THE MIDWIVES’ UNION SECTION

Hon. Secretary:—Miss D. CHADWICK, S.R.N.,
Government Hospital for Women and Children, Egmore, Madras.

Members are asked to report any helpful notes of cases, and send articles for this section to the secretary.

Anaesthetics in Midwifery *

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(From “Nursing Times”)

We must consider the use of anaesthetics and sedatives in the past, and try to forecast how they would be used in the future for the relief of pain in childbirth. It was generally agreed that both doctor and midwife should relieve pain as far as possible. No trouble should be spared. Pain was not altogether an evil thing; considered physiologically it was a protective mechanism. Animals had pain—even the hen, who for this reason was induced to go to a nest to lay her egg. In the past the pain of child-bearing has been cut of all proportion, and from earliest times it had been recognised that something should be done to afford relief. As far back as the seventh century, when England was a pagan country, Bishop Paulinus returned thanks for the delivery of Ethelburg, Edwin’s Queen, “in safety and without much pain.” This we read in the writings of the Venerable Bede.

There were records that, even in those days, what were known as “somniferous apples” were used. These had the power of sending the patient to sleep and probably accounted for the Queen’s so-called easy labour. What they contained is not known.

Anaesthetics, as we understand them to-day, were introduced by Sir James Simpson in 1847, and were made for him by an Edinburgh firm. Their introduction caused a great uproar, and curiously enough, the objections were made not so much on medical as on religious grounds. It was contended that anaesthesia was a direct interference with the primal curse. Sir James Simpson, however, was a splendid fighter, and won over many doctors to giving intermittent doses of chloroform for the alleviation of pain in normal cases.

While we all agreed that it would be desirable for woman to have painless labour, doctors realised that there were dangers in the administration of an anaesthetic. Chloroform should be given for every operation in midwifery, in forceps deliveries, or where the head had not come on to the perineum. In abnormal labour, therefore, anaesthetics were necessary. Theory, however, was sometimes more successful than practice. There was a tendency for some doctors to attempt delivery before the complete dilatation of the cervix, if the patient was anaesthetised. A cervix that dilated slowly was inelastic and friable and there was danger from tears even fourteen days after delivery.

* Notes of a lecture given during the Post-Graduate Week of the General Lying-in Hospital, May, 1929.
A lay demand for chloroform was dangerous, for chloroform had certain effects on the contractions of the uterus, and also interfered with voluntary efforts to bear down. These were most helpful, especially in cases of primipara. The ill effects of the prolonged use of chloroform were not always obvious at the time. In varying degrees both chloroform and ether affected the liver, especially when given in excessive quantity or over a prolonged period. Such sequelae would tend to become more frequent if women had the right to say whether or not they would have an anaesthetic. It was necessary, therefore, for a doctor to say where and when an anaesthetic was necessary. When we came to balance the pros and cons, most of us had come to the conclusion that doctors could give anaesthetics with advantage more often than they did at present. To-day in poor districts, such as Stepney, a patient had chloroform only when a medical man considered it necessary. On the other hand, patients in the West End of London could often demand an anaesthetic, because of the large fee they were paying for the doctor's services. Yet it had been found that the West End baby was the one most likely to die during the first fortnight. This subject therefore was not altogether a social or monetary question.

At present it would be unwise for midwives to give anaesthetics on their own responsibility. The greatest number of deaths under chloroform took place when the patient was either going or had just gone under. It was the giving of the "whiff" that was dangerous. How could a midwife give an anaesthetic and keep her hands sterile? No midwife working single-handed should be allowed to give chloroform even for the second stage of labour. In the United States of America nurses were given six months' exclusive training in anaesthesia. Applied to our country, this would mean extending the present curriculum without any great corresponding advantage. It would always be necessary for a second midwife to be present. How could the pain of labour be decreased in this way by midwives who attended something like 60 per cent of the births in this country?

Sedatives were not understood as thoroughly as they should be. Midwives used them comparatively seldom, and therefore did not take advantage of a form of treatment they were entitled to use, and some who did so had an incomplete knowledge of their properties.

In midwifery opium was superior to any amount of chloroform or other anaesthetic. It relaxed and opened the uterine parts, but was most effective given hypodermically, or as a tincture. The opium pill sometimes used in labour was not always absorbed. Chloral and bromide were of value in many cases. They quieted an irritable nervous system, and in this way were especially useful for certain primiparae. Chloral was a specific for a rigid cervix—a condition apt to be misconstrued. A rigid cervix was not necessarily one that did not dilate. The trouble might be that the fetal head did not fit into the brim of the pelvis. It was only since the War that there had been any teaching of palpation.

