Original Articles

THE USE OF MORPHINE AND HYOSCINE IN OBSTETRICS *

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I think it our duty to relieve our patients during labor of as much of the pain and horror of labor as is consistent with the safety of mother and babe. Chloroform has its place in obstetrics, but its uses are limited. Generally speaking, chloroform given early in labor, lessens the frequency and force of uterine contractions, prolongs the labor, and so it is not advisable to give it until the patient is in the second stage of labor, and so if our patient is to be relieved of pain in the first stage we must use something else than chloroform.

Morphine and hyoscine, if given in proper doses and not commenced until the patient is having strong pains, does not retard labor, especially the first stage of labor, and on the other hand, if the cervix is rigid, or it is a dry labor, this combination relaxes the cervix and hastens dilatation of the cervix, and so, I think that in suitable cases labor is hastened by getting the patient under the influence of these drugs.

I have been using morphine and hyoscine in my practice for some years. My first method of using morphine and hyoscine was the H.M.C. tablet (Abbott Alkaloidal Co.). I used it in this manner: If the patient was a primipara and the cervix but slightly dilated I would give hypodermically a No. 1 H.M.C. tablet. If she was a little farther advanced in labor, or I had reason to think labor would be quicker than in the former case, I would give three-quarters of an H.M.C. tablet. In one hour she should be under its influence. If she is having much pain during this hour I give a little chloroform during the pains; this hastens the action of the drugs. This keeps the patient under its influence several hours and usually long enough for the cervix to become fully dilated. Then I would give a little chloroform for

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