

The Midwife.

Clean Midwifery.

Dr. Arthur H. Gregson, in an interesting paper on "Clean Midwifery" in *General Practice*, in the *British Medical Journal*, says in part:—

For five years no doubt had ever entered my mind as to the efficacy of mercury perchloride as a hand and labial disinfectant and a sure preventive of puerperal fever; but in December, 1905, a midwife sent for me to attend one of her septic cases, which proved fatal within a week; and after that, though none were fatal, several of my own had unpleasant rises of temperature; it seemed as though the infection would not be got rid of, so I determined to use rubber gloves.

At first they were carried in a glass bottle containing glyc. ac. carbolic, diluted ten times at one end of my bag; a yard of cotton-wool was also put in, and the midwifery forceps transferred to a steriliser made by a local tinsmith for 7s. 6d. The nurse was required to find an enamel pan and some soda to boil the gloves, a bowl for lysol to transfer them to, another for perchloride to wash the labia with, as the lysol is too irritant, besides the usual wash-hand basin, the whole making a somewhat formidable array.

Before long, however, a case occurred in which elaborate preparations were out of the question; even a pint basin for the perchloride had to be borrowed—just such a case where perfectly clean midwifery would be held an impossibility. In these poor houses the gloves are put into the kettle and transferred to the mercury solution instead of to lysol, and this is found to do quite well. Of course the soda is omitted, and then the gloves must be boiled in it at home to remove any trace of blood or fat before being used again; whereas this is usually done at the patient's house, the pan being kept at one side throughout the case and used repeatedly.

The gloves having been boiled, one's own hands are washed with soap and water, all the folds of the patient's genitals and adjacent parts cleansed with perchloride and the vagina swabbed as thoroughly as possible with cotton-wool wet with the same solution and never dipped into it a second time; then one's hands are sterilised in the ordinary way and the gloves put on without filling with water, a pad of cotton being used to work them on, and the examination made without any lubricant except the 1 per cent. lysol when convenient,

contamination from the anus being prevented by keeping a pad of dry wool over it. The patient is always instructed to have an enema before she sends for me, but too often she omits it. If during the vaginal examination the rectum is found overloaded and the os not fully dilated, an enema is given.

If instruments are found to be required, boiling water is poured into the tin, and 2 per cent. lysol added. The whole are then boiled for five minutes with the spirit lamp, half the solution poured into a jug as a reserve, and cold added to the tin.

Such a change in routine had its disadvantages. Tactile sensation required re-educating, but half a dozen cases were sufficient to complete this. The waste of time was at first about an hour, but now it is only fifteen minutes, and is fully compensated for by not having to give intra-uterine douches later. If any rotating or turning is required, lysol makes the gloves too slippery, and perchloride must be used instead.

The greater peace of mind is worth much, although two or three cases of puerperal fever have occurred in my own practice since.

The first was one in which the patient had taken plenty of castor oil, and refused to have an enema, with the result that faeces contaminated my glove during the rotation of an occipito-posterior into an occipito-anterior presentation, and taught me to leave the pad at the anus.

The second might easily have been a mystery, but that on my arrival a neighbour said, "She won't be long now, doctor." "You have examined her?" I asked. "Yes, but my hands are clean; I am washing," she answered. A washerwoman making a vaginal examination! In this case the mother-in-law remarked, "There should be no blood-poisoning here," when she saw my preparations to prevent it.

Patients themselves like the gloves, because they slip in more readily than the bare fingers.

The greatest enemies were the neighbours, who declared unanimously against the innovation, one admitting that she had not sent for me "because Dr. Gregson is so faddy"; another asking if I was afraid of blood; but the most annoying incident was the setting out of the report that a certain patient must have had syphilis, or gloves would not have been used, after which I put up a notice that a charge of 2s. 6d. would be made for rubber gloves.

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