

The Midwife.

THE MORPHINE-HYOSCINE METHOD OF PAINLESS CHILDBIRTH, OR SO-CALLED TWILIGHT SLEEP.

Dr. F. W. N. Haultain, F.R.C.P.E., and Dr. Brian H. Swift, B.A., from the Royal Maternity Hospital, Edinburgh, describe in the *British Medical Journal* the Morphine-Hyoscine Method of Painless Childbirth, of the observation of which they have had practical experience. The following is the technique observed:—

"As soon as the pains begin the patient is put in a quiet and darkened room, and plugs of cotton-wool are put in her ears. When the pains occur regularly every five or six minutes and the os is of a size sufficient to admit two fingers the initial dose is given. This consists in the hypodermic injection of morphine hydrochloride gr. $\frac{1}{4}$ with hyoscine hydrobromide gr. $\frac{1}{16}$. The patient usually rapidly begins to feel drowsy, and in an hour may fall off to sleep but awakens when the pains come on. The second injection of hyoscine gr. $\frac{1}{16}$, is usually given at the end of an hour. Half an hour later the patient's memory is tested by showing her some object and then allowing her to sleep. Some time afterwards the same object is shown her again, the patient being awakened. If she recognises the object as one that was shown her before, another dose of hyoscine gr. $\frac{1}{16}$ is called for; if, however, she does not recognise the object and says it had not been shown her before, then the depth of desired unconsciousness has been obtained. This memory test is repeated later, and, if necessary, similar doses of hyoscine may be required. The patient usually sleeps between the pains, but generally is conscious during them. She does not, however, fully appreciate the pains as such, and, if asked about them, generally describes them as otherwise.

"The child is usually born normally, and, after the birth of the placenta, the patient falls into a normal sleep for four to six hours and awakes quite fresh. During the labour she should be catheterised. This is most important, especially in long labours. Patients very often complain of thirst, and in such cases should have water to drink.

"Kronig lays stress on what he calls islets of memory. For instance, the patient whilst coming out of the narcosis may hear some noise or see some action which arouses her and may remain in her brain, so that she will remember it, and after the labour will build up her ideas of the labour from this one fact. Thus, the baby should be removed to another room, so as to avoid the mother hearing the child cry and so forming an islet of memory.

"As it is impossible in hospital to isolate each case in a separate room, it was found that by darkening the room and placing a screen round the

patient, whose ears were plugged with cotton-wool, the desired result was obtained. As soon as the patient's memory was gone, injections were given at the fixed interval, usually at intervals of three-quarters of an hour or an hour, according as the patient appeared to be deeply under or not."

SUMMARY OF PROCEDURE.

The following is a summary of special points which are most important:—

"1. In the case of a primipara the first injection must not be given too early, as it tends to stop the pains. The rule of giving the first injection, when the os admits two fingers, and the pains are regular, is a useful one. In the case of a multipara, however, the injections cannot be given too early after the pains have started. It is generally found that the first injection is given too late.

"2. The second injection, namely, the first $\frac{1}{16}$ gr. of pure hyoscine, should be given about an hour after the initial injection, whether the patient is well under or not. If this injection is delayed the effect of the morphine tends to wear off, when the future injections of hyoscine will not take effect.

"3. The injection can with safety be repeated either at hourly or three-quarter hourly intervals.

"4. Do not repeat the morphine in the latter part of the second stage or the child will most probably be born oligopnoeic. If the hyoscine is not taking effect, then it is well to give the mother a slight whiff of chloroform; thus the hyoscine is allowed to work and the patient gets again into the condition of 'twilight sleep.'

"5. The patient's friends must be kept away from the room, which ought to be quiet and darkened.

"6. Patients, if thirsty, must be given water to drink.

"7. The bladder must be catheterized during long labours.

"8. Remove the baby to another room after birth, so that the mother cannot hear the cries, otherwise she may remember the cry and so piece together and so imagine her whole labour."

CONCLUSIONS.

The writers conclude:—

"From the foregoing experience it may be stated that we have a safe and efficient means of managing labour painlessly in the majority of cases. It requires, however, the constant attendance of a competent attendant. This rôle can be efficiently undertaken by a reliable nurse under supervision, which makes its adoption in better class private practice possible to the medical practitioner.

"It is of special value in primiparæ, in whom, as a rule, the first and second stages of labour are long and painful.

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