

centres—situated in the medulla oblongata (the lower part of the brain), with resulting death.”

It follows from this that the giving of an anaesthetic requires special knowledge and skill and the greatest care and attention. Well-trained nurses realise this. They are not trained anaesthetists and the administration of anaesthetics is not within their province. Nevertheless, both nurse and midwife may, in an emergency, be called upon to administer an anaesthetic, and it therefore is desirable that they have an elementary knowledge of the technique and the dangers in regard to the administration of anaesthetics.

In regard to the legal position of surgeon, anaesthetist and nursing staff, it may be said, with reason, that this has nothing to do with the nurse and the midwife. Yet, “if a nurse is doing such skilled work as may be properly assigned to her . . . it has been held that she alone may be held responsible for such serious accident, injury or death as may result from her neglect. Examples of such are the burning of a patient with a hot-water bottle, the filling of a bottle with the wrong anaesthetic fluid, or the handing to the anaesthetist of a wrong bottle.”

Various anaesthetics in common use are then discussed, and the danger from the inflammability of ether is not lost sight of. A chapter is devoted to spinal analgesia, and it is pointed out that this is commonly spoken of as a spinal anaesthesia, “but it is wrongly so called, for the method is one in which the areas supplied by the lower dorsal, lumbar and sacral nerves are rendered insensitive to pain—it is, in fact, a regional analgesia. There is no loss of consciousness. . . . It is generally admitted that spinal analgesia can never be relied upon absolutely in any given case, and therefore another method of inducing anaesthesia must be at hand, and, moreover, some one who is capable of giving an inhalational anaesthetic. This means that, except in a case of the greatest emergency, the surgeon should not rely on himself unaided to do a lumbar puncture for the purpose of inducing spinal analgesia and to perform the operation as well.”

The indications for its use are then discussed, and it is noted that the method has advantages in the tropics where inhalation anaesthesia is accompanied by special difficulties.

The contra-indications are also given.

Of special interest to nurses and midwives is the chapter on anaesthesia and analgesia in normal labour, “the subject has been causing much discussion during recent years, and it is now a matter of almost universal agreement that adequate provision should be made to this end. It may be taken as a rule in obstetrical practice that pain should be relieved in every case so long as the methods employed do not interfere with the safety of the mother and child.” The choice of the method employed is then discussed. “There are various factors which have to be taken into consideration in arriving at this selection. For example, is the confinement to be a domiciliary or an institutional one? For, be it noted, that probably seventy per cent. of confinements to-day are conducted solely by registered midwives who only call in medical aid when such is necessary.

“Although anaesthesia and analgesia may occasionally involve risks to the mother and child, yet a considerable proportion of the maternal deaths in this country is caused by shock and fatigue and the exhaustion which results from the withholding of measures for the relief of pain . . . It is impossible to overlook the large degree of mental suffering, often amounting to actual fear, for which labour is responsible. This, too, has the same effect as has physical pain in lowering resistance to shock and sepsis.”

The actual methods employed under three heads are then discussed, but since “probably seventy per cent. of confinements are conducted solely by registered midwives,” and as the permission of the Central Midwives Board is

accorded to the Queen Charlotte’s gas-air apparatus, which, in 1936, stated that this apparatus “may be used by specially trained midwives in accordance with the terms of the Board’s ruling regarding the administration of nitrous oxide and air by midwives,” it follows that the administration of nitrous oxide gas and air in the proportion of 45 per cent. of gas and 55 per cent. of air, will be the method most often adopted.

“It must be pointed out that the Board’s recognition expressly excludes models fitted with devices for administering pure gas because such methods may only be used by medical practitioners. Administration by a midwife of any anaesthetic save nitrous oxide gas, otherwise than under the personal direction and supervision of a registered medical practitioner, is regarded by the Central Midwives Board as treatment outside her province.”

The models employed by Queen Charlotte’s Hospital have proved so satisfactory in every way that the Board of Management of the Hospital have agreed to their being called the “Queen Charlotte’s gas and air machines.” Midwives of experience before the use of gas and air will thank God that this method of relief of world-wide pain has now been put into their hands.

We warmly commend this book to nurses and midwives.

CENTRAL MIDWIVES BOARD.

At a meeting of the Central Midwives Board held on July 7th the following applications were granted on the recommendation of the Standing Committee:—

Applications of Registered Medical Practitioners for approval as Lecturers—

Professor Drew Smythe, M.D., M.S. London, F.R.C.S. Eng., M.M.S.A., F.C.O.G.

Francis John Hector, M.D. Bristol, F.R.C.S. Eng.

Mabel Florence Potter, M.B.Ch.B. Bristol, M.C.O.G.

Harry Leslie Shepherd, M.B., Ch.M. Bristol, F.C.O.G. Bristol University.

Major W. C. Mackinnon, M.B., Ch.B. Aberdeen, Alder-shot, Louise Margaret Hospital.

Alexander Wilson Russell, M.D. Glasgow, D.P.H. London, St. Chad’s Hospital, Birmingham.

Arnold Walker, M.B., F.R.C.S., F.C.O.G., Willesden Maternity Hospital and Perivale Maternity Hospital.

Applications of State Certified Midwives for approval as teachers—

(1) The following applications were granted under the existing training and examination rules of the Board:—

Annie Margaret Edwards, No. 81,547 (intern. and district), Warneford General Hospital, Leamington Spa.
Harriet Phelan, No. 84,731 (district), Warrington Borough Maternity Hospital.

Mabel Violet Palmer, No. 66,969 (district), Middlesex County Council Hospitals.

(2) The following applications were granted under the new training and examination rules of the Board:—

Lily Chatwin, No. 64,305 (district), St. Chad’s Hospital, Birmingham.

Minnie Weir, No. 56,642 (district) and Mary Elizabeth Woodgate, No. 58,180 (district), Sharoe Green Hospital, Preston.

Fanny Matilda Phelps, No. 23,235 (district), Salisbury General Infirmary (subject to certain conditions).

Bertha Hannah Pickering, No. 47,761 (intern.), L.C.C. St. Olave’s Hospital.

Jean Baxter Baillie McLaren, No. 61,442 (intern.), L.C.C. Lewisham Hospital.

Gladys May Betts, No. 84,995 (intern.), L.C.C. Dulwich Hospital.

Phyllis Emily Light, No. 84,632 (intern.), L.C.C. Fulham Hospital (temporary).

Approval of the four L.C.C. teachers is in respect of the existing and new training rules.

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