

merit of this procedure will always exist between them. It is quite improbable that any effort to harmonize them would meet with any degree of success.

It is certainly most unfortunate that the first comprehensive description in this country of this form of treatment appeared in the lay publications, for not only did it create a strong prejudice against it within the medical profession, but it also tended to reflect upon the professional reputations of such eminent scientists as Kronig and Gauss, who, after most painstaking efforts extending over a period of eight years, have succeeded in developing an accurate and well defined technic in the administration of scopolamine-morphine in connection with labor.

Our profession has invariably proved itself equal to all occasions, and in this instance it is to be regretted that a number of our foremost obstetricians were unduly hasty in expressing their opinion of this method through rather unusual channels without thorough investigation.

We all know that a legitimate amount of conservatism is absolutely essential on the part of the medical profession, so that a proper equilibrium may be obtained, and the public be protected against the results of over-enthusiasm. Those who are familiar with the history of medicine are fully conversant with the fact that most new methods of treatment, especially those which have been radical departures from routine and accepted standards, have always brought forth sharp protestation and even condemnation on the part of those who refused to progress with the advances made in science.

In reviewing the history of scopolamine in relation to obstetrics, we find that it is passing through the same process of evolution common to all new methods of treatment. It is but natural to expect, at this day, that a great deal of opposition should arise against it. Not only is it condemned by those who think that they have had some experience, but even by those who have made no attempt to give this method a fair trial.

To produce "Twilight Sleep" clinically, the attending physician must have a concrete conception or mental picture of what he is seeking to accomplish. In Dammerschlaf the patient is able to perceive but not apperceive. The patient should always be able to answer commonplace questions, even though the responses be somewhat delayed, indicating a sluggish mental state. Between pains the patient should rest quietly or fall asleep. During a pain the patient may moan or even cry out, move about aimlessly and entirely forget its occurrence as soon as it subsides. In other words, an inco-ordinate subconscious mental state must be evenly main-