The British Medical Association's scheme of a general medical service for the nation included midwifery. Each patient was promised ante-natal examination by a doctor who could be called in in any case of abnormality. Expected abnormalities would be given hospital accommodation, and normal cases would be allocated to midwives. Each case, normal or otherwise, would thus become known to both doctor and midwife. During the medical examination, the doctor would be afforded opportunities of noting any probable need of opium or anaesthetic. Later, during labour, the midwife would be able to obtain permission by telephone to give opium, for both doctor and nurse would be familiar with the patient. Would this solve the question of opium in midwifery? The women who need an anaesthetic in the second stage were very largely those who had been exhausted during the first stage.
A trained midwife should take great care that her patient had the necessary food, exercise and rest, and that all necessary attention was given to bladder and bowels. This condition of exhaustion would very largely disappear when it became the rule for midwives to look well after their patients, and if necessary give a sedative during the first stage of labour. Obviously the relief of pain in childbirth was not such a simple subject as it at first appeared.

THE STUDENT NURSES' SECTION

Hon. Secretary.—Miss L. N. JEANS, S.R.N., Government General Hospital, Madras.

The Student Nurses' Association seeks to provide nurses in training social and intellectual intercourse, assistance in their studies leading to professional qualification, and to teach them the organization of their own affairs. Units may be formed in any recognized training school; the secretary will be glad to supply information, and receive reports for publication in this section.

Rainey Hospital Units
STUDENT NURSES' ASSOCIATION

To
THE FELLOW MEMBERS OF THE STUDENT NURSES' ASSOCIATION,—

We are writing to tell you something of our activities as members of this association.

We have a Committee of three members and a secretary and we hold meetings once a month, usually the first Friday of the month. At our June meeting, some of our members acted a few hospital scenes, which delighted the other members and visitors very much.

We try to vary the programme by holding business meetings, entertainments and by getting some one from outside to talk to us on interesting subjects, such as the Student Nurses' Association in England, etc. We hope to have more outside speakers in future.

We are trying also to vary the programme, by holding musical evenings, indoor games, debates, etc.

Apart from this, we enjoy our off duty in reading books, papers and doing needle work, etc. In the evenings, sometimes we play badminton and sometimes we go out to the beach which is very close to us.

We have a new chapel which was opened on July 25th and is kept open day and night for any who may wish quiet at any time.

We are glad to say that several new nurses were welcomed at our association meeting last month. We hope they will soon join as members.

We are sure that all of you are doing something or other and are very anxious to know about your activities also.

We remain,

Yours sincerely,

Members of Student Nurses' Association,
Rainey Hospital, Royapuram, Madras.
சுற்று மையர் துறை

சுற்று மைய கல்லூரிகளின் சுற்று மையங்கள் எனுமிடத்தில் தனித்து உள்ள நிலையிலிருந்து எள்ளத்தான் மையங்கள் பெருக்கும் வழிகளும் மையங்களின் பாத்திரங்களும் எள்ளத்தான் வைக்கப்பட்டுள்ளன.

சுற்று மைய சுற்று மையங்கள் என்று குறிப்பிடும் பல கல்லூரிகளும் இவ்விருக்கின்றன. எனவே சுற்று மையங்கள் என்று குறிப்பிடும் பல கல்லூரிகளும் இவ்விருக்கின்றன. இவ்விருக்கின்றன. இவ்விருக்கின்றன. இவ்விருக்கின்றன. இவ்விருக்கின்றன. இவ்விருக்கின்றன.
FRAGMENTS AND EXCHANGES

There are over 7,000 hospitals in the United States. 6,000 have been built in the last fifty years. They have approximately 10,57,000 beds. These hospitals have a daily average of 763,382 patients. In 1930, they contributed 278,634,130 hospital days, and admitted 12,000,000 patients to their wards. They are staffed by 93,500 physicians. 31.4 per cent of all hospital work is given to the care of charity patients. There are 650,000 infants born in the hospitals each year. Their out-patient department recorded 32,000,000 patient visits. 62,500 students are enrolled in their nurses training schools. They employ 64,000 graduate nurses. In excess of $3,000,000,000 is invested in hospital buildings and properties. $850,000,000 is spent annually in their operation. The total amount of hospital endowment is estimated at $439,000,000. Only 1,000 hospitals control any endowment. 31 hospitals have endowments of $2,000,000 or more each.

