

three conditions (1) Asphyxia; (2) Cardiac dilatation; and (3) Apoplexy.

The expense of employing nitrous oxide anesthesia, in labor, and the added inconvenience of transporting the equipment, will deter many from giving the method the fair trial it deserves. But in cases financially able to ignore the expense, and with the preponderance of evidence as to the entire safety of the method, one may at least consider if he has the moral right to place his convenience in the balance against the known advantages of nitrous oxide anesthesia.

**MORPHINE-SCOPOLAMINE.**—Schneiderlein, in 1902 first used and advocated the use of morphine-scopolamine in obstetrics. The following year Von Steinbuchel developed the technique, and Kronig, Pankow, and Gauss experimented with it extensively, with varying success. Heralded by many as the long sought ideal anesthetic in labor; "promoted" by drug houses through commercial instincts; extensively employed by many physicians who had been chary in the employment of other anesthetics; assiduously cultivated by lay magazines and ladies' journals; it swept to great popularity in a shorter time than any other obstetrical anesthetic has even attained in like period. It has been thoroughly discussed and investigated in all parts of the world, especially in America. It has not borne out the early claims made for it, and of late it has come in for severe condemnation in many quarters. Many competent observers now declare that it has no valid place in the equipment of any practitioner doing general practice, and that its use should be strictly limited to those who make a specialty of obstetrical work, and who do that work within a hospital where abundant trained help is at hand.

It is conceded that, in a labor already well established, it may be employed during the first stage without unduly prolonging it. But the morphine-scopolamine combination is a first stage anesthetic, and it is not here that we oftenest feel the need of an anesthetic. It is admitted by all with experience in its use that it prolongs the second stage of labor, and increases the hazard of foetal asphyxia directly and definitely in proportion to the prolongation. This combination is already limited in its scope. It must not be used in cases of suspected foetal death in utero. It must be avoided in primary uterine inertia. It is not to be used till the os has dilated to the size of two fingers. It seriously complicates the common accidents of labor, and should never be employed in the accidents of pregnancy. The infant is often narcotized, and in such condition bears the stormy passage under the pubic arch but poorly.