

# The Midwife.

## THE GENERAL FEASIBILITY OF PAINLESS CHILDBIRTH.

The general feasibility of providing painless childbirth for normal mothers is now to be tested under a scheme inaugurated by the British College of Obstetricians and Gynæcologists, and is to be introduced before the end of the year into every Hertfordshire County Council Hospital which undertakes maternity work.

The British College of Obstetricians is setting out to obtain from 31 teaching hospitals records of 10,000 cases, in which five different methods of producing analgesia will have been tried out, *i.e.*, the production of freedom from pain without full surgical anaesthesia.

The five methods to be tested are chloroform capsules, an apparatus designed by Dr. R. J. Minnitt, of Liverpool, for the auto-administration of gas and air simultaneously, two different systems of chloroform administration, and paraldehyde.

The decision of the Hertfordshire County Council to proceed at once towards the general provision of painless childbirth is the result of a successful experiment at the Wellhouse Hospital, Barnet, under Dr. H. R. Segar, the medical superintendent.

## BALCONIES FOR BABIES.

The Royal Institute of British Architects consider that all flats to be erected for working-class and middle-class people in the future should include balconies for babies. Mrs. Alec Tweedie writes in a contemporary: "Balconies by all means; but balconies the babies can see out of and from which they can enjoy the sights below. Those concrete sarcophagi such as some of the new flats are erecting are mere traps to catch dirt and drips without proper outlet for either."

## CHLOROFORM IN MIDWIFERY.

During the recent meeting of the British Medical Association in Bournemouth, in the Section of Obstetrics and Gynæcology, Mr. R. Christie Brown (London), as reported in *The Lancet*, demonstrated a chloroform inhaler for use in normal midwifery. In the first instance it was designed in order to be useful to patients who were attended by midwives. He was of opinion, however, that to put any form of anaesthetic or analgesic into the hands of midwives at present might bring about a rise in the maternal mortality. Before this was done he believed that the following points would have to be considered. The analgesic must be inhaled. Chloroform should be used, for not only did it appear to be safer when used in midwifery, but also its name was magic—a fact which was of importance considering that the pain was to a large extent mental. [We venture to think that few women in labour would endorse this opinion.—ED.] The chloroform must be administered by the patient herself and not by the midwife, thereby preventing any possibility of an overdose. The midwives must not be allowed to purchase the drug in bulk, and, lastly, the apparatus must be small in size and cheap in cost. The inhaler demonstrated was in design like that of the unspillable inkwell and was covered with a small linen bag. The air breathed passed over and not through the chloroform. At the City of London Maternity Hospital the inhaler had been used with considerable success in over 800 cases. When used

by doctors, a mask could be used which covered the patient's face, which mask could be fitted to the inhaler.

Mr. A. J. Wrigley (London) believed Mr. Christie Brown's chloroform inhaler to be a great advance on the chloroform capsules. Mr. Carnac Rivett could not understand why anaesthetics were regarded as so much more dangerous in the hands of midwives. He felt they could be entrusted to the midwives with perfect safety to the patients, provided the midwives were instructed in their use.

The crux of the matter is in this proviso. A midwife who is competent to conduct a labour, and to have the responsibility of the lives of mother and child in her hands during that period, should be competent, after instruction and practice under supervision, to administer anaesthetics correctly and safely.

## MATERNAL MORTALITY.

The Minister of Health has issued a circular to Maternity and Child Welfare Authorities on the subject of the Circular and Memorandum issued to these authorities in December 1930, containing various suggestions for improving and developing the Maternity Services of Local Authorities, and urging the importance of each Authority doing all that is reasonably possible to provide a satisfactory service for their area.

The Circular states in part:—

"In spite of what has been done during the past three years to improve and develop the maternity services, the maternal mortality rate has not yet begun to fall. The Minister recognises that it could not be expected that the full effect of the measures which have been taken would so soon be reflected in the mortality statistics. At the same time, he finds that there are still many areas in which the maternity service is neither complete nor satisfactory, and there are few, if any, in which there is not scope for further improvement. In all areas there is probably need for more intensive efforts to educate women as to the importance of ante-natal supervision and to persuade them to make use of the facilities provided for this purpose.

"The Minister trusts therefore that each Local Authority will forthwith review the position in their area by reference to the suggestions made in Memorandum 156/M.C.W. and will take such steps as are necessary to complete the local organisation, and ensure its effective working. In particular, he wishes to urge the Authorities of those areas in which, as he regrets to observe, the maternal mortality rate is persistently high, to give consideration to further efforts to reduce the avoidable risks of child-bearing.

"It appears to the Minister that it would be desirable in all such areas for the Local Authority to call for a special report on this subject from their Medical Officer of Health showing to what extent effect has already been given to the suggestions made in the Memorandum, and in the Recommendations of the Maternal Mortality Committee in their Final Report in 1932.

"The Minister has on more than one occasion expressed the view that there is a clear case for *development* of the maternity service on urgent grounds of public health, and he considers that it would be true economy for each Authority to do what is needed to provide a service for their area which is both effective and comprehensive. . . . He requests that he may be informed as soon as possible of the action which the Authority decide to take in order to render their maternity service fully effective."

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