

PRACTICAL POINTS.

The Care of Rubber Goods.

Miss Kate Madden, R.N., Directress of Nurses, the Brooklyn Hospital, Brooklyn, N.Y., writes in the *Modern Hospital* :—

Rubber articles are destroyed so easily and deteriorate so quickly that too large a stock on hand (especially gloves) is to be avoided. They should be kept in a dry, cool place as exposure to heat and moisture tends to destroy the rubber, shortening its life. They should be protected from the action of fats and acids by careful washing to remove materials used for lubrication, &c. Rubber sheets and pillow cases when not in use should be hung on a bar; never folded. We have such bars in every ward; they are eight feet long to allow the sheets to hang out straight.

The marking of rubber articles is important; all new articles, except gloves and rubber dam, are marked for the ward they are issued to in the store-room. Sheets and pillow cases are stamped on the border. Hot water bottles, ice caps and air rings have metal tags which are not easily removed. This careful marking enables us to place the responsibility for carelessness or misuse of the article and tends to prevent that bane of hospital existence, borrowing.

Rubber sheets are washed with 2 per cent. carbolic, scrubbed with soap and water, rinsed and dried, hung on bar and covered with a cotton sheet.

Air rings are washed with 2 per cent carbolic, scrubbed with soap and water, dried, inflated and hung on a bar which can be lifted at end.

Hot water bottles are washed, drained out well, dried, inflated, top inserted and hung up.

Ice caps are drained, washed, dried inside and out, a piece of gauze placed inside to prevent cutting of the rubber, inflated, top screwed in and hung up.

Rubber dam is soaked in 2 per cent. carbolic for half an hour, scrubbed with soap and warm water, rinsed, dried, powdered and rolled.

Rectal tubes, catheters, tubing, drains, &c., are wiped off with tissue paper, washed with cold water to remove all adherent matter, washed with warm water and soap to remove lubricant, rinsed, placed in boiling water for two minutes, immersed in cold water, dried, hung up to drain, put away in large sheet glass jars, in which they are carefully coiled.

Rubber gloves.—Our custom is to give new gloves, except in special cases, only to the operating rooms, the maternity delivery rooms and the laboratories; mended gloves are furnished the wards. The routine care of gloves, mended and new, all over the hospital is as follows :—

New gloves are boiled in normal saline for five minutes, they are thoroughly dried on both sides, powdered, put in glove cases and sterilised in an autoclave under fifteen pounds pressure for ten minutes. A puff of cotton with extra powder is sterilised with each pair of gloves. After use gloves are washed with cold water, immersed in lysol 1 per cent. for twenty minutes, tested for

leaks, dried and mended if necessary, powdered thoroughly on both sides and put in glove cases and sterilised. As much of the wear of gloves is due to tearing when they are put on, the wrists are turned back and when the hand is inserted into the glove, the other hand is slipped under this turn-back wrist and the glove is gently pushed on over the hand. This serves two purposes: it prevents tearing of the glove and keeps the fingers of the other hand clear.

Our glove cases are made of unbleached cotton, fairly heavy, and are cut thirty-six inches long by eighteen inches wide. This case is lined with one layer of sheet wadding, turned in and finished all around and stitched across from each corner to hold the wadding. They are folded to form a double pocket not quite meeting in the centre; when finished they are sixteen inches long and nine inches across the pockets. We find they protect the gloves, stand washing and sterilising very well and wear for a long time.

Hard rubber articles are kept in bichloride 1-200, and are boiled only in special cases.

ANTE-NATAL, INTRA-NATAL AND NEO-NATAL DEATH.

At the meeting of the British Medical Association at Glasgow, in the Section of Gynaecology and Obstetrics, Dr. J. W. Ballantyne, as reported in the *British Medical Journal*, read a paper on "Ante-natal, intra-natal, and neo-natal death: causes, pathology, and prevention, with special reference to ante-natal death." In opening, he remarked on the coincidence that in 1888, on the occasion of the last meeting of the Association in Glasgow, the discussion in this Section was also on ante-natal death, and he touched upon the limitations of the subject as they then existed. Dr. Ballantyne then proceeded to deal fully with the classification of the causes and the prevention of foetal death. He exhibited a most instructive table to illustrate how great a reduction in the still-birth rate in Edinburgh had been brought about since ante-natal supervision and treatment had been practised. In conclusion, he urged strongly that every mother should be placed in the position to receive proper ante-natal care. Dr. Eardley Holland (London), in following dealt more particularly with intra-natal death. He emphasised that examination of a large number of stillborn foetuses proved that a larger number died from the complications of labour than from foetal or maternal disease. *Post mortem*, these foetuses showed evidence of cerebral or visceral haemorrhages. It was remarkable how frequently the tentorium cerebelli was torn. He had found that in 88 per cent. of deaths of the child in normal breech deliveries this condition was found. He urged that delivery of the after-coming head should not be unduly hastened. In conclusion he showed a series of lantern slides to demonstrate the lines of stress in the falx cerebri and the tentorium cerebelli to illustrate where tears were most likely to occur as the result of the moulding of the head.

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