

work I have found morphia or some other sedative drug given early in labour of great value, and when premedication is used failures are rare.

Gas and air analgesia does provide a satisfactory method of giving relief to women in their confinements; it is a method which can and should be used by midwives because not only does it help the patient but it helps the midwife also, as the patient is made more content during her confinement and there is no longer that insistent demand that she should be given "something" and the baby taken away, which means that we shall have safer and better midwifery, because it cannot be denied that a large number of women every year are either killed or crippled for life because practitioners have yielded to this demand to "do something."

The silence in the labour ward is now a noticeable feature of hospitals using gas and air, and is itself testimony to the efficacy of the method.

Gas and air analgesia then is not the last word in our attempt to alleviate the suffering which women have had to endure for so many generations; it is the beginning of a road, but it is a very good beginning and well worth the attention of all those who have the welfare of women at heart, so that we must all be grateful to Dr. Minnitt for his good work.

I would like to acknowledge the assistance and support we have received from many hospitals, particularly Queen Charlotte's and the Hospital for Mothers and Babies, Woolwich.

JOHN ELAM.

ANÆSTHETICS IN MIDWIFERY.

In a Report to the Guardians Committee on Anæsthetics in Midwifery, with special reference to Gas and Air, as used at the Wellhouse Hospital Maternity Unit, Dr. H. R. Segar, Medical Superintendent of the Hospital, writes:—

During the first fifty cases a medical man was actually present during the whole of every administration. Gradually, as confidence increased, the nurses took more charge, and they are now using it day and night themselves, always notifying a member of the medical staff that the administration has commenced.

The sisters and nurses in the Maternity Unit are enthusiastic supporters of this method, the reason for this being that it helps them in their work and makes the patient more easy to manage. A great deal of the success of the development of this method has been due to their co-operation.

The Sister Superintendent of the Maternity Unit states:—

(1) Unlike my experience with other anæsthetics, with gas and air the patient makes better use of her voluntary muscles.

(2) There is no evidence of harm to the mother or child.

(3) The patients are enthusiastic.

(4) The patient is happier, less excitable, and more controllable.

(5) I would prefer my patients to have gas and air in future. They could manage it quite well themselves after a little help and advice.

CONCLUSIONS.

I feel confident that as our experience of this method grows, so will its efficiency improve almost to 100 per cent. relief.

At present the Central Midwives' Board do not allow a midwife to administer anything in the nature of an anæsthetic except under medical supervision. This ruling, as I have tried to explain, appears to totally disregard the

fundamental circumstances which are present in the greatest proportion of births throughout the country.

Such a ruling has been a necessary precaution, but I feel sure that as soon as such an eminent authority is convinced that an analgesic can safely be given by the patient under the supervision of a midwife, they will be the first to appreciate the necessity for some modification of their present ruling. In any case, they certainly have no control over the nursing staff in the general wards, and we have at hand a method which can be used by any nurse, with brief instructions, for the relief of pain during dressings and minor nursing procedures, which cause distress to patients.

A PIONEER VENTURE.

In an interesting article on "Child Welfare in Africa" in "Hospitals Overseas," published by the Church Missionary Society, Miss D. Jewitt, of Isoko, Nigeria, writes that "in the Isoko country lives one of the most primitive and isolated tribes of Nigeria. The nearest base hospital is a two-days' journey away and is situated in a tribe which tends to scorn its more primitive Isoko neighbours. In this remote corner of the Niger Delta there are at present no women or girls eligible for admission to one of the maternity training centres, nor would they be capable, at the present stage of development, of benefiting from such training. But an attempt is being made through maternity and welfare work to enlighten the minds of women, and to deliver them from their bondage of fear and suffering. . . .

"We invite expectant mothers from all the villages to come to the welfare centre for ante-natal examination, and many can be persuaded to come to us for their confinements. The centre provides an opportunity for mothers to see the general care and daily bathing arrangements for the babies, and the reason for each detail of child hygiene is explained. In this way mothers learn that sepsis and tetanus are evils that should never attack a child who is properly cared for. In addition to the many opportunities of teaching which we find in daily contact with the mothers, a weekly welfare class is held when mothers from outside villages attend. Each child is inspected and weighed, and the mother is given a record card. Any simple medicine or treatment required is given free to members of this class and each mother carries away with her a week's supply of filter water in a clean, well stoppered bottle. A proof that she no longer trusts the water in the village well! This welfare class, and an occasional formal 'baby show,' when a doctor attends as judge, is creating new attitudes, and is helping many mothers who earnestly desire the best for their little ones. The presence of several healthy, motherless babies, varying in age from a few weeks to 15 months, who have all been fed entirely on Nestlé's milk, is a great help in breaking down the prejudice against milk—tinned, cow's or goat's milk—which exists among all classes of Africans."

CENTRAL MIDWIVES BOARD.

State Certified Midwives will learn with regret of the death after a short illness of Mr. H. G. Westley, for many years Secretary to the Central Midwives Board.

During Mr. Westley's tenure of office, those who came in contact with him were always treated with courtesy and consideration, and the business of the office conducted with precision and efficiency.

THE AUGUST EXAMINATION.

The results of the August Examination, which have now been published, show that 929 candidates were examined and 703 were successful in passing the Examination. The percentage of failures was 24.3.

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