

same chemical composition, C 17, H 21, NO 4, yet the tyro in therapeutics knows the physiological action of cocaine differs greatly from the other two. In fact it is almost entirely different in its action. How then can we account for this? By the fact that there is a different arrangement of atoms composing the molecule.

"I think we are justified in saying that the mortality statistics which have been quoted from time to time relative to scopolamine-morphine anesthesia do not apply to hyoscine-morphine anesthesia. And I feel sure that they do not apply to hyoscine-morphine-cactin anesthesia."

My personal experience has been very limited. It covers sixteen surgical and twenty-six obstetrical cases. It is so easy and safe to administer, and I would much rather trust the nurse to give the few drops of chloroform that may be needed than to give a much larger dose of chloroform covering an hour more or less in obstetrical cases.

Only one tablet was used in my first trial that was not a success.

The next was one of hemorrhoids in a man, aged 50. I gave one tablet at 2 o'clock and one at 3.30, and at 4 o'clock. I used the clamp and cautery. The only resistance offered was during dilatation of sphincter. He slept well during the night, the next day the bowels moved with slight pain.

The H.M.C. narcosis served me well in an irreducible hernia that I was called to during the night. Finding I could not reduce by taxis, I injected one tablet at 2 a.m., and half of one at 3 o'clock with the idea of operating if found necessary. At 3.30 the hernia was crowded into the abdomen with gentle manipulation. Another half tablet would have completed the anesthetic effect, ready for the knife.

I am convinced that the H.M.C. compound will be even more useful in obstetrical than it is in surgical practice.

The use of one or two tablets will carry the parturient woman over her labor with comparative comfort.

Labor does not appear to be prolonged unless the first hypodermic is given before the second stage has well set in. My practice is to give the first hypodermic when the pain becomes troublesome if the os is dilated or easily dilatable, then one-half tablet every hour or more, just sufficient to keep her "doped," and I give none at, or near the termination of labor, lest it affect the child. Ordinarily the narcosis does not affect the child. In one instance after a prolonged forceps case, the baby could not be resuscitated, but I could not say the anesthetic was the cause of death. Both tablets and chloroform had been used.