

Outside of the known physiology of chloroform excretion, we have the undisputed statements of the highest authority that death from chloroform nearly always occurs under "light" anesthesia, and this is the type sought to be attained by those who use it for hours in obstetrical work. The wiser man withholds it until the time of greatest need, and then pushes it to the point of full surgical anesthesia as quickly as possible. Our maturer knowledge leads us to shorten the anesthesia as much as possible, moreover, to avoid the predisposition to post-partum hemorrhage consequent upon the employment of the chloroform anesthesia.

Those who have given chloroform routinely in obstetrical work acquire the keen judgment necessary to stop short of seeming danger of either the dreaded post partum hemorrhage, or the alarming syncope. Such skill is not acquired by the novice, but, when attained, seems to be devoid of danger over a period of from one to three hours, when inhalation is given only during the period of uterine contraction.

**NITROUS OXIDE.**—Admittedly the safest of all general anesthetics, it was certain that experimenters would think of the use of nitrous oxide in obstetrics. Bert, in 1878, advised its use, and Klikewitsch in 1880 reported 25 successful cases wherein he had employed it. The earlier experimenters failed to secure uniform results, due in some measure to their imperfect apparatus, and undeveloped technique. Guedel has collected more than 1800 reports of cases in which it was employed, with 98.5 per cent. listed as "favorable"; the unfavorable reports carried nothing more detrimental than lack of relief from pain.

It has no known deleterious effect on either mother or child, although a mild headache is common following its employment. It does not produce irritation of the mucous membranes of the nose or throat, and muscle tonicity is not impaired. Analgesia is the end desired, and not narcosis. The administration is only continued during the expulsive effort, and cases are reported where it has been in use for ten hours, without discoverable harm.

Outside institutional delivery, the use of method requires a portable apparatus, consisting of inhaler, gas bags, and regulating valves; and two tanks. An apparatus is now on the market which can be easily transported in the ordinary buggy or automobile.

The technique of administration is said not to present any difficulties, but it is certain that ideal results are only possible after one has a considerable experience with the method, and it is impossible to predict how the individual patient will accept and react to the method. Death or serious accident with nitrous oxide anesthesia in obstetrics is highly improbable in the normal woman; but may occur under any of