perineum*, vagina and cervix. Remember, as I have before told you, the administration of chloroform nearly always makes a vast difference; the parts become, if not dilated, much more dilatable or stretchable than they were. After the patient is completely anesthetized introduce, first, fingers, then hand slowly into the vagina. Dilate as rapidly as you can without using any force which is apt to injure the parts. Then dilate the cervix sufficiently to allow the hand to pass into the uterine cavity.

Manual Rotation.

Seize the head between the thumb and the one side and the fingers on the other, and rotate the occiput to the front; at the same time, *with the external hand push the shoulder in the*