The Midwife.

Midwifery in Private Practice.

Dr. Drummond Maxwell gives some interesting practical hints to midwifery practitioners in a paper read before the Clinical Society of the London Hospital, and printed as a supplement to the *London Hospital Gazette*.

Antiseptic Precautions.

Antiseptic precautions in a private house, I would say, result in a complete breakdown unless extraordinary attention is paid to a large number of details.

To what is this great difference of results between the hospital and private midwifery due?

Firstly, I should say, the medical student of to-day sees none of the graver cases of infection. How these cases were diffused through the practices of individual practitioners one can fead in the literature of only 20 years ago, and we can readily see how the men of that era avoided any form of interference save in the most urgent cases. The antiseptic and aseptic ideals of to-day far too frequently lead, in midwifery, to a false sense of security, resulting occasionally in disaster. The use of antiseptic lotions is absolutely perfunctory; indeed, I hold, from watching many practitioners in private assisting at operations, that the simple "aseptic sense" can hardly ever be attained by a man who has not had the responsibility of a surgical appointment, and thereby testing his results, and even if the disinfection of the hands be conscientious there is a total disregard of the bacteriology of the perineum and vulva.

The Midwifery Bag.

The maintenance of the antiseptic ideal starts with the possession of the correct bag.

I shall not waste time criticising the existing type of bag, except to point out its noisome washable lining (which is never washed), the injuries and scratches inflicted by the lock in plunging into its depths, and the cotton wool and fluff impregnated with ergot which has leaked from its bottle.

The bag of the present, the bag you men must get, is a collection of tins or metal boxes, be the outside cover what you please—leather or canvas—so long as it looks like a bag.

The Contents of the Bag.

I will rapidly mention some of the more important contents. A small metal case of instruments for perineal suture, batiste fabric apron—more expensive but more durable than jaconet tissue, and capable of repeated sterilisation by boiling. These aprons are made with sleeves. I recommend you to get one, since it is no longer considered unbecoming to remove one's coat at an obstetric case.

Catheters, Rubber or Celluloid.

Any difficulty in its introduction in the second stage of labour should be overcome readily by simultaneously elevating the presenting part by the fingers of the left hand introduced a short distance into the vagina. I would impress upon you the absolute importance of preceding all internal manipulations, such as version or the forceps, by its use.

The Stethoscope.

This instrument (preferably of wood) is, in my opinion, one of the most neglected of the accoucheur's appliances. By it alone is evidence revealed of fœtal embarrassment and distress. While in the second stage, if prolonged, auscultation at regular intervals will warn the accoucheur that moulding and impaction of the fœtal head may be excessive, as shown by a diminution of the fœtal heart rate. Again, that most insidious complication of labour in an apparently normal case—"expression of the cord"—may be suspected, and provide the accoucheur with an indication for delivery by forceps, which, if neglected, will result in the delivery of a recently alive but still-born baby. For some years I have regularly adopted this precaution; true, I cannot say I have yet recognised an indication to deliver the child, but one's feeling of security is greatly strengthened in resisting importunate entreaties to deliver the patient, which are quite unnecessary.

The Intra-Uterine Douche.

In many charities and lying-in hospitals, the rule is laid down that all intra-uterine manipulations should be followed by an intra-uterine douche: with this I do not agree at all, since most of the manipulations take place within the animiotic sac, which is subsequently expelled.

There are, I think, only two prime indications for the uterine douche:—(1) following that manœuvre probably fraught with greater risks than any other—the manual removal of an adherent or partially adherent placenta; (2) the commonest indication, post partum hæmorrhage, due to impaired retraction of the uterus. The douche I have found of greatest service is one with a double curve, easily adapted to the pelvic axis and allowing the tip

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