

only is in attendance early in labor. The drug apparently shortens the first and probably delays the second stage somewhat. Forceps were used 41 times in the 150 cases. Three per cent of the babies were born oligopneic but needed no attention. Four babies were born asphyxiated, three after difficult forceps and one after delay with the aftercoming head. Scopolamine favors moulding in difficult cases. No dangerous complications were noted in the mothers. Two cases of mania were controlled with chloroform. The author believes that by removing the fear of subsequent labors, this procedure will increase the birth rate. The opposition to its general use resembles that seen at the time of the introduction of chloroform into obstetrics.

H. W. SHUTTER.

Zweifel: Painless Labor. Muenchener Medizinische Wochenschrift, 1922, lxix, 52.

The author claims, from personal observation, that "Twilight Sleep" does not increase the birth mortality, and in a series of cases of twilight-sleep-children, followed for over ten years, there has been no evidence that this form of amnesia gives rise to any permanent injury.

S. B. SHOLHAUG.

Gerson: Twilight Sleep. The Lancet, London, 1922, ccii, 428.

The author gives a résumé of his experience in conducting seventy-five confinements under twilight sleep. He kept very careful records of every sign and symptom, and all dosages were charted at the time given.

His technic in the case of a multipara was to commence the treatment as soon as labor set in. The first injection consists of 1/150 gr. scopolamine and 1/3 gr. morphine. The second injection of 1/150 gr. scopolamine was given in one hour's time, true amnesia generally being obtained three-quarters of an hour after this injection. The true state of amnesia was recognized by showing some familiar object to see if the patient recognized it. Analgesia was always complete regardless of the degree of amnesia.

The author found the use of forceps in the latter part of the second stage to be more frequent. In none of his cases could he attribute infant mortality to the use of drugs. Postpartum hemorrhages were in no appreciable way increased.

The author includes much valuable statistical data in his article as well as the results of his seventy-five cases.

NORMAN F. MILLER.

Horwitz: Twilight Sleep and the General Practitioner. The Lancet, London, 1921, cci, 1154.

The author gives his opinion regarding twilight sleep based upon personal experience. He makes it a rule never to give the first injection until pains are coming regularly every five or ten minutes. In multiparae treatment is commenced as soon as the patient is definitely in labor.

The technic used by Horwitz is given in detail in his article. He believes the first stage to be definitely shortened and the second stage frequently prolonged and operative delivery more frequently necessary. The author has had but little difficulty from asphyxia of the newborn child in these cases.

The advantage of twilight sleep is emphasized especially in breech cases, and in patients with a minor pelvic contraction and those suffering from a heart disease.

NORMAN F. MILLER.