

On Antiseptic Midwifery in Private Practice.

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THE essence of antiseptic midwifery being cleanliness, and the avoidance of everything by which infection can be carried from case to case, it is obvious that the Nurse ought, if possible, to go to each patient with entirely clean clothes. This is absolutely essential if in the last confinement she has attended there has been any rise of temperature; in which case, also, a complete bath should be taken, and the hair be washed before going out again. During the whole of the lying-in time, it is of the greatest importance that the bedding, sheets, &c., and everything which comes in contact with the patient, should be perfectly clean. In the houses of the rich, this is easily managed, but among the poor it is a great difficulty. Where one sees the patient a few days beforehand, a great deal can be done to sweeten the lying-in chamber by dusting, and sweeping, and especially by removal of the old clothes which so befoul the atmosphere of poor houses. In all cases, however, all soiled linen must be at once removed from the room. Whatever happens, clean material of some sort must be found for the patient's hips to rest upon and be covered with, during the confinement. At an early stage in the labour, the external parts should be thoroughly washed with warm water and soap, and bathed with the 1 in 1000 perchloride lotion. For this purpose, no doubt, a sponge is the pleasantest material; but, unfortunately, sponges are difficult to keep clean, and have so often been the cause of septic infection that their use must be entirely prohibited in the lying-in room, and, in their place, one must employ pledgets of absorbent cotton-wool, or small squares of clean flannel (about 8 inches square), which can be used once and burned when done with. The flannel does best for the soap and water, and the cotton-wool for the perchloride.

In many cases, it is desirable to administer a vaginal douche of 1 in 2000 perchloride solution early in the labour. This solution is to be made by dissolving one of the powders or pastiles already mentioned in a quart of water instead of a pint, and it is important that the whole quart should be used, because washing out the vagina with a small quantity of fluid does very little good. The temperature of the douche should be about 105° Fahr. Whenever there has been any previous discharge, especially if this has been sanguineous, it is quite necessary that the douche should be

given, and in no case can it do any harm. It should not, however be repeated. The proper time to administer this douche, and to cleanse the patient, is after the emptying of the lower bowel, which the Nurse will always take care to ensure by an enema as soon as labour is established. It will usually be observed that, as the case progresses, a large amount of slimy discharge is poured out by the vagina. This not only lubricates the canal, and facilitates the passage of the child, but also operates as a most effectual cleansing agent, for, unlike a lotion applied merely to the surface, it comes out from the very substance of the mucous membrane, and one of the reasons for not repeating the douche of perchloride is, that its astringent action, and its effect in washing away this discharge, would tend rather to impede the progress of the case, and leave the mucous membrane more liable to laceration.

If any instrumental help should be required, each instrument should be scrubbed with carbolic lotion (1 in 20) by means of bits of cotton-wool, and then placed in a jug of hot carbolic lotion (1 in 40) until required, when it should be shaken free of lotion and greased with carbolic vaseline (1 in 8). After use, it should be immediately wiped with dry cotton-wool, then with 1 in 20 lotion, and then replaced in the jug of 1 in 40. If, however, the Nurse should at the moment be occupied with something else which cannot be left, the instrument should be at once returned, dirty as it is, to the jug of 1 in 40; under no circumstance should an instrument, which might possibly be required again, be placed on the floor or slipped under the bed.

It will be observed that unless instruments are used, the carbolic lotion is not wanted, and therefore need not be prepared; but whenever any delay in the birth is apparent, the Nurse should take care that there is a good supply of hot water ready, so that the lotion can be quickly obtained. It is worth remembering that a two-ounce bottle of carbolic acid makes a quart of 1 in 20, which, when diluted again with its own bulk of water, makes 1 in 40, and that as only a little 1 in 20 is required for scrubbing the instruments, this can at once be put on one side, and all the rest can be diluted for the instrument jug.

During the progress of the case, so soon as discharge begins to flow pretty freely from the vagina, the Nurse should wipe it away by means of pieces of cotton-wool moistened with perchloride solution, the piece of wool never being put back into the lotion, but, as it is soiled, being put aside to be burnt, and a fresh one taken. Each cleaning will probably require about four pieces, and the process should be repeated at intervals as may be necessary.

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