down quality, and yet were severe, the ether did not act promptly or satisfactorily. To produce the required anodyne effects I was obliged to anticipate the onset of each pain, and to continue it during the whole period. That is to say, relief was obtained only by the use of almost as much ether as was required later on, when the tumor was punctured and the labor terminated by forceps. The patient made a good recovery. Without multiplying the record of these cases, valuable only as bearing on the question at issue, I would recount the relative merits, *meâ sententia*, of chloroform and ether in obstetrics something as following: (1) Owing to the agreeable odor, early effects, and perfect safety of chloroform as an anodyne agent, it is, without the least doubt in my mind, the agent best suited to alleviate the pain and calm the nervous irritability incident to the first stage of labor. (2) This statement is generally true of the expulsive period, where complete abolition of pain is not the object of the administration. (3) When, however, complete anæsthesia is required, as we find it necessary during the delivery of the child, and for the performance of operations following or preceding delivery, then it seems to me that chloroform largely loses its character as the obstetrical anæsthetic *par excellence*.

If it be acknowledged that considerations of safety must give way, in general practice, to greater conveniences of administration, etc., then, too, in the operations of midwifery, ether must supplant chloroform. If it can be shown that there is anything about the parturient woman which renders her less susceptible to danger during chloroform inhalation which does not equally apply to ether, then the force of this argument is much lessened. So far as I know this peculiar immunity does not exist. We know that it is in the practice of midwifery that the use of anæsthetics is considered least dangerous. By a process of natural selection, as it were, we then have women in the prime of life generally free from disease, with all their nutritive functions in good order—they naturally form the best class of patients to which *any* anæsthetic could be given—and this aside from the theories commonly put forward to explain such immunity from accident, such as increased cardiac development, the physiological cerebral congestion guarding against syncope, brought about by the effects of the uterus to expel its contents, and so on.

Other considerations may serve to modify these conclusions in the minds of practitioners, and the first one is the inflammable nature of ether and its explosive quality when mixed with a certain percentage of atmospheric air. The kindling point of ethereal vapor and of its dilutions with oxygen is low, and when either of them comes in contact with flame an explosion is sure to follow. As the operations of the obstetrician occur frequently at night time this is a serious objection. The difficulty can be greatly overcome by a little care in preventing the near approach of flame to the inhaler or ether bottle, by thorough ventilation of the room, and by the exclusive use of covered lights. A common lamp is a very crude safety lamp, but it is a great improvement upon such naked flames as a gas jet, wax candle, or other unprotected light. I have never had an accident from an ether explosion. I think the danger could be nullified by the use of a modified Davy lamp.

In my experience vomiting is of as frequent occurrence after the use of ether in midwifery as of chloroform, and I do not think it occurs very often in either case. I think it will be generally admitted that, in view of the danger from post-partum hemorrhage, danger to the child and inherent danger to the mother, it would be more advisable to give ether, for its general anæsthetic effects for a long period, say an hour or longer, than to give chloroform for a corresponding period. Now it often happens that one is obliged to administer, in midwifery, an anæsthetic for a much longer time than was first anticipated, in which case it would be at least advisable to substitute ether for chloroform when a commencement had been made with the latter. I assisted, last May, the President of this Society to deliver a woman whose labor was complicated by a labial hæmatocele which had burst and caused considerable hemorrhage. In this instance I am sure that, remembering the length of time she was under ether, about an hour and a half, the ease with which she was kept under its influence, the confidence with which its administration was left for a large portion of the time to the nurse—all these made me feel that ether was the anæsthetic for that particular case. I have here to refer to the matter I have just spoken of—the confidence with which, in view of its greater safety, the administration of ether can be given over to the nurse or to anyone whom the exigencies of the case have left in possession of her faculties.