

The Midwife.

Prophylaxis in Obstetrics.

Dr. A. W. Russell, M.A., Obstetric Physician to the Maternity Hospital, and Surgeon to the Royal Samaritan Hospital for Women, Glasgow, delivered a most illuminating address on the above subject at the opening of the present session of the Glasgow Obstetrical and Gynæcological Society, which is published at length in the *British Medical Journal* of December 3rd, and deserves careful study by all midwives.

The lecturer states that prophylaxis is defined as "the mode of defending the body against disease," and says that "in relation to obstetrics we may define it as the prevention of complications in the course of pregnancy, during the progress of parturition, and throughout the puerperium until complete convalescence has again been established."

HEREDITARY INFLUENCES.

He further says:—"I think it is Oliver Wendell Holmes who somewhere says that, if we want to cure some diseases of the present generation, we must go at least two generations back. I do not propose, however, to take much account of hereditary influences, though we must not entirely forget them even in such an inquiry as the present. Antenatal pathology is a fascinating field of study, and a whole address might with profit be devoted to the interesting facts of such study, or a night given to their discussion. As yet prophylaxis, as applied to this particular period, is probably limited to the prevention of the pregnant woman from exposing herself to any of the infectious diseases, as her immunity, acquired by previous attack, does not extend to the unborn infant. In an epidemic of small-pox it might be advisable to vaccinate her to increase the immunity of the infant. If she is the subject of syphilis, she should be treated both for her own and for her child's sake, and, even if the father alone is affected, she should be treated for the child's sake. It is important also to remember that in certain cases where the infant's vitality is reduced in the last month of pregnancy, the induction of premature labour at an earlier date may save a subsequent child. I pay little regard to what has been written about maternal impressions, but it has been established with almost scientific precision that alcoholic indulgence on the part of the mother is seriously prejudicial to the growth and life of the child. I believe, also,

that the expectant mother should be encouraged to a cheerful life and the avoidance of mental irritation and excitement and low desires. If we cannot remove such influences, we can at least endeavour to secure that they will not be perpetuated in future generations."

He then deals with the future mother, the infant and rickets, girlhood and the approach of puberty, the young woman, and marriage. In connection with marriage, he says: "It is almost a criminal thing that gonorrhœal infection of a wife by her husband, with its disastrous consequences to her much more than to him, should be of so frequent occurrence. Motherhood and the prophylaxis of pregnancy are next discussed, the prophylaxis of labour, and the prophylaxis of the puerperium.

PROPHYLAXIS IN LABOUR.

"The aim here is," the lecturer states, "to promote normal labour, and do nothing at any stage of it that will be prejudicial to the mother or the child. Prophylaxis is exercised in regulating the conduct of the patient as to her movements or her rest or her position in bed, according to the stage or the labour, and in protecting her from chill, from exhaustion, and from mental excitement. The rules as to asep-sis must be observed from the very beginning of labour. The patient must be handled or examined internally as little as possible, and attention must be given instead to external abdominal palpation as a means of diagnosis, and when such handling or examination is necessary it is desirable that rubber gloves be used. Premature rupture of the membranes must be avoided, but it is just as important to rupture them at the right time.

"The greatest care must be taken at this stage to diagnose the exact position of the child, for often in lingering labour the delay and difficulty arise from the least error in the position of the presenting part, and any abnormality of this character can best be corrected before rupture of the membranes.

"For the preservation of the perineum many directions have been given, but probably none of them are universally applicable. Any involving the insertion of a finger into the rectum deserve unqualified condemnation. The least we can do is to maintain flexion and to keep the presenting part, especially if it is the head, from emerging hurriedly at the crisis of a pain. A laceration often begins high up in the vagina, owing to the lack of sufficient flexion or some other abnormality in the position of the pre-

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