

genous foods are given in moderation. The following is a fair example of the dietary which I have, for some years, used with excellent results in private practice:—

For Breakfast.—A small teacupful of tea or coffee, an egg, and two slices of toast.

For Lunch.—Any kind of meat, game, or fish, green vegetables, one slice of toast, or a dry biscuit, cheese, one wineglassful of wine, milk, or any other fluid, excepting malt liquors.

At afternoon tea, a small teacupful of tea or coffee, with one slice of bread and butter, or cake.

For Dinner.—The same as for luncheon.

The quantity of fluid to be taken during each day is, therefore, restricted to about 15 ounces, and some patients at first find it impossible to satisfy their thirst with this quantity. The addition of a small quantity of lime-juice and effervescing water is sometimes useful, or the patient may be advised to suck thin slices of lemon, if the thirst is considerable.

The result of this dietary is that no superfluous fat is developed on the fœtus, and the bones, although firm, are undoubtedly more soft, and the bones of the head are, therefore, more easily moulded than is the case when the mother is taking an ordinary diet. As in the cases to which I shall call your attention, the practical result of this system, in my experience, has been that women who had previously had extremely difficult labours, and who, in many instances, had never borne a living child, have subsequently had comparatively easy times, and have had healthy and living children at full term.

For example, a lady consulted me, some four years ago, who had a marked degree of pelvic contraction. At her first confinement, after she had been forty-eight hours in labour, it was found necessary to use the cephalotribe to remove the child; her second child, after equally prolonged suffering, was removed by forceps; the perineum and rectum being most severely ruptured. Cellulitis and septicæmia followed, and she was dangerously ill for about six months, remaining in a condition of invalidism for about five years afterwards. She then came under my care, her health gradually improved, and she again became pregnant. She was at once placed upon the restricted diet I have mentioned, and had a child, at full term, perfectly healthy in all respects and born alive, after a normal labour, terminated in about three hours, and without any instrumental assistance.

Another case which was interesting, from the point of view of heredity, was that of a lady, whose mother had had eight children, of whom the patient was the only one who survived, all the others having been stillborn, or having lived only a few hours after birth. The mother suffered from a very marked degree of pelvic contraction, and, so far as I was able to ascertain, the shortest time which any of her labours lasted was two days, and in every instance they were terminated by instrumental means. The patient had two aunts, on the mother's side, both of whom had only had still-born children after most difficult and instrumental labours. The patient herself had been married four years and had had one child, delivered by instruments after a prolonged labour. The doctor who attended her on that occasion was strongly of opinion that she "would never live through another confinement." When she, therefore, became pregnant again, I was consulted as to the advisability of premature labour being induced. There was decided, but not extreme, narrowing of the pelvic outlet. I recommended that the dietary treatment should be tried instead, especially as social and family reasons rendered it of considerable importance that she should have a healthy living son. She followed the dietary with scrupulous care, and, in due time, was confined of a boy, the labour being so easy that the child was born before her doctor could arrive at the house. The child only weighed 6 lb., but was perfectly well formed. It throve well, and is now a strong and healthy child.

It would be easy to give you many other cases, because, for the last six or seven years I have invariably employed this method in the pregnancy of patients who had any degree of pelvic contraction, or other condition which caused dystocia. And I would, therefore, earnestly advise you to carry out the method in your own practices in similar cases.

Prevention, we all acknowledge, is a hundred times better than cure, and I feel confident that if you will strictly carry out this system of dietary in the patients who have any tendency to difficult labours, or in primipara who have any pelvic contraction, you will save them much suffering and danger; and many infants will be born with or without the assistance of the forceps, whom it would be otherwise difficult or perhaps impossible to save."

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