

show no effect. When the treatment is started the patient should be in labor, having regular pains at intervals of about five minutes or less, and should not be so far advanced that one expects her to be confined inside of three hours. The initial dose is given, and if the patient be intelligent she is told that we wish her to try and sleep between her pains, and that she can do much to help us. This is important, and helps to explain the better results obtained in private practice among the more intelligent type of women. She is left undisturbed for half an hour and we then find her somewhat sleepy, with a flushed face, dilated pupils, usually thirsty, but with a clear memory and an undimmed consciousness.

She will often tell us, however, that the pains are somewhat less severe in character. She is shown some object and is again not disturbed for half an hour. At the end of this time if she is mentally clear and her memory is good, the second dose is given. If, however, we find that she is losing the power of uttering lengthy sentences in a coherent manner, we do not give the second dose, even though she remembers all that has taken place. After the second dose has been given the patient is watched carefully but quietly, and in from half to one hour many of them are found to be in the desired condition, sleeping soundly between their pains, but moaning or crying out during them, when they will tell you that your treatment is not a success. If you question them between pains about the ordinary events in their lives one soon discovers that though questions will be properly answered by yes or no, the patient is unable to carry on any conversation in a rational manner, and that she has no memory of recent events. It then remains simply to keep her in this condition. This is done with very small doses of scopolamine given when required, and knowing when they are required is a matter of experience.

It is occasionally found that patients become very restless and on attempting to control them they may become exceedingly so. Most of these cases, however, do perfectly well if left absolutely alone and quiet, but any attempts at restraint only magnify the excitement a hundred-fold. A sharply-spoken command is often sufficient to compel your patient to lie back in bed when an attempt to force her to do so would lead to a struggle. In rare instances it may be necessary to give another very small dose of morphia to such a case. We have had no case, however, which required an anæsthetic on account of excitement.

As the end of the second stage is approached, there is no object in repeating the dose of scopolamine, for now the same result may be obtained with a small amount of ether or chloroform, and there can be no objection to giving the latter at this stage in our endeavor to give