

# The Midwife.

## THE TOXÆMIAS OF PREGNANCY.

Dr. Amand Routh F.R.C.P. in a Valectory Address, as President, before the Section of Obstetrics and Gynæcology of the Royal Society of Medicine, made some interesting observations on the Toxæmias of Pregnancy and on Eugenics from the Eugenic standpoint, published in the *British Medical Journal*.

He said in part:—

Eugenics, or the well-being of the race, is now one of the prevailing instincts of our generation. The value of the potential mother and her unborn babe as a national asset is becoming increasingly recognized. I propose to examine the subject very shortly from the medical and the social point of view.

The crux of the whole question is the safety of the mother and child during pregnancy, labour, and the puerperium.

The facts that over 3,000 women (3,179 in 1909) die every year in England and Wales from puerperal septic disease and accidents of childbirth, and that in the same year 99,430 infants died during their first year of life, and that in addition there were about 19,000 stillbirths, make this statement a self-evident truth. It will not be possible to speak now of many of the causes of this maternal and infantile mortality, but I would like to say a few words on the efforts being made to unravel the pathological mysteries of the toxæmias of pregnancy which directly or indirectly cause a large proportion of this terrible waste of life.

### THE ENDOWMENT OF MOTHERHOOD.

The nation—all civilized nations—in these days of a lessening birth-rate, is waking up to the realization that a pregnant woman and her unborn babe is a national asset worthy of every care and consideration.

We hear much nowadays of the "endowment of motherhood." The Obstetrical Society of London by its successful efforts, spread over fifty years, to improve the condition of lying-in women and to lessen infantile mortality has done much to endow motherhood in its truest and most comprehensive sense. The "endowment of motherhood" is not only to be obtained by providing financial assistance to the mother, as is done, for instance, by the maternity benefit of the Insurance Act after labour. The chief aim of those seeking to endow motherhood should be to give every mother an assurance of security and well-being during the whole time of pregnancy,

labour, and the puerperium, each of which is to her a period of anxiety and stress.

Apart also from all sentiment or sympathy with the individual, "the unmarried mother and the unwanted child," as Harold Begbie phrases it, demand both our professional consideration and the protection of the State.

### DURING THE PREGNANCY.

This security should be ensured during the pregnancy by skilled professional advice followed by wise, tactful supervision. For the professional advice to be really effectual, a sufficient and in many cases a pelvic examination of every pregnant woman should be made during the middle months of gestation, especially if she be a primigravida. Her urine, also, should be scientifically examined, especially as regards albumen, and if she has previously had abortions or stillbirths the quantity of urea should also be estimated. If evidence be forthcoming that toxæmia is present, or that labour may be abnormal or difficult, the practitioner should be able to arrange for the woman to continue under expert supervision. This is difficult, even in private practice, but almost impossible under our existing conditions as regards the poorer classes. Dr. J. W. Ballantyne's suggestion of a prematernity or pregnancy ward or pavilion seems the best way of meeting the case. The necessary treatment could then be carried out. If surgical treatment were required it could either anticipate or accompany the onset of labour as occasion demanded, instead of being adopted, as it often is now, as an emergency operation, after repeated pelvic examinations or instrumental attempts at delivery before admission. We know that "pregnancy wards" reduce the risk of all obstetric operations enormously; Caesarean section, for instance, has its maternal mortality reduced from 34.3 per cent. in cases previously examined, &c., to 2.2 per cent. in clean cases, such as those who had been inmates of a prematernity ward.

From the point of view of the unborn child, routine examination of the mother during pregnancy and adoption of appropriate treatment is essential if we are to have any success in dealing with intrauterine mortality. Eugenics should begin before birth, not afterwards. A child has the right to be born healthy.

Careful inquiry should be made as to the causes of previous abortions or stillbirths, and of the deaths of previous children soon after birth, for I am convinced that congenital syphilis, entirely unsuspected, is not infrequently the cause of both fetal and early infantile mortality. As small doses of mercury given to the woman during pregnancy will in such cases often give her a healthy child, every effort should be made to tactfully discover whether such treatment is indi-

[previous page](#)

[next page](#)