TEDIOUS FIRST STAGE OF LABOUR*

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For a general practitioner to write papers upon specialized subjects which will be a benefit to others may seem to be wasted time. However, if the readers do not benefit, at least he who devotes his time to the preparation of such a paper certainly will. This paper, then, is written not with the idea of telling an obstetrician how to conduct the tedious, prolonged and painful first stage of labour, but to help if possible those who are like myself general practitioners and who at times meet with such cases.

In the midst of a difficult delivery, one's powers of observation, thought and action are coordinated to a nice degree. Manipulations, delivery and repair of the perineum are usually done with the patient under suitable anaesthesia and with trained assistant in attendance. How different is the conduct of a prolonged first stage of labour. Here we have a patient suffering pains hour after hour, and because it is poor obstetrical practice to make frequent vaginal examinations, these must be infrequent or limited to examination per rectum. The patient does not understand why, with so much pain, she is making so little progress; she tends to become frightened and anxious. This fear invades the husband or other relatives, who also cry for action on your part. Action—when action and interference will end in getting you into more serious difficulties. How hard it is not to be contaminated by this same fear, to be absolutely confident that everything is all right and to be able to assure your fearful patient that she is indeed safe, that these pains are common to nearly all young mothers who are about to have their first baby, that she is no exception, that the time is not yet ripe for an anaesthetic.

In order to have this grip of the situation, it is essential that your patient has been under strict prenatal care and supervision. You have seen her every month until the seventh month, and then every two weeks. You have taken her pelvic measurements and have examined her abdomen to determine the baby's position. You have assured your patient that the position is normal, and yourself by careful palpation that there is room in the pelvis brim for the child's head to enter. You have made a careful vaginal examination in your office, or at her home, to determine if the head is presenting and is down in the pelvis, that there is no fibroid growth or bony deformity present to obstruct a normal birth. You have thus prepared the foundation upon which your own faith in the ultimate safe outcome of the case is founded. This faith combats the patient's fear and carries to her an assurance that you are not worried and that all is well.

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Now, if my patient rings, telling of the commencement of pains, I ask her to time them by the clock, to watch for signs of 'show', and to rest as much as she can between pains. This especially if these first pains begin *at night. If they come during the day, I tell her to watch the clock and* continue with her routine housework, with instructions to report progress in a few hours. I assure her that I will keep in close touch with my telephone.

In those cases where the patient reports a rupture of the membranes, I have her go to the hospital, there to remain in bed until labour pains are well established, after which she may sit up and walk about if she desires.

In all cases of tedious first stage pains, the monotony is helped by letting the patient up walking, sitting, or in bed as she desires. I believe that delivery in many of these cases comes on more rapidly from being up. They are instructed to lie down or sit down whenever they feel the desire, or are fatigued.

It is always my endeavour, in every case of labour, to give an appropriate remedy if I can find one. Here observation, and engaging the patient *in conversation, is very helpful* as it leads to the selection of an appropriate homoeopathic remedy. Do not be in too great a hurry, sit down and observe the patient during a few pains.

Labour may be delayed or fail to become properly established through extreme nervousness, fear, sensitiveness, hysteria, incoordination of muscular effort and rigidity of the os and perineum. As this paper is devoted to the care of cases which appear to be normal, I will not mention the many *other causes of tedious labour.*

In many of these cases, the pains are false in the true sense of the word, that is, though present and productive of extraordinary suffering, they in no manner seem to aid in the normal dilatation of the os. I have frequently found it expedient to use a hypodermic injection of sterile water to gain time in these extremely nervous patients for the homoeopathic remedy to act. They do not want medicine, they want action and relief and a *hypodermic is* expected to relieve; and they relax in anticipation of its action. As in all cases of fear and restlessness, Aconite and Arsenicum are our leading remedies. The aconite patient is the more violent and restless; the arsenicum patient is weak and exhausted. Both dread being left alone, and the arsenicum patient desires heat and wants to be well covered. The aconite patient is upset by examination; it is painful, she will hardly be still long enough for a proper examination to be made. Equally excitable *and nervous* are the patients requiring Coffea and Chamomilla. The chamomilla patient is very hard to manage as she is extraordinarily short, snappy and cross, says nasty things, is restless, can't bear to be examined. The coffea patient is not so cross and irritable, but feels her pains in intensely, cries, begs to be helped and generally makes a lot of noise and fuss.

The patients needing Belladonna are < from bright lights, have reddish

injected sclera of the eyes and dilated pupils. The face is red and hot, and the vagina and cervix are hot and dry. Headache and facial congestion are present and the whole patient is < from a jar or shaking of the bed. The os is very slow to dilate, the pains come and go suddenly.

Caulophyllum is another very nervous remedy. The pains are spasmodic, unrhythmical and severe, and later become weak. The os is very rigid, it will not relax; large, thick, hard band-like os. The pains are inclined to scatter in all directions and as they pass off the patient is left with a kind of shivering.

Gelsemium: The patient is weak, shaky, on a tension, frightened, and voids frequently. The os is thick and does not relax, and the pains seem to start low down in the abdomen and extend upward. The patient trembles.

The cuprum patients have many cramps in the feet, legs, thighs, the pains are violent, spasmodic and irregular.

The ignatia patient is sad, weepy and sighs, she is always taking *very deep breaths*, cannot seem to be able to get the air deep enough into her lungs.

Ipecacuanha is often indicated when nausea is a very prominent symptom, especially if it is accompanied by sharp cutting pains about the navel.

In Kali carb. there is inertia or the pains are sharp and cutting across the lumbar and sacral region and pass off into the thighs.

The lycopodium patient keeps one foot jiggling against the floor, bed, or chair, and moves during the pains. She weeps and complains a great deal.

The nux vomica patient is depressed, irritable, and is constantly wanting to go to stool with only small unsatisfactory results.

The pulsatilla patient is sad, weepy, feels faint and wants lots of air.

The sepia patient's pains are accompanied by shuddering, she wants to be covered, old history perhaps of car sickness and bearing down or prolapsus feeling.

By the proper use of these and other remedies, we may do a great deal to hasten delivery and give relief. By so doing, there is removed the danger to the mother and child which attends the use of nembutol, heroin, hyocine and morphine.

DISCUSSION

Dr. Bowie: Perhaps most of you have the little handbook, *The Practice of Medicine and Surgery* by Gatchell, one of those early editions. You will find a small list of remedies he gives there in the first stages of labour are just perfect for use all the time. I have used them until I can tell without an examination almost what remedy is indicated, because his indications are so clear.

In addition to that, I have used one remedy hypodermically, which is against the doctor's paper. That is thyropituitary. I buy it in ½cc. and very seldom use more than three drops at the first injection. If there are two

finger dilations, I use three drops. Of course, I still continue and sometimes have to use the remedy anyhow, but thyropituitary has been a wonderful help to me. I believe it is just as valuable as any of the other indicated remedies.

Dr. Dixon: I have found that in the slow first stages of labour so many just refuse to work with their pains, and if you analyse the symptoms as I often have, it is fear of pain that is back of that. Arnica 200 will clear up that situation so often that I feel that it should be passed on to you. That also helps after the parturition is over, after the child is delivered. Arnica is a mighty fine remedy for every one of them.

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