

the pains when she showed signs of regaining consciousness, and if the second stage was delayed used forceps, so that I did not allow her to become conscious after getting under the influence of the hypodermic.

During the past two years I have altered my method a little in this way. I give a No. 1 H.M.C. tablet or three-quarters of a tablet hypodermically to start, according to whether I think the labor will be slow or more rapid. She should be under its influence in an hour. During this hour if pains are severe I give a few drops of chloroform during the pains. If she is not under its influence in one hour I give hyoscine gr. 1-200 hypodermically. In my first hypodermic was morphine gr. 1-4 (with hyoscine) I would not give any more morphine, but hyoscine alone. If, however, the first hypodermic was only 3-4 of a tablet or morphine gr. 1-6, I would give now morphine gr. 1-8 with hyoscine gr. 1-200.

I think I get more effect from using the Abbott alkaloidal combination than the ordinary morphine and hyoscine tablets. She gets no more morphine than mentioned, because we consider it is the morphine and not the hyoscine that has the bad effect on the babe. This morphine produces the analgesia (lessens the pain) makes her sleepy. The hyoscine causes the amnesia (loss of memory or forgetfulness of the past or of what is going on) so that when everything is over she does not remember anything after getting under the effect of the first hypodermic. This will keep her asleep for two or three hours. She should get 1-200 gr. hyoscine every two or three hours as she shows signs of coming out from the effect of the drugs, and by these repeated doses of hyoscine she may be kept in a twilight sleep for many hours. I like Burroughs & Welcome preparation of hyoscine best, as it is supposed to be identical with scopolamine.

When under its influence she sleeps between uterine contractions; when a contraction comes on she talks irrationally as in a semi-delirium and may be restless, then quiets down when the contraction ceases until the next one. A stranger or one not accustomed to seeing a patient under its influence may think she is somewhat conscious during the pains, and can hardly understand it when the patient tells them afterwards that she felt no pains after the first hypodermic.

She should be kept in a darkened room and absolutely quiet. When she talks the nurse should not speak, as it tends to keep her awake. When she is in the second stage of labor and she shows signs of "coming out" from its influence I usually keep her under with chloroform given during uterine contractions instead of giving more hyoscine.