

The Midwife.

ANTENATAL HYGIENE.

"Professor Whitridge Williams," says the *British Medical Journal*, "wisely chose the subject of antenatal hygiene for the presidential address which he delivered at Boston before the American Association for the Study and Prevention of Infantile Mortality, for, truth to tell, much spade work must be done before prenatal care can be made to bear good fruit in an increase in the number of living and healthy infants brought into the world, and the speaker's name and position served to emphasize the real importance of the matter.

"The particular bit of spade work which Whitridge Williams undertook was a statistical study of 705 fetal deaths occurring in 10,000 consecutive admissions to the obstetrical department of the Johns Hopkins Hospital in Baltimore. The results in the Baltimore cases are of supreme interest and importance. It was found, in the first place, that syphilis was far and away the most common etiological factor in the production of death, having an incidence of 26.4 per cent. It caused 186 of the 705 deaths; it was much more common among the blacks than among the whites (as 35 to 14 per cent.); and it was the direct cause of two-fifths of the deaths occurring among the premature infants. But that was not all. The microscopic examination of the placenta showed that 350 syphilitic children had been born of the 10,000 women, and that, therefore, in addition to the 186 dead infants referred to there were 164 still alive at the end of two weeks who were probably to be regarded as handicapped by the dead weight of syphilis. Possibly some of the dead and macerated fetuses also owed their antenatal demise to the same cause, although it was not demonstrable. These are very remarkable facts, and justify, if indeed justification were needed, the Royal Commission on Venereal Diseases, the Commission on the Falling Birth-rate, and other recent collective investigations of the same sort. Whilst the loss of antenatal and neonatal life thus revealed is appalling, there is one hopeful fact which emerges: syphilis is preventable, and even when it has been acquired, its ravages can to a large extent be limited and to some degree arrested by appropriate antisyphilitic treatment. Early diagnosis, however, is essential, and that, for the current pregnancy at least, is not always possible, although it ought, of course, to be so for the ensuing ones.

"Reference has already been made to the opportunities of lessening this great infantile mortality by preventing or by treating parental syphilis; but several of the other causes of death are open to therapeutic attack. Careful midwifery at the time of labour, but determined by

examinations made before labour, may be looked to as a means of diminishing the fatalities due to dystocia; prematurity of birth may, in some cases at least, be prevented by the exercise of supervision over the expectant mother; toxæmia, too, offers an undoubted field for antenatal hygiene; and knowledge of the risks run in pregnancy and for the danger signs which may occur then is likely to prevent some of the fetal deaths due to such states as placenta prævia and premature separation of the afterbirth. In a sentence, the possibilities of a prenatal care which leads on to hygiene in pregnancy are by no means few or unpromising.

"Professor Whitridge Williams lays much stress upon the development of dispensary work at maternity hospitals among the pregnant women who will in a few weeks or months be attended at their labours from or in hospitals. He would render such work more effective by sending out from the dispensary prenatal nurses, women well trained in the normal progress and in the abnormal happenings of pregnancy, to keep in touch with and give advice to the expectant mothers. In other words, he would trust to what has been termed in Britain "the pre-maternity out-patient department" in association with a pregnancy dispensary at the hospital. It would be well, however, and indeed it seems to be absolutely necessary for real success, to add to these means the establishment of a pre-maternity ward in the hospital, such as was opened in Edinburgh some years ago."

QUESTIONS AND ANSWERS FOR MIDWIVES.

A useful little book is "Questions and Answers on Midwifery for Midwives," by Dr. A. B. Calder, published by Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, W.C., price 1s. 6d.; and the fact that it is in its fourth edition, and that thirteen thousand copies have been published, proves its popularity with the class for which it is intended. The first portion of the book, which deals concisely with the syllabus of subjects for the examinations of the Central Midwives' Board, must be very useful to both teachers, as a basis for instruction, and also to pupils who wish to review their work before an examination.

Here is a specimen of the examination questions and answers:—

"What is Nature's method of checking hæmorrhage from the placental site after the separation of the placenta?"

"Hæmorrhage is prevented by retraction—that is, a progressive thickening of the uterine muscles, due to incomplete relaxation after the pains pass off. As the muscles surround the sinuses, they

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