

of the woman and by the want of will power to bear pain to the end. The classical indication for the use of forceps is eclipsed by the so-called deliverance forceps—the application of which has increased in an alarming manner, especially among women of the better class. . . . I do not think that in this instance it is a case of ‘*furor operativas*’ on the part of the doctor, but in private practice, in contrast with hospitals, we often have to deal with persons of nervous dispositions, who are overcome by such a state of nervous prostration that every normal effort on their part to endure the labor pains to the end is paralyzed.”

The decrease of the birth rate which has been so generally observed in the better classes both of the United States, England, and France, cannot altogether be attributed to the dislike of the care of children, but in part to the dread and horror many women have of the pains of labor.

Any drug then which will relieve or abolish the grinding pains of the first stage of labor without injury to either mother or child should be welcomed by both doctor and patient. That this condition is fulfilled by the combination of scopolamine and morphine is evident to anyone who has given it an extended use or gone carefully into the already extensive literature on the subject. That there are disadvantages or possibly some dangers in its use is not to be denied, but they are those which are inevitable in the use of an anesthetic in the hands of those inexperienced in its use and careless of the dosage. There have been and still continue to be fatalities from the use of chloroform, both from careless administration and idiosyncrasy of the patient. The same may, we think, be said of the use of scopolamine and morphine in obstetric work, but if we can prove there have not been more than with chloroform, we submit that they should be given a trial. We do not propose in this paper to consider the use of scopolamine and morphine as anesthetics except in obstetric work, though they have been used as general anesthetics for a great variety of both major and minor operations by many surgeons. Our own experience has been entirely confined to obstetric work.

In 1900, Schneiderlin (23), first reported a series of cases in which he had done a number of operations under anesthesia, produced by scopolamine and morphine. Korff (19) and Bloss (16), shortly afterwards reported a series of cases. Their method was to give morphine, gr. 1-6 and scopolamine, gr. 1-100, four hours before an operation, repeat in two hours, and repeat again one half-hour before operation. In some cases they gave as high as 1 gr. of morphine and 1-6 gr. of scopolamine, so that it is not to be wondered at that there were a few fatal cases, though sur-