—(Am. Jour. of Nursing, September, 1931).

Miss Anna D. Wolf, who presided over the Annual Convention of the American Hospital Association held in Toronto, Canada, September 28 to October 2nd, was born at Rajahmundry, South India. Her parents were missionaries of the American Lutheran Church. Miss Wolf has been selected to direct the School of Nursing which will be connected with the New York Hospital-Cornell University Medical Center. She is a graduate of Johns Hopkins Hospital and served in China under the Rockefeller Foundation.

"In an examination of 40,000 nurses' records, nearly 38,000 were useless, because they were incomplete as to subject matter, particularly in regard to symptoms." Nurses are fighting to establish their right to classification as professional workers. That right must rest on the records of their professional contribution.

—(Dr. McEuchern in Am. Jour. of Nursing).

These "commandments" have been prepared in the interests of the rural uplift movement started by Mr. F. L. Brayne, Commissioner of Lahore.

The commandments have been prepared for the benefit of villagers, and are printed in all the vernaculars of the Province throughout which they have been distributed in pamphlet form.

Each commandment is a suggestion calculated to make the lives of the villagers healthier and happier.

THE XVI COMMANDMENTS

1. Thou shalt dig pits, six feet deep, and throw all thy rubbish and sweepings into them that thy children may be healthy and thy crops heavy.

2. Thy habits shall be clean.
3. Thou shalt send thy little daughters to school that they may learn how to keep home and bring up children and thus earn respect and honour from their menfolk.

4. Thou shalt not waste thy wealth neither upon social ceremonies nor upon strong drink nor upon gold and silver ornaments for thy children or thy womenfolk nor upon any other luxuries or useless things; rather shalt thou spend the money upon quinine and upon mosquito nets and upon the other necessities of thy health and well-being, and what is over thou shalt put into the Savings Bank or the Co-operative Bank that in time of need or scarcity thou mayest have money at hand and not be forced to borrow at high rates of interest.

5. Thou shalt vaccinate thy children in the first year of their lives and twice more before they grow to man’s estate; in like manner thou shalt protect thyself and thy family against all diseases.

6. Thou shalt have windows and ventilators in all the rooms of thy houses and in thy stables also; and thou shalt grow flowers in thy court-yards.

7. Thy womenfolk shall not grind corn nor make dung cakes, so shall they have time to tend thy children and adorn thy home and be thy companions and not thy drudges, and so shall there be ample manure for thy fields.

8. Thou shalt build bunds upon thy fields and in thy nullahs and sink wells wherever there is hope of sweet water below ground.

9. Thou shalt afforest thy hills and prevent thy cattle and goats from destroying grass and trees thereon and in all things thou shalt prefer sheep to goats as goats will utterly destroy thy forests so that rain water will wash away thy soil and cover thy fields with sand and thy hills shall become a curse to thee instead of a blessing.

10. Thou shalt sow Punjab 8-A, in preference to all other wheat seed, and thou shalt at all times sow the best seed that can be obtained, and cultivate the most valuable crops that thy land and water can grow.

11. Thou shalt destroy locusts; both them and their eggs and their young by day and by night at all times whenever thou shalt learn that they are to be found; thus also shalt thou deal with all other pests that harass thee or thy animals or thy crops.

12. Thou shalt not quarrel with thy neighbour nor go to law with him but rather thou shalt comporte with him in the brightness of thy home and the quality of thy crops and cattle and thou shalt battle with him at football and other manly games.

13. Thou shalt not be idle, but thou shalt work early and late for the betterment of thy home, thy family, thy farm and thy village.

14. Thou shalt join co-operative banks and other associations which are established for thy instruction and thy betterment, and thou shalt carefully read and follow books, newspapers and posters which they shall issue for thy benefit.

15. Thy sons shall join the Boy Scouts that they may grow up good citizens.

16. Thou shalt use thy brains for thy betterment. Thou shalt never cease to learn new and better ways, and thou shalt not follow blindly the customs of thy forefathers.

If thou dost all these things thou shalt be prosperous and thy home shall be happy and healthy and thy children shall grow up strong and useful.