way. The perineum in all cases was injected with 0.25 per cent. novocain, varying from 60 to 150 c.c. Eleven of the patients received in addition from 30 to 40 c.c. of 1 per cent. quinin-urea solution. In any case the maximum amount of the two solutions injected was 175 c.c. The injection was made as the head appeared in sight; the edges of the vulva were turned back and a long needle inserted at the junction of the skin and mucous membrane, the fingers of one hand being in the vagina to note its position. At this stage of labor the perineal floor is flattened out by the head, but not stretched to any degree. Experience shows that there is no difficulty in infiltrating the levator ani muscles and the perineal body. Novocain was injected first and the quinin-urea immediately afterward. A group of 20 cases were treated by nitrous-oxide oxygen only, and of these 17 received from one to five doses of scopolamin during the first stage before the gas was used. The initial dose was $\frac{1}{16}$ grain with $\frac{1}{8}$ grain morphin or $\frac{1}{2}$ grain narcophin. The scopolamin was repeated during labor. In 4 cases where labor was prolonged a second smaller dose of morphin or narcophin was given. No effort was made to secure the mental condition known as "twilight sleep," because a clear state of the mind is necessary for the successful use of gas. The gas was given before the end of the first stage or at the beginning of the second, according to the distress of the patient and her ability to pay for the gas. The private cases who received this treatment had professional anesthetists, understood exactly what was attempted, and suffered very little. The clinic cases did not do so well. They were not relieved of pain, and with many of them ether or chloroform had to be used. During the actual stage of expulsion complete anesthesia for a few moments was secured. Apparently labor was somewhat shortened by this method, the use of the forceps was no more frequent than with other methods, nor were lacerations more frequent or extensive. In a few cases the injections produced edema and tenderness in the tissues, but no complication developed which interfered with the healing of the lacerations. There seemed to be better dilatation and relaxation of the perineum. In no case could it be proved that the method injured the child. The conclusions of the writer are that the use of small quantities of scopolamin during the first stage of labor is a distinct advantage, shortening the time during which gas is required and giving a much better result. The injection of the perineum seems also desirable. This combined treatment is called by the writer "anociation," and is thought to promise well in obstetric practice.

Combined Tubal and Uterine Pregnancy.—SULLIVAN (*Jour. Am. Med. Assn.*, March 17, 1917) reports the case of a woman in her fourth pregnancy who, while doing housework, had violent pain referred to the diaphragm. This was relieved by morphin, and examination showed the uterus somewhat enlarged, while nothing abnormal was found in the cul-de-sac or abdomen. Two hours later an indistinct mass could be felt in the cul-de-sac. The patient was removed to the hospital and operation performed. In the pelvis and cul-de-sac were clotted blood and a fetus. These were removed, the bleeding tube ligated, drainage inserted, and the abdominal wound closed. By palpating the uterus the outline of a fetus could be felt within its cavity. The patient recovered well from the operation and did not abort. She subsequently gave birth to a vigorous male child.