

"It is also of great value in a prolonged second stage, due to a large head or slightly contracted pelvis, as it allows of head moulding without unduly exhausting the patient.

"So far as amnesia is concerned, it is of little use to commence the treatment during the second stage.

"The strength of the uterine contractions is not diminished, hence its advantage over chloroform. There are no contra-indications to its use beyond extreme restlessness, which is very exceptional, and probably due to an idiosyncrasy.

"The absence of exhaustion after even a long labour is one of its greatest advantages.

"Thirty-seven of the forty patients (consecutive cases observed) rose from bed on the third day after labour.

"It is regrettable that such a great deal of publicity has been given to the subject and that prominent specialists have allowed themselves to be exploited through the lay press, as the lay community suffers from the want of knowledge and sense of proportion which allows of an estimate of its value under various conditions, and is therefore too apt to attempt to force the hand of the careful practitioner. At the same time, the method of management of labour is so good from the point of view of relief of suffering that it may help materially to bring about the increase of the birth-rate so much required, which is, perhaps, the only argument in favour of publication in lay journals, &c."

THE ALLEVIATION OF PAIN DURING LABOUR.

Dr. Alfred M. Hellman, in a paper published in the *American Journal of Nursing*, writes on the subject of Twilight Sleep:—

"I should like to make a few suggestions of a practical nature from the nurses' point of view. In other words, how can they make themselves most useful to the obstetrician when engaged on a Twilight Sleep case? First and foremost, as at all obstetrical cases, remember that surgical asepsis, reinforced by antiseptics, is all important. In Twilight cases this is sometimes more difficult, because the patient may be restless and irrational and cannot help, hence even more than ordinary care must be exercised. Free use of soap and water, weak lysol and bichloride will prevent many a post-partum rise of temperature. Always keep the vulva aseptically or antiseptically covered. As quiet and subdued light are so important, get everything possible ready on reaching the patient, so that later there will have to be no hustle and bustle that may disturb. Keep your voice subdued and remind others to do the same. Keep out all not needed at the delivery. Allow no sudden noises and no sudden flashes of light and, most important, and what most nurses are not capable of, learn to listen for, to hear and to count the fetal heart sounds. In most cases this

is not difficult, especially if the doctor has pointed out the location. If it suddenly becomes more rapid, or suddenly becomes slow, get your obstetrician at once. Finally, watch for the bulging perineum with increased attention, for these labours progress at times so quietly that the caput may be showing and nobody is ready to deliver it because the quiet patient gives no warning sign by unearthly screaming. Not every patient needs this treatment, and the treatment brings more work for the doctor and nurse, but where needed, it is a blessing for the mother and her thanks fully repay the trouble."

AMENDED REGULATIONS FOR PRACTICE BY MIDWIVES IN CAPE PROVINCE.

The following are amongst the amended regulations to be observed by midwives in the Cape Province, South Africa:—

No midwife who is suffering from any infectious or contagious disease or who has any discharging ulcer or sore or any septic discharge from any part of the body shall, while so suffering, attend any confinement or other midwifery case.

No midwife who has been in attendance upon a patient suffering from puerperal fever, or from any other illness believed or suspected to be septic or infectious, or who has otherwise been exposed to the infection of any contagious or infectious disease, shall visit or attend any lying-in woman until her person, clothing and appliances have been disinfected to the satisfaction of the local sanitary authority (if any) and until she has obtained a certificate from the health officer of such authority, or, if there be no such officer, then from a medical practitioner, that she is no longer likely to carry infection. Disinfection of clothing and appliances shall be carried out where possible, either in a steam disinfectant or by boiling.

Nothing in this regulation shall preclude a midwife who is in attendance on a case of puerperal fever or sepsis from concurrently attending a second case of a similar nature, provided that she has first informed the latter's medical attendant of the circumstances and obtained his approval.

Section 9 of Act No. 7 of 1899 (Cape) provides *inter alia* that any person practising midwifery for profit who shall cause injury or serious ill-health to any lying-in woman through uncleanness, or failure to take the precautions ordinary and proper for preventing or safeguarding against puerperal fever or any similar disease, shall be liable, on conviction, to a fine of £10, or in default of payment to one month's imprisonment, such proceedings or conviction not to be pleadable in bar of any prosecution for culpable homicide in case the woman died under circumstances justifying such prosecution.

Many of the regulations are substantially the same as those enforced by the Central Midwives Boards for England and Scotland.

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