The Midwife.

Clean Obstetrics and Unclean Surroundings.

Dr. Joseph B. De Lee, writing in *Surgery, Gynæcology, and Obstetrics*, describes the service of which he has charge in the out department of the Chicago Lying-In Hospital and Dispensary.

Fifteen hundred obstetric cases are yearly treated in the homes of the poorest in Chicago, with a mortality and morbidity that challenge the work of the best maternities in the world.

The internes are graduate physicians, and have a six months' service. The students are only accepted in their senior year. The administration of the work is in the hands of a graduate nurse, who lives in the Dispensary. She determines the succession of calls for internes and students, and arranges the post partum visits by students, nurses, and internes, and she is acquainted with the condition of every mother and baby under the care of the Dispensary. She sees all applicants, makes enquiry into their previous history, and in the case of primparæ refers small and deformed women to the medical clinic. When labour begins an interne, *one* student, and, if possible, a nurse are sent to the home of the patient. During the progress of labour, the interne instructs the student and the nurse, and demonstrates the presentation and position of the child, the nature of abnormalities, the heart tones of the fœtus, and the strength and action of the pains. The size of the child is estimated and noted, the pelvis measured, and the general relations of one to the other compared and discussed.

The internal examination is conducted on principles of strict asepsis, and rubber gloves are worn, boiled in plain water for ten minutes, and drawn on wet after the hands have been sterilised. The teaching given by the interne at the cases is of the utmost value to student and nurse, and passes the otherwise profitless time of "watchful expectancy" in a most interesting and profitable manner. The interne, nurse, and student stay with the patient unless the labour is very slow, when the interne returns to the Dispensary for a few hours. *No case is left entirely in charge of the student; all deliveries are attended by the interne.* This necessitates the employment of 5 internes, and is, says Dr. De Lee, expensive, but it is the only legal, the only just way of doing obstetrical work. This plan might well be followed by the midwifery departments of hospitals in this country. It is a point to which attention has been directed on more than one occasion in this journal.

The writer ascribes the freedom of the patients from puerperal infection to the antiseptic treatment of the external genitals. In over seven thousand consecutive cases of labour only one puerpera has died of infection, and fever cases are rare.

These results were obtained in the most unfavourable surroundings, amid filth, and often infection. The principle of the "limitation of the field of asepsis" is practised rigorously. By this is meant that the smallest number of hands, of aseptic basins, of towels, of instruments, enter into the conduct of a case, and that only the vulva and the area *immediately adjoining* are considered aseptic, and both are frequently drenched with antiseptic solution.

The writer believes that most large operating rooms err in this regard. Too many basins, too many instruments, too many towels, too many hands (assistants and nurses), too many tables, enter into the *sterile* field of work. The number of articles to be sterilised is so large that the chances of infection are magnified. The principle of the bacteriological laboratory should prevail in the operating room: the absolute sterility of the few articles that come in direct contact with the wound. While all things else are sterilised, they should not come in contact with the wound.

In the Dispensary service, instruments for operative delivery are sent to a case only after the interne has decided that intervention is necessary, and thus the percentage of operative deliveries is small—not over 4 per cent.

The principles for protection of perinæum are: (1) Deliver on the side. (2) Retard descent till the elasticity of the perinæum is fully developed. (3) Deliver the head in forced flexion, but don't press on the head through the perinæum. All pressure is applied to the head directly. (4) Deliver between pains.

The anus is kept in sight throughout, not covered with a pad; and any escaping fæces or mucus is promptly sponged away with cotton soaked in one per cent. lysol.

The teaching given as regards the third stage is that it is as important as the two others combined. More women die in the third stage.

In connection with the expression of the placenta, the teaching is that the membranes are not to be twisted into a rope. Dr. De Lee thinks that this cuts off the tender chorion; they are *slowly* drawn from the uterus by gentle traction. Sometimes five minutes is occupied in their extraction. Pieces of retained membrane are not removed unless they give rise to hæmorrhage, but if a piece of placenta is missing it is removed then and there.

An indication of the care exercised is that an infected eye in an infant does not occur once a year.

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