

The Midwife.

GAS AND AIR ANALGESIA.

In our issue of September, 1935, we published a most interesting article by Dr. John Elam, Anaesthetist to the Wellhouse Hospital, Barnet, on Gas and Air Analgesia for the relief of pain in midwifery, by the method first advocated by Dr. Minnitt, of Liverpool. We have now received from Dr. Elam, the copy of an Address which he delivered recently at the Midwives' Institute, together with prints of photographs of gas and air machines.

In the course of his Address he said emphatically:

"So far as we are able to say there is not the least danger to mother or child; labour is not prolonged; and gas and air tend to help and not hinder the midwife.

One fact of great importance to the midwife is that she need not touch the apparatus, as the analgesia is self-administered, and the midwife can remain surgically clean. There is always someone, even in the poorest house, who can turn a gas cylinder on or off, or help a nervous patient hold the mask on to her face.

The technique of administration is so simple: all the midwife need do is to see that there is gas in the apparatus, that the face-piece fits the patient's face, and that she knows how to use it.

There is no limit to the time gas and air can be administered, as it appears to produce no ill effects and does not cause vomiting.

It is indeed curious that, while vomiting is not uncommon with gas and oxygen, it is extremely rare with gas and air.

Most important of all the Gas and Air apparatus is a practical proposition for the midwife to use. There are two objections invariably raised when one mentions that midwives might use gas and air for their own cases. Firstly, it is said that the apparatus is too expensive; and, secondly, it is too heavy to carry about.

Well, now, if we are content to do without certain mechanical refinements, the cost of the apparatus can be very much reduced; in fact, we are now working on a special cheap midwives' model, which will have the mechanical part easily detachable from the heavy gas cylinders, and our idea is that there shall be in some central nursing institute a number of cheap metal stands holding two gas cylinders, and that these shall be collected by the patient's relations some time before the confinement is due, so as to be all ready in the house. All the midwife need do then is to bring along the mechanical part of the apparatus,

which is really quite easy to carry about, fix this on to the stand, and carry on with the administration.

The cost of the gas is a consideration which will have to be faced, but in our experience at Wellhouse this only works out at about 2/- per case, and patients will, indeed, be willing to pay a gas fee.

Gas and Air Analgesia, although it is not the only way of giving relief in midwifery, does, I sincerely believe, approach most nearly the standard of perfection required of any method which is to come into general use.

Gas and Air is free from danger to mother or child; it is pleasant for the patients to inhale, and causes no vomiting or nausea; and, while it 'does not relieve all pain in every case,' the vast majority of patients do experience great relief from its use, and are enthusiastic supporters of the Analgesia.

I have watched carefully, during the past two years, some hundreds of women in labour receiving the Gas and Air, and am firmly convinced that there are now no insurmountable obstacles in the way of its being adopted for general use all over the country, both for midwives' cases and for those attended by medical practitioners.

It must finally rest with midwives themselves whether Gas and Air can become available for every mother, or whether it is to be used in only a limited field.

Can there be any doubt that, if we have found a way of abolishing all, or even the greater part of, the pain which women have had to endure for so long, this will go down to history as one of the very greatest medical discoveries ever made?

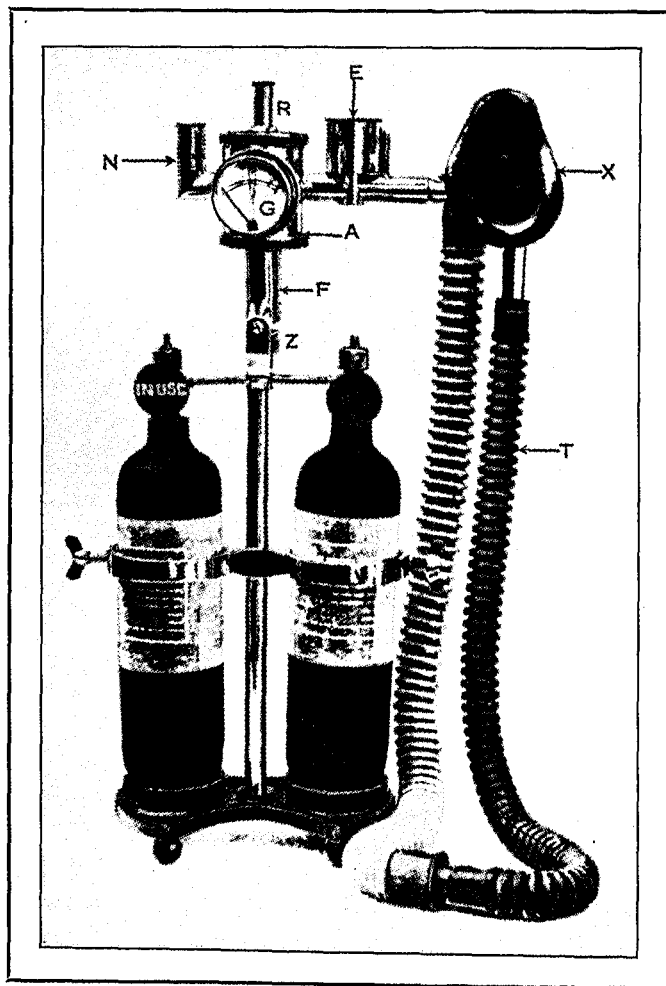
Dr. Minnitt has most certainly shown us the road—it is for us to take it."

By the kindness of Dr. John Elam we are able to publish the illustration on this page of the portable gas and air machine which he describes.

The descriptive notes are as follows:

1 and 2 are gas cylinders held in a metal stand, and at Z the actual machine is screwed on to the stand. F is a gas filter which filters the gas before it flows into the pressure-reducing chamber A. E is the chamber where the gas is mixed with air. N is a safety blow-off valve. X is a face-piece. T Tubing. G gauge which denotes at what pressure gas is flowing. R, Pressure-adjusting screw.

At the November Examination of the Central Midwives Board 1,104 candidates were examined and 794 were successful in passing the examiners. The percentage of failures was 28.1.



A PORTABLE GAS AND AIR MACHINE FOR MIDWIVES.

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