

tions. Hence the result of these interruptions is that impressions fade from the memory of individuals after the administration of scopolamine. This peculiar mental condition produced in women by small doses of this narcotic, not injurious to mother and child, we have named 'Dämmer Schlaf,' a term which signifies that the patient is lulled into a sleep verging upon consciousness.

"As a rule, all injections following the first contain scopolamine only; in exceptional cases morphine is added, if a slight state of excitement prevails. We have sometimes even kept patients semi-unconscious by means of scopolamine for twenty-four hours. We accoucheurs place great stress upon this particular condition of semi-consciousness because the labour pains, although apparently perceived, are nevertheless immediately forgotten. From this point of view we understand Kraepelin's explanation of dawning-sleep. He says the patient perceives but does not appreciate. The women, anyhow, on awaking have no recollection of anything that has occurred.

"Now the question has often been raised whether in these cases one is justified in speaking of a complete absence of pain. As a matter of fact, there is a certain dissimilarity from complete narcosis. In 'dawning-sleep' women awake for a short time during the pains; they manifest their suffering, but fall asleep again in the intervals between the pains. The pain is, therefore, in truth, momentarily perceived, so that this condition cannot theoretically be placed on the same plane as the complete suspension of feeling which exists in the case of inhalation-narcosis. But in practice the fact remains that after a successful 'dawning-sleep' women awake *post-partum* perfectly happy, and declare that they have felt nothing; in fact, it frequently happens that they will not believe that they have been delivered and that they have a child which they may call their own. Of their own accord they declare their confinement to have been painless.

"Practical experience teaches us furthermore that the relief which is achieved by narcosis in general surgical operations is also attained in labour by means of 'dawning-sleep.'

"Women who have gone through several previous confinements without scopolamine, and this time with it, invariably admit that this time their general state of health is very much better, and that they have no feeling of exhaustion whatever."

#### HYOSCINE-MORPHINE ANÆSTHESIA IN NATURAL LABOUR.

Dr. Robert Cochrane Buist followed Profes-

sor Krönig with a paper on the same subject, as hyoscine is the British, and scopolamine the Continental name for the same drug. He said:

"Soon after the appearance of Gauss's papers (Dr. Gauss was Professor Krönig's assistant in his clinic at Freiburg). I gave my ward sister instructions that in any case when the labour became distressing the patient should have an injection of hyoscine and morphine. In the earlier cases I was summoned to each case, and of the later cases I have seen a large proportion at some stage of their progress. The practical conclusion is that I use the method freely in private practice, that when I am in charge of the maternity wards it is used as a routine method, and that the house-surgeon uses it when I am in charge of the out-patient department. For the best results it requires a little experience in dosage, but properly employed it is capable of saving the practitioner many a worrying day and weary night, and the patient much exhausting restlessness, and some operative deliveries."

In a case which he instances, Dr. Buist says: "Patient, nurse, and I were all satisfied with the relief given."

The patient was a primipara, the pains were recurring at three minutes' interval, and the head was well down. After the injection, within fifteen minutes, the pains were recurring each two minutes, and there was no distress. The child was born half-an-hour after the injection.

#### THE UTERINE CANCER COMMITTEE.

Dr. Frederick J. McCann submitted the draft report on the early recognition of uterine cancer drawn up by the Special Committee appointment of which by the British Medical Association was urged at the Exeter meeting last year. In doing so Dr. McCann said that the Committee, of which he was Chairman, spent considerable time in the consideration of the subject, and had divided its report into two parts: (1) An appeal to medical practitioners to promote the earlier recognition of uterine cancer; (2) an appeal to midwives and nurses. It was intended that the appeal to practitioners should be published in the leading medical journals, as it would be too expensive to send a copy of this appeal to all registered medical practitioners. The appeal to midwives and nurses would be sent to midwives and district nurses in England, Scotland, and Ireland, and in so doing it was hoped to obtain the assistance of the medical officers of health, nursing associations, and other governing bodies.

[previous page](#)

[next page](#)