The Midwife.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board held simultaneously in Edinburgh, Glasgow, Dundee and Aberdeen, has just concluded with the following results :—

Out of 95 candidates who appeared for the Examination, 87 passed. Of the successful candidates, 27 were trained at the Royal Maternity Hospital, Edinburgh ; 20 at the Royal Maternity Hospital, Glasgow ; 3 at the Maternity Hospital, Aberdeen ; 9 at the Maternity Hospital, Dundee ; 7 at the Queen Victoria Jubilee Institute, Edinburgh ; 4 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised institutions.

DANISH METHOD OF DELIVERY.*

By Miss Rodtness.

(*Matron of Copenhagen Maternity Hospital.*)

I now have the pleasure of briefly acquainting you with the manner in which our midwives attend a normal birth.

We examine the patient by means of four external manipulations if the fœtus lies in a normal head presentation. At the beginning of parturition we give a water clyster, test the urine for albumen and take the temperature and pulse.

The progress of delivery is controlled by palpating the presenting part as it passes down into the parturient canal and by observing the labour of the uterus and the fœtal heart. If the presenting part is engaged in the plane of the inlet the patient is, for the present, allowed to remain up, but as parturition proceeds she is supported so as to give her the most comfort, for example across her loins. The midwife is responsible that all that may possibly be required under parturition is ready for use.

When delivery is expected to commence soon, the midwife cleanses her hands. The vulva and the adjoining parts of the patient are washed with soap and water and lastly with diluted solution of sublimate. The hands are cleansed by brushing them with soap and water for five minutes, then for cleansing out the nails and thereupon again brushing for five minutes with soap and water. The hands are then thoroughly dried in a sterilised towel and brushed for four minutes in spirits and lastly in solution of sublimate. After having then prepared the patient we repeat the cleansing of the hands.

Generally the patient, during parturition, lies on her back. When the head of the fœtus, with its maximum periphery, reaches the distended vulva, we begin supporting the perineum with our one hand, this hand being protected by an intervening sterilised piece of jute from the anus. With the other hand we restrain the head and first allow it to glide out over the perineum when the patient is asked to press downwards during a period between two pains. The perineum is now pressed a little backwards while at the same time an upwards pressure is exerted. Now the anterior shoulder will appear beneath the arch of the pelvis, whereupon the posterior shoulder glides out over the perineum. The remaining part of the body will then generally follow quickly and smoothly. If the cord should be twisted around the neck of the child, but not tightly, it is left untouched. The mucus is removed from the throat of the child and its eyes are treated with a drop of solution of argentic nitrate (one to one hundred and fifty), and then the cord is bound, a ligature being made about two centimetres from the body. Just above this ligature the cord is doubled backwards and again bound to the first ligature. For thus binding the cord we use a piece of sterilised unbleached cotton thread.

With regard to the treatment of the eyes with argentic nitrate it may interest you that this treatment has been compulsory at the lying-in hospital and in general midwifery practice ever since the eighties of the last century. The result of this compulsory treatment is that blindness caused by infection of the eyes of the new-born baby is now practically unknown in Denmark.

Speaking about blindness, I may add that also blindness as a consequence of smallpox has no more occurred in Denmark since eighteen hundred and fifty-eight, and also this gratifying fact is the consequence of smallpox vaccination having been compulsory since eighteen hundred and ten.

When the placenta is detached and the uterus feels firm the patient is asked to bear downwards. If the abdominal muscles are relaxed, they are grasped on both sides, and, while the patient is bearing downwards, a pressure is sometimes, but by no means always, exerted downwards, and the placenta will be spontaneously expelled.

Small superficial tears in the vulva and perineum, not reaching further than half-way down towards the anus, are stitched by the midwife herself. After delivery the genital regions of the patient are washed with sterilised water and covered with a sterilised piece of jute. The uterus is now observed till all danger of hæmorrhage has passed, and the fundus is only massaged in case of hæmorrhage, partly to thus avoid disturbing the natural contractions of the uterus and partly to not increase the after-pains of the multipara. In cases of relaxation and hæmorrhage the midwife is allowed to administer ergot, forty drops up to three times with an interval of twenty minutes.

(*To be concluded.*)

* Read at the Hospital, Nursing and Midwifery Conference, May 14.

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