

statistics are founded on results obtained during the pre-Listerian era. Judging from what I have observed I am fully convinced that the mortality rates which I have quoted, *i. e.*, 10 to 60 per cent., are altogether wrong, or at least misleading.*

Treatment During Labor.—I have already indicated the medicines which are generally recognized as most suitable during pregnancy. The same line of treatment should be carried out during labor. Give strychnine and digitalis (or strophanthus) to help the heart's action: nitrite of amyl or nitroglycerin (glonoin) for dyspnea and precordial distress. The amyl acts more promptly, while the glonoin acts well when given in small doses for days at a time during the latter part of pregnancy. The application of a cupping glass over the heart helps both dyspnea and irregularity of pulse. Administer chloroform, especially during the latter part of the first and the whole of the second stage of labor.

I find that many obstetricians in Canada think, and I believe the opinion prevails in other parts of the world, that chloroform is dangerous in labor complicated with heart disease. One time I held a similar opinion, but increased experience leads me to believe that chloroform is not dangerous; on the other hand, I think it materially aids in mitigating some of the serious symptoms. Dr. Fothergill, who represents the Edinburgh School, says in his text-book before referred to, that "heart disease in labor is no contraindication for chloroform." He further adds that "those with heart disease need it more than others." It tends to relieve to some extent the dyspnea and the irregularity of the pulse, perhaps largely by preventing straining on the part of the patient. It may be administered even when the patient is sitting up during labor. I think, however, it should be used with caution, and by an assistant who devotes his whole attention to the administration of the anesthetic. Ether, as a rule, however, is positively contraindicated, particularly on account of the pulmonary complications.

The patient should be prevented from straining or "bearing down." At the completion of the first stage it is better, as a rule, to deliver with the forceps. Sometimes it is necessary to let the patient sit up with her head and shoulders held up, or propped up with pillows. In such cases it is sometimes necessary to have the patient in such a position that her buttocks are projecting over the edge of the bed, while an assistant stands on either side, grasping a leg or a thigh and foot so as to prevent her from slipping to the floor. I think it is well to apply an abdominal binder before delivery, which should be tightened

* Some of our physicians appear to take a less gloomy view than the obstetricians. Osler,* in speaking of valvular lesions of the heart, says: "Pregnancy and parturition are disturbing factors, but are, I think, less serious than some writers would have us believe."