

The Midwife.

Points of Interest to Midwives.

Many of the papers presented in the Section of Obstetrics and Gynæcology at the Annual Meeting of the British Medical Association at Sheffield contained much of interest to midwives.

CÆSAREAN SECTION.

In the Opening Paper on the subject of Cæsarean Section Dr. Robert Jardine, Professor of Midwifery at St. Mungo's College, Glasgow, discussed "Cæsarean Section *versus* other Methods of Delivery in Contracted Pelvis." In the course of his remarks he said:

"In midwifery work we generally have two lives to consider. Of course, the claims of the mother are paramount, but we must not forget that the unborn babe, too, has claims which should not be disregarded. 'Save the mother and never mind the child' is what we are usually told by the anxious relatives, but it is our duty to save both if we possibly can. By the performance of a Cæsarean section in a case of obstructed labour this may be possible in the hands of one who is accustomed to do abdominal surgery.

"The environment of the patient must also be taken into account. If the patient is in a modern hospital any operation may be performed, but if she is in a one or two roomed house without any provision for proper nursing, then a Cæsarean section or even a pubiotomy or a symphysiotomy may be prohibited, whereas an induction of labour or a craniotomy could be done without much risk."

CRANIOTOMY.

As most midwives know, the propriety of the operation of craniotomy, that is, the destruction of a living child in order to save the life of the mother, is strenuously denied in some quarters, and is one which members of the Roman Church may not undergo. On this subject Dr. Jardine says:—"When the child is dead and the mother's pelvis is large enough to allow of the use of instruments, craniotomy undoubtedly is the operation to perform. If the child is alive, are we ever justified in destroying it? Certain theologians say no; but I am an obstetrician and not a theologian, and I have no hesitation in saying that under certain conditions we are justified in doing craniotomy on a live child. If the conditions present are such that an operation to save the child can only be done at an enormous risk to the

mother, then, I say, the child should be sacrificed."

SCOPOLAMINE-MORPHINE NARCOSIS IN LABOUR.

Professor Krönig, of Freiburg, in advocating the use of Scopolamine-Morphine in Labour, said:

"The endeavour to diminish the pain of childbirth is not a new one, and probably none of the usual narcotics have remained untried. But the methods hitherto in use have failed because we did not succeed, without endangering mother and child, in making the narcotic effective for a sufficient time during labour. On the other hand, the demand for the diminution of pain during labour has been pressed all the more earnestly upon accoucheurs, since we observe that, owing to their increased mental occupations, modern women suffer far more intensely from nervous exhaustion, manifested in their diminished power of resistance against the pains of childbirth. We may regard the generally recorded increase in operative confinements, and more especially in the application of the forceps, as a consequence of this increasing incapacity on the part of the mother to bear the labour pains up to the delivery of the child. It is true that the frequency of operative confinements in maternity hospitals has not increased; according to statistics this does not apply to private practice. . . In private practice, as in contrast with the hospitals, we often have to deal with persons of nervous disposition, who are overcome by such a state of nervous prostration that every moral effort on their part to endure the labour pains to the end is paralysed.

"Although a strong advocate of spinal anæsthesia I cannot recommend it for confinements, for it paralyses the muscular action of the abdominal walls—a factor of paramount importance in normal labour.

"I believe that, though it has met with so much opposition, that wonderful narcotic scopolamine, given in conjunction with morphine, surpasses every other hitherto applied. Introduced into surgery by Schneiderlin and Korff, and by Steinbüchel into obstetrics, scopolamine adapts itself, according to my conviction, because, given in combination with morphine in small doses which are innocuous to mother and child, it possesses, besides its analgesic action, the beneficial quality of producing prolonged interruptions in our mental associa-

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