



gas, with the type of onset, duration, and severity of labour pains, and with the intelligence of the user.

"One of my patients found that this apparatus robbed childbirth of all its rigours. Her pains came slowly enough to allow her to attain full analgesia by the time that the contractions were strong. She inhaled the gas and air mixture vigorously as soon as she felt a pain starting. From the time that I put the apparatus on the bed at her side, telling her to help herself to the gas as much as she liked, she suffered very little. When the head was crowned she had some pain to bear: but the gas and the knowledge that her child was almost born made this pain easily tolerable. For her and others like her the apparatus was conspicuously successful.

"Another of my patients found this apparatus useless. The intervals between the onset and the full establishment of each of her uterine contractions were short: and she occupied these intervals in screaming. She had shuddered when I put the apparatus at her side, and needed much persuasion to attempt to use it.

"The majority of my patients find the apparatus of some use. Few use it steadily for each pain. They prefer to help themselves to the gas from time to time. They gain more or less relief and much comfort from the apparatus. They commonly consume from 25 to 75 gallons of nitrous oxide each. Apart from the changing of the cylinders when one becomes empty, no interference between the patient and the apparatus is necessary. All the instruction needed is a demonstration by the attendant of how to hold the facepiece pressed against the face.

"When a stitch has to be inserted into the perinium, the apparatus is most useful. Sufficient analgesia can always be obtained if the button which permits a continuous flow of gas is pressed for a while. In some cases complete anaesthesia is secured thus.

"As the gas is self-administered, no struggling against its administration takes place. I have not yet met a case in which the semi-anaesthetised patient has interfered with the management of labour by moving, and, for the above reason, do not expect to do so.

"The gas and air analgesia causes little if any delay in the second stage of labour. It prevents much inhibition of uterine function by fear. It would prevent much more pain and delay in labour if the Council of the College of Obstetricians and Gynaecologists had not advised the officials of the Central Midwives Board to prevent its use by mothers who cannot afford a doctor or two nurses in attendance throughout their labours."

Dr. Willoughby Clark's first sentence is really a summary of his whole experience and we do not quite see how it could have been put better. We will set it out once again, asking our printer to accord it the dignity of leaded type:—

"The effectiveness of a Queen Charlotte gas and air apparatus for the relief of pain in labour necessarily varies with the reaction of each patient to nitrous oxide gas, with the type of onset, duration, and severity of labour pains, and with the intelligence of the user."

It will be noted that he has found it desirable to procure complete anaesthesia in some cases and that others lack sufficient self-control to co-operate with the apparatus. This is so, although the administration is under the eye of a doctor.

If Dr. Willoughby Clark's patients chance to be more blessed with this world's goods, they would not need to make shift with this partial alleviation of their pains. It is evident that this is one of those cases in which the best attention and treatment is only available for the well-to-do. The Union has always known that this was so and has always set its face against the provision for the poor of an inferior type of Medical Service. It believes that the patients of the municipal midwife should be able to obtain the blessing of full anaesthesia where this is necessary, whether the need arise from some inability of the patient to use an automatic apparatus or from some other cause. The Union also believes that full anaesthesia should never be administered except under the supervision of a properly trained person who can give his or her full time to the administration. This person would usually be a doctor, but the Union's policy in this matter is not governed by the desire to restore to doctors a branch of practice which most of them dislike and which has always been very badly remunerated. If, as is the case, the Union would like to see a doctor present at every labour case it is only because there is no other way in which complications can be forestalled and dealt with promptly if they nevertheless occur. It is the only way in which alleviation of labour pains, which shall be both safe and complete, can be secured to the mothers of the working classes. The Union welcomes analgesia, when it is no more than analgesia, no matter by whom it is administered. But its policy goes far beyond such half measures as this. It believes in fact that analgesia is not enough.

