toxic patients where ether or chloroform would have a deleterious effect upon the parenchymatous organs, nitrous oxide-oxygen anesthesia, aided by a little ether if necessary, proves very satisfactory.

In version cases ether anesthesia is advised.

With an experience extending over a period of five years, the author concludes that a certain technic is essential in administering the gas to obtain the most successful results. Further he believes the value of nitrous oxide-oxygen in relieving pain in normal labor, may be extended to many obstetrical operative procedures, provided the anesthesia be given with a reasonable degree of skill.

NORMAN F. MILLER.

Sellers: The Use of Nitrous Oxide—Oxygen Analgesia and Anesthesia in Obstetrics. New Orleans Medical and Surgical Journal, 1921, lxxiv, 109.

Nitrous oxide is advocated as being the nearest to an ideal anesthetic that we have at present because "it is inhaled like air; is practically odorless; is almost instantaneous in its action on the patient; is eliminated so quickly that the gas has left the body by the time the next pain is due; can be used for every pain." Chloroform and ether nearest approach nitrous oxide as analgesics but they are not quickly eliminated and have many other disagreeable features. Nitrous oxide-oxygen shortens the second stage, gives relaxation, does away with restlessness and rigidity in most cases, decreases exhaustion, allows a rapid return to normal for the mother and does not affect the baby.

The patient should be assured that the pain can be relieved. When the pain comes, give enough to relieve it so that the patient will have confidence in the procedure. Determine just the amount necessary for each individual patient, usually two to four breaths and hold the last one. Start the inhalations at the first signs of the approaching pain. It is concluded that nitrous oxide analgesia is an almost ideal anesthetic agent in obstetrics and makes the best anesthetic for operative obstetrics. Ether is the next best agent and chloroform and twilight sleep should not be used.

W. K. FOSTER.

Vignes and Moreau: The Analgesic Action of Nitrous Oxide on Uterine Pains. Presse Médicale, 1921, No. 24, p. 234.

Following the work of Lynch and Heaney, the authors have investigated the use of gas in eight primiparae and one multipara during labor. They concluded that there was no toxic effect during administration either for mother or infant. The deliveries proceeded in normal time and manner. The gas seemed to have little effect on uterine contractions.

F. L. ADAIR.

Oettingen: Childbirth in Hypnotic Twilight Sleep. Muenchener Medizinische Wochenschrift, 1921, lxxviii, 265.

This is a report of a series of 16 women delivered at term under the influence of hypnotic suggestion, 14 of which were successful. The writer discusses the physiology of hypnosis and treats the subject historically. His treatment is begun three weeks before term; three or four women are hypnotized together, the power of suggestion being thereby strengthened. The suggestion is made that sleep can be regulated at desire, and that during sleep all pain ceases. Women coming in for delivery, actually in labor (pain), go to sleep very easily. A slight moaning or body movement during the pains reveals that labor is in progress. In the second stage, while patients do not reach the degree of excite-