

Our results may be tabulated as follows: Out of a total of 80 cases we have had good results in 60, as well as in 2 which were not carried through to completion. Thirteen cases we report as fair results, 10 of these showed partial amnesia and the other three analgesia without amnesia. We had 5 cases that were failures; one was delivered in an hour and a half and did not have time to go under the influence of the drugs. The other four cases had from two to six doses of scopolamine with apparently very little effect. The patients reached us at various stages of labor, and the average duration of treatment was six and a half hours, the shortest being one hour and the longest 37 hours. Sixty-three babies cried at once, 10 babies showed a certain amount of oligopnoea. It is interesting to note that five of these were from cases that had two doses of morphine, and one of them was born within two hours of the initial dose. Four babies were more or less asphyxiated, two of these were persistent occipito posterior cases, one of them being delivered with forceps; the third one was from a case having two doses of morphia, and the fourth baby died on the third day from intracranial hæmorrhage. There were three still-born children, one was a breech case in which the arms were extended and delivery of the after-coming head was slow and difficult; the second baby at autopsy revealed a torn tentorium, and this case had only had morphine 1/6 and scopolamine 1/100, with a subsequent dose of scopolamine 1/200; the third baby, which died 15 hours after delivery, was a case in which baby, placenta, and a considerable amount of blood clot were born together. We had nine forceps deliveries, all of which were in primiparæ, three of them being occiput posterior positions. Eight cases had one dose of scopolamine, 27 had two doses, 25 had three doses, 14 had four doses, 2 had five doses, 2 had six doses, 1 had seven doses, and one had 10 doses. Twenty-five cases were given two doses of morphia, but these were for the most part early in the series.

One case developed a severe type of mania four days after delivery from which she recovered in a week. She gave a history of having had previous attacks. One case, clinically a perfect result and a normal delivery, one vaginal examination, and no tear, developed a pelvic thrombophlebitis, for which she was eventually operated upon and from which she recovered.

Notes of a few typical cases might be of interest.

The first is that of an elderly primipara with a slowly-dilating cervix. Mrs. C., para 1, aged 38. Labor began at 7 p.m. By 5 a.m. patient extremely nervous, pains very strong and both she and her relatives were insisting that "something be done," yet the cervix would only admit two fingers, was very thin, dilating slowly, and there were no fore-