

hage, requiring uterine tamponade. In twelve cases where note was made of the presence or absence of asphyxia, in six there was none, in four slight, in one moderate, and in one deep. We do not recommend its use, but prefer morphine and chloral hydrate. We do not like the occasional delirium, and we are more afraid of the drug than we are of morphine and chloral. We doubt the advantages claimed for the drug."

Butler (2) quotes from 50 observers, having in all 5,121 cases, in which 8 deaths occurred. Only two observers having 92 cases gave a verdict of "bad." K. Myer (1) in 50 cases summarized his results thus: In but 2 cases was there interference with regular contractions, in 70% there was no hemorrhage, in 24% it was slight, and in 6% it was severe. There was vomiting in 2 cases. In 46% there was complete effect, in 42% fair effect, and in 12% no effect. As to the effect on the child, there was slight delay in establishing breathing in 3 cases. In one case the child was dead with two turns of the cord about the neck, but at autopsy was found to have a large thymus.

We have used scopolamine in 100 cases. The first case in which it was tried (J. H.) was a primipara, aged thirty-eight years. It seemed to be of such benefit in this case we were encouraged to give it further trial. A rigid os seemed to dilate more readily, and this while the patient was in comparative ease. A little chloroform was administered just when the head was born. There was no laceration, and no ill effects on the mother or child.

Operative interference was necessary in 17 cases, 3 occiput posterior, 2 eclampsia, 1 where membranes ruptured 48 hours before pains commenced, 1 in a Jewess who had taken absolutely no exercise after the fifth month, and one in a primipara aged 32. In the remaining 92 cases low forceps were used nine times. On this point Newall says that with the use of these drugs operative interference is lower than usual without their use, having had 14 forceps cases out of 123 patients.

Our method has consisted in using hypodermic tablets, the drugs being in separate tablets. The initial dose of morphine sulphate, gr. 1-4, and hyosine hydrobromide, gr. 1-100, is to be given when dilatation has well commenced and the contractions are occurring at intervals of five to seven minutes. The room is then darkened and made as quiet as possible and the patient allowed to sleep. In the majority of cases after a period of one to two hours' rest the patient wakes with each pain, only to drop off to sleep again after the contractions have ceased. If the patient wakes completely a second dose of hyosine hydrobromide,