

ished without the complete loss of consciousness. Clinically, this is best accomplished by the judicious use of the combination of scopolamine hydrobromide and morphine.

It is not my intention to discuss the various physiological manifestations produced by these drugs upon the central nervous system, for I feel certain that their effects are too well known to all. I shall only attempt to call attention to the effect produced by these agents in their relation to obstetrics.

The action of scopolamine is chiefly upon the central nervous system. It quiets the cerebrum and diminishes the perception of pain, without apparently influencing the contracity of the uterus. Labor, therefore, may progress uninterruptedly and the patient may not only fail to recollect these pains, but may even be entirely unaware of them.

#### CLINICAL TYPES.

Clinically these cases may be divided into three distinct groups: (1) Those patients in whom we obtain both amnesia and analgesia, that is, abolition of memory and diminution of pain; (2) patients in whom we obtain analgesia without amnesia; (3) cases which entirely fail to respond to this treatment.

#### TECHNIC.

In order to obtain the best results with this method, certain cardinal requisites must be strictly observed. It is absolutely necessary that the patient be so placed that she will be free from all disturbing influences. A physician or nurse should be in constant attendance. The effect of the drug should be carefully watched so that it may be repeated at proper intervals. Light in the room should be so arranged that the patient is not disturbed by it. The fetal heart sounds should be carefully studied. The solutions used should be obtained from reliable chemists, and should be accurately standardized. It should be perfectly clear, never having any sediment or flocculence, and should preferably be put up in ampules each containing the quantity required for a single injection.

For purposes of accurate statistics, special charts were printed, indicating the important points to be noted.

Our rule is to admit to the hospital only those patients who are in active labor. We, therefore, have no means of judging precisely when labor sets in, nor the average duration of the first stage.

Treatment is begun only when the patient shows definite signs of active labor. The patient is then put to bed in a dimly lighted