REPORTS ON METHODS OF RELIEVING LABOUR-PAINS.

Dr. Selwyn Kenrick, St. Helens Hospital, Auckland, has been using sodium amytal, which has proved safe and effective. Most primiparæ have been given two 3-grain capsules unless some contrary indication has existed. He has recently been supplied with a Heidbrink gas and oxygen apparatus, and reports that eighteen selected cases have received this method of pain-relief with satisfactory results. By the generosity of Sir Julian Cahn two gas and air apparatuses will shortly arrive and

will be put into use.

Dr. Sylvia Chapman, St. Helens Hospital, Wellington, has been carrying out an extensive and detailed investigation into the use of ether by means of Dr. Small's apparatus. In 1937 detailed reports were made on sixty-three cases. Pre-medication with one-sixth of a grain of morphia was given as a routine in the first stage to all primiparæ and those multiparæ who seemed to require it. In 1938 the use of this method was greatly extended, several hundred cases being given this treatment, fifty-five cases of which were reported in detail. Besides the one-sixth of morphia in the first stage, chloral hydrate gr. 30 and potassium bromide gr. 15 were given prior to the administration, and repeated in smaller doses where necessary throughout the first stages.

In the first series of sixty-three cases 49 per cent. of the patients got complete relief and 28 per cent. marked relief, the result being regarded as satisfactory in 78 per cent. of the cases. In the second series of fifty-five cases which received pre-medication with chloral and bromide, besides

second series of fifty-five cases which received pre-medication with chloral and bromide, besides morphia, 76·3 per cent. experienced complete relief, 14·3 per cent. marked relief, and 9·1 per cent. slight relief, the results being regarded as satisfactory in 90·6 per cent.

A report on the use of gas and air by the Wellhouse modification of the Minnit apparatus was made by Dr. John Elam, Honorary Consulting Anæsthetist, Victoria Hospital, Barnett (Journal of Obstetrics and Gynaecology, February, 1939). The results of 1,800 cases were analysed, with the result that complete relief was shown to be given in 59 per cent. of the cases and considerable relief in 40 per cent. It appears from the records of Dr. Chapman (second series) that the ether administration by means of Dr. Small's appearatus, combined with the use of sedative drugs mentioned has given by means of Dr. Small's apparatus, combined with the use of sedative drugs mentioned, has given equally good results. Dr. Chapman reports that the method is now used as a routine, and that the results in the several hundred cases other than those individually recorded appeared to have been equally satisfactory. The failures were in some cases due to temperament and in others to the nurse failing to exercise adequate control. A point in its favour is stated as follows:

"Members of the senior nursing staff express satisfaction with the method, stating that in their experience patients are much more controllable than when barbiturate drugs are used.

'The opinion of a trained midwife who was confined in the hospital is worth recording. This patient had had a long and difficult labour ending in instrumental delivery with her first child, and was in a state of considerable apprehension regarding her second confinement. Owing to her previous history she was given a surgical induction three weeks before term. Bougies were inserted at 10 a.m. At 4 p.m. she felt the first pain, and at 10 p.m. the child was born, after an easy and normal labour. She stated that she felt no pain once the ether inhalation was begun, and was fully satisfied with the relief she received.

Dr. Averill, Christchurch St. Helens, reports on 100 patients anæsthetized with chloroform by Junker's inhalers as follows:-

Number of patients, 100.

Greatest amount used, 5 drams (6 on one occasion). Average amount used, 2 to 3 drams.

Given after the administration of chloral only 23 patients. 14 Quiet and amnesia good... Of these: . . 8 Restless but amnesia good 1 Quiet but amnesia poor Given after the administration of chloral and seconal 16 patients. . . 15 Quiet and amnesia good... Of these: Restless but amnesia good 13 patients. Given after the administration of seconal only . . Quiet and amnesia good.. 10 . . Of these: 2 Restless but amnesia good Restless and amnesia poor 1 . . Given with no sedative-Quiet and amnesia good... 43Of these: . . 4 Restless but amnesia good Restless and amnesia poor

Amnesia.—In fifty-five cases the patients had but little recollection of the baby being born. In the remainder of the cases the amnesia was not so good; those who complained of having felt the delivery were in most cases those difficult to manage.

The general opinion of the nursing staff is that the patient gets much more relief than through the Murphy inhalers, but in many cases the nurse has to manipulate the apparatus as the patient seems to lose control; also she cannot make the same use of her bearing-down efforts, as she is manipulating the apparatus.

A few patients, mostly multiparæ, are nervous of the apparatus if they have to handle it

themselves.

The advantage of the Murphy inhaler is that the Sister knows exactly the amount of anæsthesia it contains, but its disadvantage is that in many cases it gives very little relief.

With the Junker apparatus the Sister has to watch the patient more closely if the nurse is using it, as there is a possibility of giving the patient more than is required.