

The Midwife.

ANTE-NATAL HYGIENE.

THE TOXÆMIAS OF PREGNANCY AND THEIR EFFECT UPON MATERNAL AND INFANTILE MORTALITY.*

(Abridged.)

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We print below, in an abridged form, the paper presented by Dr. Munro Kerr at the Infant Mortality Conference on Toxæmias of Pregnancy and their effect upon Maternal and Infantile Mortality, with suggestions as to how the Association and the Public Health Department might assist obstetricians in lessening the death-rate from these and other complications of Pregnancy and Parturition.

My first duty, and a very pleasing one, is to thank the Committee of the "National Association for the prevention of Infant Mortality, and for the Welfare of Infancy" for the honour they have done me in inviting me to read a paper before this Conference of the Association.

I am particularly delighted to be invited because it brings me into association with many who have done so much to lessen infantile mortality and gives me an opportunity of indicating some further advances we might make. For, unfortunately, there is no rest for those who elect to serve under the banner of progress; they must ever march onwards and extend their field of operations.

Now I believe the time has come when those of us who are particularly interested in the welfare of the new-born must direct our attention, not only to the infant, but must look after and care for the expectant mother during her pregnancy.

The subject upon which I have been asked to address you is a very definite one—"Toxæmias of Pregnancy and their Effects upon Maternal and Infantile Mortality." For the benefit of those who do not belong to the medical profession let me explain what is meant by the "toxæmias of pregnancy." The toxæmias of pregnancy may be described as a group of complications which arise during pregnancy, especially a first pregnancy, and which are due to disturbed metabolism and an accumulation of waste material in the system of the pregnant woman.

They manifest themselves in many different

ways, but I propose to consider only two which are at present admitted by all to be of toxæmic origin. As regards the others there is still sometimes uncertainty in particular cases as to how far they are genuine examples of toxæmia. The two examples I take are: (1) eclampsia; (2) albuminuria.

But not only am I going to limit myself to these two examples of toxæmia, but I am going to limit myself to these diseases as I have seen them in the indoor Department of the Glasgow Maternity Hospital. And I do this because we have in the hospital exact records of all these cases, so that I can speak of them with a feeling of certainty that they were all examples of toxæmia.

Now let us consider the maternal and infantile death-rates in these two complications:

(1) ECLAMPSIA (PUERPERAL CONVULSIONS).

During the years 1901-10 inclusive there were 293 cases of eclampsia. Of these 293 cases eighty-eight mothers died—a maternal death-rate of 30 per cent. As regards the children 208 were born dead or died, an infantile mortality of 70 per cent. But that is not all. Several of the mothers developed chronic Bright's disease; and even amongst the children who lived several died shortly after birth, and many were premature, poorly nourished, and started life very much handicapped. As evidence of this you observe that the average weight of the children was only 5½ lb.

Distressing as it is to contemplate such a death-roll—and remember it is the death-roll of the indoor department of one hospital—it is far more distressing to know that this terrible complication of pregnancy is a preventible disease. If these women had been properly looked after during pregnancy hardly any of them would have died, and only a very few children would have succumbed. Amongst women of the wealthy class, who are looked after during pregnancy by specialists or careful family practitioners, eclampsia is very rare, and especially rare in its graver forms.

(2) ALBUMINURIA.

But I can illustrate this best by considering the other toxæmia of pregnancy, albuminuria. Now albuminuria (albumen in the urine) is almost always present before the eclamptic seizure. It is, of course, only a symptom, but in most cases it may be safely referred to as an early stage of the toxæmia which at a more advanced stage is associated with eclamptic convulsions. If you look at the figures for albuminuria you will at once be struck by the fact that the maternal mortality and the infantile mortality are very much lower. During the same ten years, 1901-10, we had 121 cases of albuminuria. Amongst these cases there was a maternal mortality of 7 or 5.8 per cent., and an infantile mortality of 33 or 27.2 per cent.

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