

Practical Points.

Dr. R. P. Ranken Lyle, Lecturer in Midwifery at the University of Durham College of Medicine, in a letter addressed to the *British Medical Journal* calls the attention of modern obstetricians to what he terms "an extraordinary rule" of the Central Midwives' Board, which runs:—"When called to a confinement a midwife must take with her (a) an antiseptic lubricant for smearing the fingers, catheters, douche nozzles, and enema nozzles before they touch the patient."

Dr. Ranken Lyle says:—

"I should like to know if there is any good purpose served by the use of lubricants in obstetrics. I, personally, am not aware of any, especially as Nature supplies one in abundance, namely, the vaginal secretion, whereas the use of a lubricant, even an antiseptic one, has the following objections:—

"1. At present, the vaseline pot or lard pot of the 'handy woman' is the commonest means of spreading puerperal infection, and, consequently, is the main factor in the high maternal mortality in working-class practices.

"2. Lubricants, when exposed to the air, are good culture mediums for the growth of bacteria.

"3. Antiseptic lubricants are usually mechanical mixtures—for example, carbolic vaseline. In this case the vaseline protects the bacteria from the action of the carbolic acid; and, further, it is well known that carbolic vaseline has no bactericidal power.

"4. If an infected lubricant be introduced into the vaginal canal the lubricant will hold the infection *in situ*, and no amount of liquor amnii will be able to dislodge it.

"Now, in addition to these arguments, I think that if lubricants are allowed many midwives will think that the sterilisation of their hands will be unnecessary if they have them well covered with a supposed antiseptic (?) lubricant, thus defeating the whole idea of cleanliness. Moreover, the transference of the lubricating pot from one patient to another will be a constant and unnecessary source of trouble.

"The use of lubricants in obstetrics is prohibited by the Rotunda Hospital, the premier maternity institution of the British Empire.

"No modern surgeon smears his hands or instruments with lubricants in performing any surgical operation. Why should they be used in obstetrics?

"Of modern authorities, Norris and Dickenson, the authors of the standard American text-book, forbid the use of lubricants; Lusk does not recommend them.

"I should like to hear what some of the leading obstetricians have to say about this matter, because I think that it would be a great improvement if this paragraph were deleted, and it would probably prevent a great deal of unnecessary puerperal fever."

We entirely agree with Dr. Ranken Lyle, and think that the modern appreciation of cleanliness has dislodged the use of lubricants from the position it formerly held in the practice of midwifery. It is to be noted that under the above regulation a midwife has no discretion; she "must" use the antiseptic lubricant before fingers or appliances touch the patient. If she has been taught its danger by instructors who take the same view as Dr. Ranken Lyle,

she is thus placed in an extremely awkward position, as her conception of her duty to the patient, and her obedience to the Central Midwives' Board, are in direct collision.

Clinical Observations on Circulatory Failure in Acute Infectious Disease.

Dr. Augustus Caillé (*Archives of Pediatrics*) says that saline infusion and hypodermoclysis stimulate promptly and safely in circulatory failure. The action of both is more prompt than that of drugs, and apparently increases the effect of drugs given hypodermically. In the treatment of septic cases, infusion should be reserved for those in which there has been a decided loss of body fluids, as in severe choleraic or typhoid diarrhoea. Enteroclysis properly carried out with Kemp's flexible double-current catheter (fifteen minutes' flow of water at 110°) appears to be an absolutely safe method of combating circulatory failure in septic conditions. It stimulates kidney secretion and thereby promotes the elimination of poisons; it induces intestinal absorption of water whenever the body craves water. It has a certain effect in reducing temperature. It appears to be indicated as a routine treatment in all septic conditions, even if the kidneys be not involved. In severe anaemia enteroclysis is followed by an actual improvement of the blood mixture independent of the administration of drugs.

An eminent physician says:—

Don'ts in the Hydratic Management of Fevers.

1. Don't bathe in cold water to reduce fever, but to refresh the fever-stricken patient. 2. Don't permit cyanosis or chattering of teeth. 3. Don't stop bathing because patient complains of chilliness. 4. Don't raise temperature of baths on account of chilliness. Shorten bath and increase friction. 5. Don't neglect friction during every cold procedure; it prevents chilling. 6. Don't disregard the fact that the Brand baths at 65° to 70° are the ideal bath for typhoid fever. 7. Don't use the Brand bath in a bathroom. 8. Don't give up bathing because the ideal bath is not procurable. Other procedures are useful. 9. Don't use ice-coil to abdomen. It has no refreshing effect and renders skin cyanotic beneath it. 10. Don't lose sight of the fact that the chief aim of all cold procedures is reaction.

Bacteria in Intestines after Administration of Disinfectants.

A German medical paper states that Dr. Strasburger announces as the conclusions of extensive research on man and animals that most of the purges and disinfectants, including calomel, actually increase the number of bacteria in the intestines, as they injure the lining and thus afford more favourable conditions for their proliferation. Proper absorption of well-digested food deprives the bacteria of their nutrient medium and hence reduces their number. Abstinence from food has the same effect. No disinfecting power could be observed with naphthalin, and only very slight with salicylic acid; tannocol was the most effective. Ingestion of readily absorbed food or abstinence from food are the most effectual means at our command for restricting bacterial proliferation in the bowel.

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