

The Midwife.

CENTRAL MIDWIVES BOARD.

AUGUST EXAMINATION.

At the Examination of the Central Midwives Board held on August 1st in London, Bristol, Manchester and Newcastle-on-Tyne, 607 candidates presented themselves for examination and 480 passed the Examiners. The percentage of failures was 20.9.

ARE THE PRESENT METHODS OF DISINFECTION WORTH WHILE?

Dr. T. W. Naylor Barlow, O.B.E., M.R.C.S., D.P.H., Medical Officer of Health, Wallasey, in a paper on the above subject presented at the recent Congress of the Royal Sanitary Institute, said in part:—

There is a very widespread idea as to the extreme potency of a disinfectant. Judging by my own experience, this is held by the public generally, all midwives and nurses, many doctors, and, dare I say, by a few, but very few, Medical Officers of Health. The idea is that one has only to show a disinfectant to a micro-organism for the latter to immediately curl up and die. As a matter of fact, all medical men know, or would know if they stopped to think one instant, that every micro-organism requires, in order to kill it: (1) a certain strength of the solution; (2) a certain time exposure to the solution, this latter time being greater as the dilution is weaker; and, moreover, that the temperature has a modifying effect on the action of the disinfectant, being more potent hot than when cold. I remember hearing a paper by the late Professor Délépine on this question of disinfectants, when he distinctly stated that very dilute solutions of some of the best known disinfectants, when mixed with culture media, acted as a stimulus to the growth of micro-organisms; in other words, their properties in these solutions were not germicidal but stimulative. If we bear these simple facts in mind and look around us, we would, I think, come to the conclusion that, even in this year of Our Lord, disinfectants are more abused than properly used, invariably by the public, almost invariably by midwives and nurses, and not uncommonly by medical men. Let us take a few examples:—

(1) The ordinary midwife and the disinfecting of her hands: she takes a tabloid, *e.g.*, one which, mixed with a pint of water, forms a solution of 1 per thousand perchloride of mercury. She dips her hands in for one or two seconds (with

or without a preliminary washing) and then fondly imagines that all is well.

(2) A nurse in the School Clinic or out-patient department of a Hospital: she invariably has at her elbow a bowl containing a weak solution of some so-called disinfectant, in which she, from time to time, dips for a second or so any instruments she may be using, in the belief that, as a result of that momentary dipping, she is using a sterile instrument.

(3) Antiseptic mouth washes and nose douches are ordered by the thousand for various causes: Is it possible to introduce into the nose or mouth a solution of any material of such potency, and for such a length of time, as will have any germicidal effect?

(4) We are in the habit of spraying the walls of rooms after the various infectious fevers with some germicidal solution, or alternatively, of burning some substance which causes the evolution of a gas supposed to have germicidal properties. It is reasonable to ask what organisms are we killing by such means. Are we really doing anything towards preventing disease? For my part I think all house disinfection can quite safely be scrapped. While I am not prepared to deny at the present moment that it is possible to transmit disease by means of inanimate objects, *e.g.*, books, walls of rooms, &c., I will say that, as factors in the spread of disease, they are of no account and need not be considered. The chief and only factor worth consideration is the person affected and, perhaps, his clothes and bedding. The so-called disinfection of rooms by gas is, to my mind, futile and unscientific; especially where carried out by the ordinary disinfecting staff of a Corporation.

WHAT ARE WE TO DO?

Mother with her first baby at the Infant Welfare Centre: "Oh! she eats anything now; she's got two teeth, and is ten months old."

Superintendent: "Not quite *anything* I think, Mrs. Trewin. You wouldn't give her pasty, for instance, yet."

Mother: "Oh, yes I do; she just loves a meat and turnip pasty."

Superintendent explains how dangerous this may be, &c., &c., when in chimes a mother with her fifth child (all living and bonny and regular attendants at the Welfare): "Well, I've given all mine pasty and anything they wanted as soon as they looked for it, and it ain't hurt none of mine!"

(A true conversation which took place at a Cornish Centre.)

—Queen's Nurses Magazine.

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