employment may be minimized by skillful administration. The drop method, in the hands of an expert, yields a result almost faultless, and absolutely without danger to mother or child, and happily without the haunting fear of dangerous post partum hemorrhage. It is begun only when the head shows the first bulging of the perineum, and carried only to the point of analgesia, when this stage is maintained through the second stage of labor. Amnesia is not necessary, unless instrumental interference becomes imperative, when it is easily and quickly secured. The amount required is astonishingly small, and decreases as the operator's skill increases with added administrations.

Conceding the more rapid impression upon the patient by chloroform, and admitting all the claims for the convenience of the operator in its use, we still insist that these items will progressively diminish in importance, as the physician extends his experience with the drop method of giving ether in the parturient patient. In short, the preponderance of professional partiality toward chloroform in labor is due solely to the lack of knowledge of how to give the safer anesthetist—ether—skillfully, to meet the indications at hand. The skillful anesthetist in a surgical operating room is no more than a novice when he essays exact results with ether in the lying-in chamber; unless, of course, in those cases where surgical anesthesia is required for prolonged instrumental manipulations. We are not discussing exceptional cases, but the routine employment of the anesthetic to the point of analgesia, as required in many strictly normal cases of obstetrics.

CHLOROFORM.—Chlrooform was the second anesthetic employed in midwifery, and it has maintained its lead in the preferences of the majority of conservative physicians, in the face of newer claimants for popular favor. The earlier experiments employed choloroform only during instrumental interference, or for the time the head was passing over the perineum. Soon came familiarity with the agent, and there seemed to be no limitation to the length of the anesthesia—Snow continued it administration continuously for 31 hours in one case; and Prothero Smith for 28 hours in another case; and Simpson for 14 hours in still another case—and in none of them was either the mother or the infant considered to be in danger. It became currently believed that chloroform, in labor, was given recklessly. We are unable to cite statistics in support of our belief that grave consequences must have followed such careless use of this powerful agent, but we can point to the fact that with increased knowledge of the action of chloroform upon the excretory organs the use of chloroform has been restricted, in the hands of the better class of obstetrcians, to the latter part of the second stage of labor.