

## POST GRADUATE WEEK.

GENERAL LYING-IN-HOSPITAL, YORK ROAD,  
LAMBETH.

(Concluded from page 390.)

The programme of the fifth and last day of the week included demonstrations in the milk kitchen and lecture hall. No branch of the midwife's work could be more important than the feeding of the baby should its mother for any reason be unable to nurse it.

The various methods of preparing milk to suit the idiosyncrasies of different babies were shown much to the edification of the spectators.

In the afternoon a limited number were admitted to the infants' clinic. Here all sorts and kinds of babies in birthday suits were examined and their mothers advised by the doctor in attendance and by Sister French. The Health Visitor was also present to assist with that part of the history that came under her department.

At six o'clock those midwives who had entered their names sat for the examination on the subjects that had been discussed during the week.

In the evening a large number assembled to hear at the Midwives' Institute a lecture on "Twilight Sleep." Some disappointment was at first felt when it was announced that Dr. Fairbairn, who was to have delivered it, was unable to come. His place was, however, most ably filled by Dr. Jock Headley, of St. Thomas's Hospital, who said that a wrong impression had altogether been created on this subject by the daily press, who claimed for the treatment a great deal more than anyone who had had experience of it would care to do. A great deal could be said for its use in particularly long or painful labours.

The drug administered was a mixture of morphia and scopolamine.

Twilight sleep is a condition of stupor.

The preliminary dose is  $\frac{1}{4}$  gr. of morphia and 150th of gr. of scopolamine followed at fairly frequent intervals by 450th gr. of scopolamine.

Labour should be well established before the treatment commenced, and the os dilated to admit two fingers.

The patient becomes drowsy similarly to a person under the influence of morphia. As labour proceeds she feels the pains. She should be encouraged to sleep, and the room should be darkened as far as it is possible with regard to the nursing. Enemeta, &c., should, of course, be attended to before the treatment is begun. All noises should be avoided and cotton wool placed in the patient's ears. She must not be left by the nurse, and the medical man in charge should be within easy call. The patient lies and sleeps between her pains and wakes up when they return, and there is no obvious difference in her to any ordinary patient. She will talk, and do what she is told. At the end of the labour she has no recollection of it, and often does not realise that the child is born. The action of hyoscine obliterates

memory. Dr. Headley said it was difficult to believe that they felt no pain, and he compared their condition to a patient not completely under an anæsthetic who will wince when the incision is made, and who, though he feels the pain, has no recollection of it on his return to consciousness. An important thing to remember was to take the child as soon as it was born into another room, as its crying might cause the mother to reconstruct the whole thing in her mind. Thirst was characteristic of these labours, and while it was permissible for the patient to have as much water as she liked to drink, it should be remembered that the bladder may fill up to a serious extent. This was a point to be noted.

As to the effect on the mother, there was the question, How far is it quite safe? There was the fear of going too far, for a fairly large dose might cause death if carried to extremes. But so far as he, Dr. Headley, knew there had been no calamity to the mother. If the patient became very restless the drug should be stopped.

As regards the baby, it was no doubt far more commonly born blue and breathing sluggishly than was an ordinary child, but there was no greater proportion of still-births.

One of the difficulties was that in the second stage the mother was inclined not to work, and this has increased the number of forceps cases, but that was a small matter compared to painless birth.

The most suitable cases for treatment were primiparæ and those women for whom might be expected a long labour.

The least suitable were those whose labour only lasted an hour or two.

There were certain women who generally had a long first stage before the labour was well established, and who would lose one or two night's sleep and were consequently tired out before labour has well begun—these cases are specially suitable.

The lecture brought the Post Graduate week to a conclusion, and we are sure that it was with great regret that the Post graduates said good-bye for another year to York Road Hospital. To many of them it held still pleasanter memories; for there were many of its old pupils among them. One midwife was heard to remark with that pleasant swagger that is used to those whom one considers on a lower plane, that they had been highly favoured to have such teachers as Sister Olive and Sister French. We are sure that everyone agreed that they were entitled to their boast. To mark their gratitude to all those at York Road who had taken such infinite pains to give them such a delightful week for amusement as well as instruction had been provided for, in the shape of tickets for "Daddy Long Legs," they presented the Matron with flowers, Sister Olive with glass kidney bowls and scissors for the theatre, Sister French with some woolly vests for the babies. It was characteristic of them that they declined any personal gifts, for it is easy to see at York Road that the happy atmosphere that prevails there springs from forgetfulness of self.

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