

in pain and wakefulness, they had gone through labor in a state of semi-consciousness without any undue physical exertion.

In this series one patient developed postpartum psychosis on the fourth day. Within the same week two more cases occurred in my obstetric service at Lebanon Hospital. Owing to my absence from the city scopolamine was not given in these two cases. I consider it most fortunate that this method was not used in two of the cases, for I feel certain that the mental state would have been attributed to the use of this drug. This naturally would tend to discredit this mode of treatment, resulting most likely in its discontinuance. That this coincidence would create a most peculiar situation was more so impressed upon me by the fact that when the attending neurologist was asked to see these patients, he immediately inquired as to whether they had had "twilight."

Another interesting illustration of this kind occurred in a child which was born oligopneic. Failing to improve, resuscitation by the catheter method (the only method used by us), was resorted to and continued for two hours, at which time the heart action ceased. It was early noticed that the cardiac impulse was on the right side. Permission for autopsy was finally obtained. The findings were very unusual. A large congenital opening was present in the left muscular portion of the diaphragm. The stomach, small intestine, greater part of the large intestine and spleen were in the thoracic cavity. Both lungs were collapsed, and the heart was situated on the right side. The liver occupied the entire abdominal cavity. Without autopsy, this death would undoubtedly have been attributed to the use of scopolamine. It has always been the fate of any new method of treatment to ascribe to it many complications that would have taken place ordinarily, and it is only through mere accident that we occasionally are able to account for them otherwise.

We have also observed that the tendency toward engorgement of the breasts is notably diminished in these cases. This is probably due to the action of scopolamine on the peripheral secretory nerves.

CONCLUSIONS.

1. Standard solutions are absolutely essential for the success of this treatment.

2. No routine method of treatment should be adopted. Each patient should be individualized. This method does not merely consist of repeated injections of the scopolamine at prescribed intervals, but the mental state of the patient should be made the guiding point. A subconscious state must be evenly maintained.