

aseptic, and the field of operation must also be made as aseptic as possible, and must be kept so during the whole time of the labour and lying-in period.

"How is this to be accomplished? We shall first deal with the hands. Under ordinary circumstances the hands are very septic, and if the unwashed hand be introduced into the womb sepsis will in all probability be the result. The hands and forearms, then, must be sterilised or rendered aseptic before any internal examination of the patient is made.

"To thoroughly sterilise your hands and forearms you must bare the arms to the elbows and wash them with warm water and soap, scrubbing them thoroughly with a clean nail brush. Special attention must be paid to the finger nails, which must be kept short. When the hands and arms have been thoroughly washed they are laved with turpentine, which removes all traces of soap or grease, and is in itself a powerful antiseptic. The turpentine is washed off with methylated spirits and then the hands and arms are bathed in a strong antiseptic for a few minutes. Perchloride of mercury, 1 in 1,000, or carbolic acid, 1 in 20, are about the best antiseptics to use. The hands will now be as nearly aseptic as you can render them, and you can touch a wound or make an internal examination without any risk. You must bear in mind that your hands will at once become septic if you touch anything which has not been sterilised, such as your own face or clothing, or any part of the patient outside the field of the operation. If you do touch anything you must at once soak your hands in the antiseptic solution.

"In private midwifery work the turpentine and methylated spirit are generally dispensed with; thorough washing with soap and water, and then soaking in the antiseptic, is the usual routine.

"*How to Render Instruments, etc., Perfectly Aseptic.*—This can be done by soaking them for at least 15 minutes in 1 to 20 carbolic lotion (perchloride of mercury would blacken metal instruments). *The handles* and the blades of the instruments must be covered by the antiseptic solution. There is a much quicker and better method—viz., by boiling them for a few minutes. Forceps, etc., should be made all metal; wooden handles would be affected by boiling. A nurse will only have a glass douche nozzle, catheter, scissors, and a nail-brush, which can all be boiled. A gum elastic catheter, of course, would not stand boiling more than once or twice, and therefore it should not be used. The dressings or diapers can be boiled or sterilised by steam; the latter method is used in hospitals, but in private work it is not convenient. Aseptic diapers and obstetric bed sheets are now supplied by different makers at a very small cost, and these should be used. The third great essential is that the field of operation must be rendered aseptic. We have to deal with the external genitals, the vagina, and the uterus. The external parts are septic, the same as any other part of the surface of the body, but how about the vagina and the uterus?"

The author shows that in a normal condition these are not only aseptic but contain protective organisms, and that therefore in the majority of

cases an antiseptic douche given before labour will do more harm than good.

In the brief space at our disposal we have dealt at length with asepsis, because if a midwife's method in this respect is adequate and carefully carried out, her work, assuming her skill, will be successful. But the book should be read in its entirety and will repay careful study. M. B.

Midwives and the Third Stage.

Dr. H. Vallance (Pontisbright, Lewis) has addressed a letter to the *British Medical Journal* with regard to a case of death in childbirth to which he was recently summoned to find the patient already dead. It appears that the woman, aged 28, was delivered of a live child after a labour lasting nineteen hours. The certified midwife in attendance endeavoured to express the placenta for about three-quarters of an hour, but without result, and then introduced her hand and removed the placenta. A little over an hour later, after washing the patient and the baby, the midwife left the house; on returning half an hour later she found that the patient had died. A *post-mortem* examination showed inversion of the uterus, the fundus being about level with the external os. A piece of membrane measuring about 6 in. by 4 in. was found adherent to the uterus. The placental site was at the fundus, and did not show signs that the placenta had been adherent. At the inquest no evidence of infringements of the rules of the Central Midwives' Board was elicited, and the midwife was absolved from any blame in her conduct of the case. Dr. Vallance continues: This case is of interest, first, on account of its rarity, as it is said only to occur once in 200,000 times; and, secondly, because in Section 17 (b), Rule 4, of the Central Midwives' Board, a midwife is allowed to make efforts at expression of the placenta for an hour before calling a doctor. This appears to me to be too long a time, especially in view of the above unfortunate result. It is with the view of eliciting expressions from your readers as to the desirability or not of this rule being altered that I have ventured to report this case.

It appears to us that unless there was excessive bleeding, in which case a medical practitioner should have been summoned, and the midwife might have been forced to act in the emergency before his arrival, she should have sent for medical assistance before inserting her hand in the uterus. Three-quarters of an hour is not a long time for the placenta to be retained if the conditions are normal, and is not cause for special anxiety.

It is an indication of the necessity for aid to women in childbirth, provided for in Mr. Lloyd George's National Insurance Bill, that the question of the State endowment of maternity should have been advocated at the Sectional Conference of the Women's Co-operative Guild at Bridgwater by Miss Harris, the Assistant Secretary, and at a Conference of the Southern Section, held in London on May 3rd, when a paper was read by Miss Llewellyn Davies, who discussed a contributory compulsory scheme supplemented by a national grant.

[previous page](#)

[next page](#)