

CHLOROFORM IN LABOUR.

In perusing an article from the pen of Dr. Horatio R. Storer of Boston, which was read at the annual meeting of the Massachusetts Medical Society in June last, and published in the Boston Medical and Surgical Journal of October, on the employment of anaesthetics in obstetric medicine and surgery, we were struck with many of the very apt and useful remarks contained therein, and select a few of them for the benefit of our readers.

The author in his prefatory note says:—The question of relieving or not relieving the pangs of childbirth by the only agent (chloroform) in all respects fitted for this purpose yet known, of assisting or not assisting a lingering labor, of preventing or not preventing a threatened maternal or fetal death, is one that must commend itself to every physician's conscience as of sufficient importance to demand a personal and practical trial.

In the opening of his essay, he remarks: I state my convictions on this subject not only to please a large circle of medical friends, but likewise because it is one with which I happen to have been brought into peculiarly close relations during the past eight years.

After stating all the various objections against the employment of anaesthetics in cases of labour, he gives his opinion that if properly administered it will increase the force of uterine contractions, and that liability to post partem hemorrhage is decidedly lessened.

He considers that chloroform alone should be used in midwifery.

And says that apart from removing pain, anxiety, and restlessness during labour, it not only shortens it but lessens its mortality both to mother and child.

That it dilates the os and vaginal passage, and thus relieves rigidity when it exists.

That it prevents puerperal convulsions when threatened, and if present abates them.

And that it facilitates manual or instrumental assistance when such is required.

In remarking on the proper time for its administration, he says:—I consider that, as a general rule, its use is hardly required till the completion of the first stage of labour, when the os uteri has become fairly dilated. Should there exist, however, sufficient suffering at an earlier period, the agent should certainly be resorted to.

It should be given only during the pains, except a complication exist requiring manual or instrumental interference, when its use should be continued through the interval. And in this lies one of the chief advantages of chloroform in midwifery, that whereas given during the pains alone, and properly, it not only does not interfere with the uterine contractions, but renders them regular when inconstant, and enhances them. On the other hand, if a cessation of action be required to enable us safely to pursue any measures within the cavity of the uterus, as for turning or applying forceps above the brim, we can obtain it by extending the use of the agent through the interval.

In a large proportion of cases it will not be necessary at any time during the labor to induce complete insensibility, a very few breaths of the chloroform, sometimes indeed a single one, sufficing to annul the sensation of pain.

The absolute amount given, he continues, is usually too small, and with too sparing a hand.

Somewhat like opium we get from minute doses a period of excitement and perhaps of delirium, that is escaped by more decided application. The great secret is to produce the narcotism as rapidly as possible, and yet gradually obtain our mastery over the respiratory organs.

Atmospheric air must be freely admitted during its inhalation, which should be by means of a handkerchief or napkin; from which the vapor, being heavier than air, descends about the face of its own weight. The patient should be told from the outset to inspire deeply; the motion soon becomes automatic; and the vapor by penetrating every pulmonary vesicle, produces a much more profound and instantaneous effect. Throughout the inhalation, and as a matter of course, due attention should be given to the pulse, and more especially to the respiration of the patient.

The risks of life in labor, he says, lie rather in the absence of an anæsthetic than in its administration, and likewise the liability to a tedious recovery.

In connection with this excellent article of Dr. Storer, we would also make a few extracts from two others.

Dr. Petrie of Liverpool, in the Medical Times of Dec., 1860, gives it as his opinion that the immunity from accident enjoyed by parturient women is no doubt greatly due to the fact that they always inhaled chloroform with the face sideways, and thinks that this position should be adopted, whenever practicable, in all cases of the inhalation of this agent.

In the Medical Times of Sept. last, Dr. Sansom remarks, that the danger of chloroform in general is very much less than the prominence of the fatal cases we suggest. Three years ago Dr. John Chapman estimated that the chances of death from chloroform was as one to sixteen thousand. During the Crimean war, this agent, Dr. Sansom continues, was employed upwards of forty thousand times, and we hear but of one death from its use. At the lowest computation, I consider, he says, that chloroform has been administered two millions of times, and all the deaths which have come to our knowledge are but little over a hundred and fifty. And of these hundred and fifty, but very few indeed have been in midwifery cases.—Editor.

DISLOCATION OF THE HUMERUS.—Dr. Garms describes the following modification of Cooper's procedure. The patient is laid upon the floor, not on his back, but on his belly, some cushions intervening. A towel is attached to the humerus above the elbow, and another, passed round the upper part of the humerus, is given into the hands of the assistant, standing on the side of the dislocated arm. The operator, sitting down on the floor, on the same side, lays hold of the lower towel, and applies the heel of the foot lying nearest the patient to the axilla. He makes extension backwards and downwards, while the assistant draws laterally. The dislocation is thus reduced with surprising facility, the agency of chloroform not being required. The advantage of this modification is that extension backwards may be far more easily executed than when the patient is in the supine position; and this is the direction required in dislocation forwards, which prevails in the great majority of cases. For dislocation backwards, which is very rare, Cooper's procedure is the best.—*Archiv. der Heilkunde.*