

The Midwife.

Demonstrations for Pupil Midwives.

By Miss M. OLIVE HAYDON.

Every midwife, who has the practical teaching of pupils should study the art of imparting her knowledge graphically, of imprinting on the memory by way of the eye certain of the multitudinous facts to be mastered, of vivifying the dead bones of the text-books. It is a routine practice to demonstrate the abdomen, the placenta, the foetal head, the phenomena of labour, the breasts, etc.; this paper is intended to suggest other simple object lessons.

To demonstrate anatomy.—The skeleton of the bony pelvis is invaluable, but it should be studied side by side with the human subject; if the patient is thin every point will be more salient; the demonstration should be made preferably before labour or in its early stages. Take a piece of coloured chalk, and mark out the iliac crests and spines, the pubic bone, the great trochanters, the ischial tuberosities, the depression below the last lumbar vertebra, the tip of the coccyx, etc. It is also useful to trace out such details as Poupert's ligament, the lower margin of the ribs, the ensiform cartilage. Mark the height and outline of the fundus, sketch in the ovoid of the uterus, and the lie of the child, such diagnostic points as the occiput, breech, shoulders, small parts, are often easily located. Trace out in another colour the area over which the foetal heart sounds may be heard, marking the point where they are loudest with a star; the situation of the intestines, easily discoverable by the resonant note given out on percussion, may also be marked in.

Show by a series of transverse lines the level of the fundus at different periods of pregnancy; by another series in a different colour indicate the height on the different days of the puerperium.

The direction of the abdominal aorta, its bifurcation, and the course of the iliac arteries may also be roughly traced out.

To demonstrate the Liquor Amnii.—When possible collect and measure; note its opacity, colour, odour, and solid constituents. With the simple apparatus that every midwife should have to test urine, test the liquor amnii.

Take the specific gravity with the urinometer; it is usually low.

Take the reaction; it is alkaline; *i.e.*, it turns litmus paper blue.

Boil the top of a column in a test tube, a cloud forms, which only partly clears up on addition of nitric acid—phosphates and albumen are present.

Test for albumen with nitric acid: Put a little in a test tube, and gently drop the liquor amnii on to it. A characteristic opaque layer will form between the two layers.

Test for chlorides with solution of silver nitrate. This is usually part of the midwife's outfit, used for disinfecting the eyes at birth. Add a few drops to the liquor in a test tube. Silver chloride is thrown down, a white curdy precipitate.

To demonstrate the normal Baby at birth.—A vigorous baby is nothing averse to being again flexed, as it was "in utero." It is easy, then, to grasp what is meant by the term "the foetal ovoid," and to understand its accommodation to the uterus. Its length from the buttocks to the crown of the head is then from 10 to 12 inches. The circumferences of the head, chest, and abdomen are instructive; note the rapid change in colour due to the oxygenation of the blood, the rate and character of the respirations, the prominence of the abdomen, the shallowness of the pelvis, the rate of the heart. It is easy by gentle manipulation to show the facility with which the head may be rotated so that the child looks over its shoulder; it always allows of 90 degs. rotation, and may even permit of 110 degs.

While waiting to tie the cord it is an excellent drilling for the pupil to close her eyes, put the finger on some part of the child, and make a diagnosis; she will then appreciate the difficulty of distinguishing *per vaginam* a knee and an elbow, the cheeks, buttock, and caput, the foot and hand. Where there is marked moulding a tracing of the head should be taken. A rough idea may be obtained by putting the child's head on a sheet of blotting paper, and outlining the contours of the two sides; these should be cut out in cardboard and compared. If callipers form part of the teaching midwife's apparatus—they certainly should—the measurements may be corrected and marked in.

It is a delightful occupation to model the foetal head in clay or plasticine; the effect of pressure in bringing about moulding may be shown in a series. If the midwife is an amateur photographer, a collection of babies' heads, and baby oddities, is useful in teaching.

To demonstrate Milk.—Take specimens of human and cows' milk.

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