The Present Position in New Zealand.

The Committee has reason to believe that there are few countries where the use of some measure of pain-relief, both in the form of anæsthetics and analgesics, is more general than in New Zealand, and this largely for the reasons that so many women are attended by doctors and that such a high percentage of cases is confined in hospitals.

In private practice it was found that an anæsthetic was generally given to a degree that was said to be satisfactory to the patient. Chloroform is still the anæsthetic most generally used, though ether, and gas and oxygen were used by a number of doctors.

The evidence given before the Committee showed that while morphia and scopolamine (the drugs used in what has been popularly known as "twilight sleep") have been used in varying degrees for many years by a number of doctors, with the introduction of newer analgesics during the last few years there has been a very great increase in the use of sedative measures in the earlier stages of labour.

There were, however, the widest differences of opinion amongst the doctors who gave evidence regarding the dosage, the effects, and the safety of the various drugs.

The experience of the Committee in taking this evidence made it clear how difficult and dangerous it would be to attempt to make any dogmatic statement regarding methods.

Certain complaints were made of the inadequacy of the pain-relief in some of the public maternity hospitals which are conducted on the midwife system. It is admitted quite readily that the amount of pain-relief which can be given with safety varies greatly in individual cases. In the case, however, of those women whose financial status necessitates their being confined in certain hospitals, both public and private, where the patients are "nurse-attended" in the absence of abnormalities in the mechanism of labour, it cannot be denied the amount of pain-relief given does not approach that which is generally given by modern obstetricians in their private practice.

It is true that the amount of anæsthetic given is definitely less than in the average case in which a doctor is present, but, this has been an inevitable limitation of the midwife system.

Although, as has already been indicated, New Zealand has gone further than most countries in allowing the use of chloroform in the Murphy inhaler by midwives, many witnesses stated that this method was not satisfactory.

It was understood that in the Wellington St. Helens Hospital an ether-vapour apparatus was now being tested.

The use of analgesics in these hospitals varied greatly. In some no sedatives were given except in special cases; in others there had been a gradual development in their use, under the direction of the doctor concerned, until at the present time in quite a number of instances they were used almost as freely in no-doctor cases as in doctor-attended cases.

A commendable point was that in the majority of hospitals taking both married and unmarried mothers the same methods of pain-relief were used in the two groups.

Conclusions and Recommendations.

The Committee considered that it was its function to inquire into the general aspects of pain-relief and not to make any recommendations regarding actual methods.

It is of the opinion that the effort to extend to all patients in labour the fullest degree of pain-relief consistent with safety to mother and child is entirely right and proper.

The Committee is convinced that, although there are differences of opinion regarding methods, under suitable conditions adequate pain-relief can be given, and is being given very extensively in private practice in New Zealand, with entirely satisfactory results.

The Committee is of the opinion, however, that, mainly owing to lack of sufficient medical supervision, pain-relief, to the fullest possible degree consistent with safety, as generally provided for the private patients of those specializing in obstetrics, is rarely given to patients in public hospitals.

The majority of the Committee is of the opinion that to ensure this maximum relief with safety attendance by a doctor at intervals during labour and at delivery is necessary, and that provision for this should be made in all public hospitals.

This has already been referred to as one of the reasons for advocating the principle of doctor-attendance in all cases, and various suggestions have been made for the furtherance of this aim in New Zealand as, for instance, by appointing house surgeons to the larger public maternity hospitals. The Committee is of the opinion that even under existing circumstances the practice adopted in a number of the public maternity hospitals where the midwife system operates, whereby sedatives are given under the direction of, though not necessarily in the presence of, a responsible medical officer, could quite safely be made general, thus very considerably supplementing the limited amount of anæsthetic which the midwife is able to administer.

Finally, the Committee realizes that, owing to the closer supervision required, these methods of pain-relief can be much more satisfactorily carried out in hospitals.

See reservation by Dr. S. G. de L. Chapman and Dr. T. L. Paget.