

OBSTETRICS.

Anæsthetics in Labor

As early as 1847 Simpson administered ether to a woman in labor, and from that day to the present time anæsthetics have been employed to a greater or less extent in the practice of midwifery. That the practice is a sound one in certain conditions is acknowledged by all, and that it might be more universally practised is acceded by many. The object of this article will be to show, by a short *résumé* of the existing literature on the subject, that the administering of anæsthetics in labor is not only authorized and justifiable, but also oftentimes imperatively called for. It is principally in that class of women which may be called nervous or high-strung that anæsthesia is serviceable. In the earlier stages of labor, when the pains are acute without making much, if any, perceptible dilatation of the os and cervix uteri, chloral hydrate is of benefit. Playfair recommends that 15 grains of chloral be administered every twenty minutes until three doses are given; this generally produces the desired drowsy effect, though, if necessary, a fourth dose may be given, at a longer interval, say an hour, after the third dose. Referring to this drug, he says, "When the patient is brought under the influence of chloral the pains become less frequent, but stronger, nervous excitement is calmed, and the dilatation of the cervix often proceeds rapidly and satisfactorily. Indeed, I know of nothing which answers so well in cases of rigid undilatable cervix, and I believe its administration to be far more effective, under such circumstances, than any of the remedies usually employed."

Again, in the words of Dr. Partridge, of New York, "Chloral renders useless pains efficient, it overcomes rigidity of the cervix, calms excitement, and diminishes suffering." The administration of chloral in the first stage also paves the way for the use of chloroform in the second, as in the semi-unconscious drowsy state produced by the former a far smaller quantity of the latter is required, and the slight risk, always incurred in the administration of chloroform, is further removed,

In the second stage of labor chloral is of little benefit, and here it is that chloroform should be used.

If properly administered the risk is *nil*, and we believe there has yet to be reported a single instance

of death from chloroform in obstetrical practice. The popular idea that it prolongs the suffering of the woman is a fallacy. In the words of Fordyce Barker, "It accelerates rather than retards labor." Again, referring to the perineum, the same author says, "Long continued pressure of the head may produce congestion and inflammation of the perineum, which not only renders it more unyielding, but more easily torn. It becomes hot and dry, and very painful, and uterine action becomes irregular and feeble, in consequence of this condition. Now, under these circumstances, I have seen the inhalation of chloroform followed by immediate relaxation of the perineum, and a restoration of the normal moisture and temperature of the parts, while efficient action of the uterus was at once resumed. The mode of administering chloroform is of great importance. It should be given slowly and sparingly during the pains, not during the intervals. It should not be given to the full anæsthetic effect, unless with a direct object in view, such as to retard labor where the pains are fast and strong, and the perineum not sufficiently distended, or, in the case of operative interference, as in version, application of forceps, etc.

In an able paper on the subject of anæsthetics, Dr. A. B. Miles, of New Orleans, condemns the practice of administering alcoholic stimulants before chloroform in the following terms: "The use of alcohol in this way is objectionable. We cannot rely on the absorption from the stomach at the very time its stimulating action is most desirable. If given immediately before the anæsthetic, it is not absorbed in time to sustain the centres, as they undergo primary anæsthesia. If given in time for absorption, the alcohol antagonizes the action of the anæsthetic. Alcoholic patients are difficult to anæsthetize, and while under anæsthesia, they often show alarming symptoms."

That chloroform freely administered predisposes to relaxation of the uterus, and hence to *post partum* hæmorrhage, is acknowledged by all obstetricians; but it is only when it has been freely administered that this danger exists, not when given in the manner above described and for the relief of pain.

While we do in no sense incline to the practice of allowing the patient to decide, by her ideas of personal comfort, as to the use or disuse of an anæsthetic, still, in many instances, we deem them not only safe, but necessary.—[P. J. S.]