

lungs are unable to expand properly, and the blood which is being forced into the right side of the heart is unable to pass as easily as it should do, out of the ventricle and through the lungs. The right side of the heart, therefore, is subjected to a severe and most unnatural strain, and it can be easily understood why so many cases of heart disease are now found to occur amongst that class, in whom such a strain constantly occurs, and who disgrace the cycling world as "Scorchers."

Then, again, the strain which is thrown upon the muscular system, in forcing a bicycle, and its weight, uphill, means a stress upon the left side of the heart, which is often very considerable; and if the organ be at all weak, this is very apt to be followed by detrimental consequences. The golden rules, therefore, for nurses, and indeed for all women cyclists, should be to ride with the body upright, and have the handle bars sufficiently wide to prevent any compression from the arms upon the walls of the chest. The latter condition, indeed, becomes almost instinctively recognised as harmful by skilful riders, who find that they can guide their machine with the lightest touch upon the handle-bar, and whose arms, therefore, are allowed to hang loosely at their sides instead of being maintained in the strained and rigid attitude assumed by the novice or unskilful rider. There is a still further physiological reason why the arms should never be held rigidly on the bar, because, in that condition, every vibration of the front wheel is conveyed to the spinal column, just as the vibrations of the hind wheel are conveyed direct through the vertebral column to the brain—this double concussion undoubtedly causing, in some people, more or less serious spinal cord disturbance.

In the next place, it is a golden rule to dismount when ascending an incline, as soon as the breathing becomes more rapid than natural; because the increased action of the lungs is the first sign of embarrassment of the heart.

Finally, the shape of the saddle is a matter of the first importance, not only as regards comfort, but also safety. The ordinary form is so narrow that it does not permit the ischial bones to rest upon it, and, therefore, the entire weight of the body is thrown upon tissues which are unable to sustain the pressure without considerable injury. By attention to such simple precautions as those we have mentioned, the harmful results of cycling can be obviated, and its full advantages can be obtained.

## Annotations.

### THE LONDON OBSTETRICAL SOCIETY.

THE Obstetrical Society of London has recently issued some explicit Rules and Regulations to be observed by the Midwives holding its certificate. This is a wise and necessary step, and we are glad that the Society has taken it. The new rules may be obtained from Messrs. Longmans, Green, and Co., price 1d. They lay down, first of all, that the certificate confers on the Midwife no right to act as a Medical Practitioner. Section A deals with the instruments and other requisites which a midwife must take with her when called to a confinement, her own personal cleanliness, and her duty in the event of certain contingencies during a labour. We are glad to notice that the lubricant recommended for the midwife's use is corrosive sublimate glycerine (1 in 1,000). The midwife is instructed not to leave a lying-in case after the commencement of the second stage, or until at least an hour after the expulsion of the after-birth in a normal labour.

In the case of a child (after the sixth month of pregnancy) being born apparently dead, the midwife is, until the arrival of a medical practitioner, to carry out artificial respiration for at least half an hour, or until the child breathes regularly. An important regulation is that the midwife is responsible for the cleanliness, comfort, and proper dieting of the mother and child during the lying-in period, which is held, in a normal case, to mean the time occupied by the labour, and a period of ten days afterwards. We rather think that this regulation will cause a revolution in the methods of more than one lying-in hospital with regard to its district practice.

Section B contains instructions to be observed by midwives, in order to avoid carrying infectious diseases, especially puerperal fever. Section C. deals with the circumstances under which registered medical practitioners should be summoned. We are glad to notice that the midwife is enjoined to send for a medical man in the case of pelvic presentations in a first labour. We do not doubt that many midwives are competent to conduct a case of this description, but rules are framed with regard to the many rather than the few, and we must, therefore, consider this a wise and necessary regulation.

We could wish that the Obstetrical Society, in framing these rules, had laid down a regu-

[previous page](#)

[next page](#)