

her chloroform. I had a bottle of Squibbs' ether with me, and I proceeded to administer the anæsthetic in the usual intermittent way. I noticed, however, that the effect produced corresponded mainly to the *intervals* between the pains, and while it quieted her and gave her some sleep it did not "take the edge" off the pains as chloroform had previously done in my hands. As the affair progressed she seemed to gain courage and strength, rotation was accomplished, and the second stage was passed without the necessity of instrumental aid. As I walked home that night I felt that in that particular instance it would have served my purpose better to have given chloroform. A short time ago I attended a young woman, primipara, who had a long, tedious labor, and to whom I began the administration of ether when the head, presenting in the first position, had proceeded fairly into the second stage. She had been suffering from hemorrhoids for several days previously and was tired out before labor began. I gave her Squibbs' ether during and for a moment before the advent of each pain for over two hours. At the end of that time I endeavored, with the aid of the nurse, to apply forceps, but, owing to the difficulty with which she was brought under the influence of the anæsthetic I was obliged to send for my friend, Dr. Gaherty. With his aid she was safely delivered, and recovered rapidly and nicely from the ether and from the effects of the long labor. I questioned her closely, and she declared that she felt little or no pain from the time of my first administration of the anæsthetic until I determined to apply forceps. This case is a fair sample of my experience in ether administration during the second stage of labor. Where the pains are sufficiently severe, and the condition of the patient such as to warrant it, ether—good ether I mean—seems to me to furnish all the satisfactory results, both as regards its present and remote effects, that chloroform does, provided you give it slightly in anticipation of the pains.

I have had a number of cases of severe hemorrhage following the administration of chloroform given to produce complete anæsthesia while the forceps were used. So much so has this been the case, in my experience, that I have always looked out for at least a smart temporary post-partum bleeding, and usually found it. As far as I can judge from the small number of cases where ether was given I do not think such hemorrhage has been as frequent or as troublesome.

Last summer, however (and this is the only instance where I felt alarmed at the loss of blood

following the administration of ether) I applied the forceps to and safely delivered, with the help of the nurse and mother of the patient, a multipara of the lax-fibre variety, whose uterine fibres refused, during the whole labor, to respond to the stimulus of ergot and quinine.

In this case there was much anæmia, resulting from the large loss of blood following the relaxation of the uterus after a primary contraction which expelled the placenta. Two months ago I administered ether to a primipara, aged 41, nervous temperament, average-sized pelvis, first position of the head, after labor had lasted fourteen hours. There was early escape of the waters, and the head was obliged to dilate a rigid os. Opiates only partially relieved the condition, and when the os had dilated to the size of a half-dollar I gave ether in sufficient amounts to relieve the pain, and assisted the dilatation with my index and middle fingers. As soon as possible I increased the amount of ether, and when she was fairly under its influence I applied the long forceps and delivered. In spite of my endeavors to avoid injuring a very rigid perineum she suffered a laceration which extended quite to the margin of the anus. This I stitched up, and patient did well. In September last Dr. Gaherty assisted me in the application of forceps where a similar accident occurred. The patient was completely unconscious from ether for nearly an hour. She made a good recovery. With the assistance of Drs. Perrigo and Gaherty I applied Dubois' forceps, and delivered, of a still-born child, a woman with a contracted pelvis. Here the pains were intense early in the case, and continued so until the delivery of the child. I administered ether early, and she inhaled a fair quantity until the termination of the labor. In each of these three cases the patient said she had but a faint recollection of suffering pain after the anæsthetic was presented to her, and I have no recollection of any difficulty connected with the administration of the anæsthetic.

During the early part of the year, in a case of mine where I had the assistance of Dr. Kennedy, the labor of a primipara, aged 27; was obstructed by a cyst of the right broad ligament.

The presence of the tumor was early made out, and as the pains were violent from the beginning I gave ether in quantities necessary to relieve them. In this instance I have a distinct recollection of the action of the anæsthetic. I found that upon the early [pains, which lacked the bearing