

If the second stage is delayed, apply the forceps, giving a general anesthetic first.

I use this so-called twilight sleep in a large percentage of my cases.

This method of relieving pains is not suitable for all labors. It is most suitable when the first stage is slow, especially a dry labor, as when associated with an occipito-posterior presentation, hence most generally useful in primipara.

We should calculate on at least three hours after the first hypodermic before the birth of the child (if you have given morphia gr. 1-4) otherwise the child may be blue and require resuscitation as the respirations are impeded.

If she is a multipara and has easy and quick labors I would not advise this method, but would let her go until her pains became severe and then use chloroform for the pains.

The results are good with this method of treatment in the majority of cases. In some cases it is difficult to get them asleep and free from pain. Others again require less to induce sleep and to keep them asleep, so that the results are not always the same. The results, as far as the mother is concerned, are always good in that if not entirely satisfactory it at least lessens her pains and gives her an easier labor.

The nurse must never leave the patient, because during a uterine contraction she may be restless and fall out of bed. There are no bad effects as far as the mother is concerned.

The effects on the babe, however, are not always so good. Occasionally the babe is blue, respirations are impeded and the heart beats slowly. This condition is usually due to the baby being born too soon after the administration of the first hypodermic containing morphine, especially if it was gr. 1-4.

I have never lost a babe due to the administration of these drugs, but I must confess I have been a little anxious in a few cases for a few minutes, but the babe always came around all right by resuscitation.

If there has been difficulty with the babe, the nurse should carefully watch it for a time, keeping it warm, lest it stop breathing again, although that is very unusual. Usually once the babe commences to breathe and cry it goes along all right.

It has been noticed that patients who have had this treatment are not so likely to have a lacerated cervix, as the drugs relax the cervical tissues.

I do not give pituitary extract to patients while under the influence of these drugs. The action of pituitary on the uterus often causes such strong and frequent contractions that the circulation