Refugee Doctors at Leamington

It appears from the *Birmingham Gazette* that Leamington, as represented by its Town Council, is inviting to the Borough two refugee doctors named Drs. Neumann and Bennat. It further appears that the latter is to be invited to take up research work in connection with the spa and is to be given a room in which to conduct this research and a grant of fifty pounds a year for three years. The reasons given for inviting these refugee doctors to Leamington were apparently somewhat confused. The



Chairman of the Pump Room Committee thought that they would be an excellent advertisement for Leamington Spa, which is apparently threatened with decay. Other folk were more concerned with the allegation that these two doctors were in danger of concentration camp or death if Leamington did not receive them. The meeting of the Town Council does not seem to have had before it, or to have demanded, any evidence about the past, present or future status of the two refugees. Dr. Neumann was stated to be a specialist in cardiac disorders but no information was available as to what the term "specialist" might imply or as to why Leamington should require an expert in this particular branch of medicine. It was certainly hoped that Leamington might develop into a spa especially suitable for cardiac disorders but there seems no reason to suppose that it will ever do so. Even if we grant that the Pump Room Committee may be able to advertise a spa for heart diseases it by no means follows that practitioners in this country will choose to send any patients there. The average practitioner is in a mood to send his patients to specialists of a like nationality and the presence of Dr. Neumann in charge at Leamington will probably lead to a wide black-listing of its spa. Concerning Dr. Bennat, no information is given except that Dr. Cox, Secretary of the British Spa Federation, has vouched for his credentials, whatever these may be. It was asserted that the local Medical Association's executive committee was in favour of welcoming the refugees, but the two doctors who are members of the Council, and who are senior medical practitioners in the town, did not vote in this sense. In any case, this is a matter in which nothing less than the expression of a general meeting of local practitioners could possibly have any authority. The opinion of the Union on the question can hardly be in doubt. In spite of the expressed opinion of Alderman C. Davis there can be little doubt that these refugees, supported and advertised by the Corporation, will compete very seriously with local practitioners. There are only two alternatives. They must either become whole-time servants of the local authority at a living wage or they must earn their living in competition with other Leamington doctors. We are only too well aware that the promise made in other places that refugees shall confine themselves to specialist practice is a promise made to be broken.

But the point which strikes us most about the proceedings of Leamington's Town Council is the irresponsibility with which the whole subject was approached. These doctors can hardly be in danger of concentration camp or death for persons who are so far unacceptable to the authorities of their own country would be in concentration camps already. One of the members of the Council stated that from investigations he had made in what he described as reliable quarters there was no justification at all for saying that they were

in any peril. But both sides to the argument seem to have been supported by nothing more valuable than forcible assertion. The question of research was treated with the same almost unbelievable carelessness. One would have supposed that even a town councillor would have realised that fifty pounds a year, and a room in which to spend it, could hardly produce anything more useful than such elementary analysis of the air and water and soil of Leamington as can be much better done by existing agencies. We should like to know what other research can be envisaged into the virtues of Leamington as a spa. Perhaps the Council will enlighten us on the point. Even a word or two from Dr. Cox might relieve the darkness of our ignorance. But the Council, like Gallio, cared for none of these things. Nor did they care for the interests of their local practitioners. In fact, it appears extremely probable that the real questions at issue were hidden in the mists of party controversy and were never clearly envisaged. It need scarcely be said that such a state of affairs is a disgrace to any responsible authority. We trust that our readers will refrain from sending patients to Leamington until this matter has been rediscussed in more dignified circumstances and in the light of proper evidence.

Examination of Recruits

It is very clear from correspondence which has passed between this office and that of the Ministers of Health and Labour that much of the administrative work in connection with so-called emergency medical arrangements has been handed over to the central and local Emergency Committees of the B.M.A. These were set up to arrange for the protection of the practices of absentees and are in the main composed of local B.M.A. leaders elected at small meetings of medical men who had no real opportunity to influence the proceedings. The Minister of Health will hardly believe that a public meeting convened by his political opponents, who alone were allowed upon the platform, could elect a committee to which he could look with any confidence. Yet that is just the way in which an M.P.U. member must look upon all these Emergency Committees. That they should be entrusted with statutory work, and that M.P.U. members should be told to get in touch with these committees if they felt they had any claim or complaint, is contrary to the elementary decencies of popular government. There have long been available the Local Medical and Panel Committees which are statutory committees set up to represent the whole profession. They have 25 years or more administrative experience and they are directly elected by a paper vote of all practitioners. Every practitioner may easily discover the name of his representative, if he does not know it, and through him can keep in touch with the committees. These com-