

tained and any deviation from this will invariably lead to undesirable results.

As a general rule, it may be stated that no form of treatment will meet with the same success in the hands of all who use it, even though the technic followed be the same. What then should we expect to accomplish with a form of treatment in which the technic and dosage varied with each and every instigator?

A study of the literature reveals the fact that there are two distinct groups opposing this method of treatment. (1) Those who have tried the method occasionally, based upon no definite technic, with results correspondingly unfavorable. (2) Those who have given this method a fair trial but have not followed the technic as outlined by Konig and Gauss.

Before taking up the physiological action of scopolamine and morphine, it would not be amiss to touch upon the physiology of labor pains and our aim to modify or alleviate these by the use of drugs.

We must differentiate between objective pain by which we understand uterine contractions, and subjective pain, which is that sensed by the mother. Any method which has for its object the elimination of subjective pain, must, under no circumstances, interfere with objective pain.

It is a well-known fact that the pain caused by uterine contraction, does not affect all women alike. Every experienced obstetrician has occasionally seen a patient in whom labor had progressed to a stage of complete dilatation without any physical evidence of pain. We must, therefore, conclude that the degree of subjective pain depends upon the sensitiveness of a given nervous system. It is equally well known that the degree of sensitiveness can be modified by the use of many therapeutic measures.

The central nervous system is the seat for the perception of pain. Impulses are conducted to and from it. The degree of pain depends both upon the ability of the cortex of the brain to receive and upon the nerve trunks to conduct. If, by any method, we are able to minimize either the perceptive power, or the degree of conductivity, pain may be markedly diminished, or even entirely abolished.

From the above it may be seen that the progress of labor does not depend upon subjective pain, and that this may be diminished or eliminated without interfering with the normal progress of labor. Labor essentially depends upon the degree of uterine contraction for its successful termination. The purpose and object of this method of treatment is primarily to obtain a mental state in the patient by which the receptive and perceptive powers are dimin-

