

paint and dance and to speak a foreign language or two—but to be able to read, who cares? The former are expensive, and require an outlay in the form of music accessories, instruments, &c., hence appreciated, but hardly come by and never a realised ideal for many who expend much time in acquiring these arts, but reading can be indulged in so easily. What place is so isolated that one cannot obtain books from a library, by post, or on loan? And in these days sixpenny editions meet almost every purse.

Surely, the chief aim of an expectant mother is to produce a sound mind in a sound body. Who would be satisfied with the most hardy babe, an idiot? And does a great mental capacity combined with bodily weakness or deformity meet anyone's wishes? Kingsley's mother attributed the great writer's sympathetic disposition much to her own happy intellectual state of mind before his birth. Dickens, his genius to the depth of his mother's thought and study; and had not the mother of the Gracchi the same thought when she desired to be known as such rather than by her own name, Cornelia? "The mother makes the man," said Napoleon; it is so, and it is not circumstances and luck and fate and a host of other imagined forces specially set to work on the child. Nature directs that a mother shall be responsible for it so long before and so long after its birth. Hence it should be a joy as well as a duty to give it the best possible start in life. It is its right. For what can be expected of the child that starts handicapped? True, some have greatly overcome disabilities, but how much more might they have done in life had they had a first-rate start?

M. E. B.

CERTIFIED MIDWIVES' TOTAL ABSTINENCE LEAGUE.

A meeting in connection with the above League is to be held in Room No. 18, Caxton Hall, Westminster, on Tuesday, October 10th, at 4 p.m., when the Hon. Mrs. Eliot Yorke will preside, and Dr. Annie McCall has kindly consented to give the address. Tea from 3.30 p.m. All midwives and maternity nurses are cordially invited to attend. Tickets may be obtained from the Secretary of the Women's Total Abstinence Union, 4, Ludgate Hill, London, E.C.

Midwives have an immense power for good in their hands, as they, more than any other class, can help to eradicate the bad tradition that stimulants are necessary during childbirth and lactation. The seeds of lifelong intemperance have often been sown in a first confinement, in the past, by a drinking midwife.

THE CAUSE AND CURE OF ECLAMPSIA.

In the section of Obstetrics and Gynæcology, at the meeting of the British Medical Association, as reported in the *Lancet*, Dr. E. Hastings Tweedy read an interesting Paper on the Cause and Cure of Eclampsia. He said that during the period of his assistant mastership at the Rotunda Hospital, he had been impressed with the fact that medicines or food should not be placed in the mouth of an unconscious woman, and in 1896 he advocated the treatment of eclampsia by gastric lavage, cupping to the loins, and the administration of purgatives by the stomach tube. He then emphasised the importance of the "side" position to allow the escape of mucus, and he was a firm believer in the use of morphia. He now propounded the theory that food was the primary cause of the toxæmia and heart failure, and that the milk and whey so frequently administered to eclamptic patients were distinctly harmful. The disease is possibly due to some degeneration of the gastric and intestinal mucosa. It is well known that degeneration of the renal, pancreatic, and hepatic epithelium occurs during pregnancy, and it would be somewhat remarkable if changes did not occur in the cells lining the alimentary tract. It is also known that pregnant women do not drink sufficiently, they often bolt their food (especially eclamptics), and the majority suffer to a more or less extent from various "cravings." The speaker suggested that an anaphylactic condition was developed. The association of morbid symptoms with the ingestion of milk or whey suggested the elimination of all food in the treatment of eclampsia, and he was now able to produce a series of twenty-nine successive cases with no mortality extending over a period of two years nine months. The treatment now advocated is: (1) the suppression of all food, even after consciousness has returned; (2) the exhibition of morphia in repeated doses until the respiration falls even to 6 or 7 per minute; (3) gastric lavage and efficient purgation; (4) intestinal lavage with sodium bicarbonate, using one to one and a half pints of fluid at a time until the return is quite clear; and (5) the assumption of the lateral position. Should spasm of the glottis occur the attendant must draw the head and shoulders of the patient over the end of the bed and turn the face towards the floor. This manœuvre is most efficacious and emphasises the importance of a skilled assistant being always present. Benefit is sometimes obtained from the use of oxygen, linseed meal poultices to the loin, and infusions of plain water. Laking of the blood need not be feared from the latter. Accouchement force should be avoided and forceps are very rarely required. Chloroform should only be administered in doses of 12 to 15 minims from time to time to aid the performance of gastric lavage or infusion, as suggested by Stroganoff. In conclusion, Dr. Tweedy remarked that no disease requires more careful and thorough treatment and need of skilled attention.

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