THE CARE OF PREGNANCY AND LABOR COMPLICATED BY NERVOUS OVERDEVELOPMENT.

DR. FRANKLIN S. NEWELL of Boston read this paper. He stated that there was a widespread theory in the medical profession as a whole that the duty of the obstetrician was satisfactorily performed if the maternal life was saved. The life of the child was usually considered as a secondary matter and the after-health of the mother received little or no consideration from the average practitioner. No man should feel that he has conducted a case of labor properly in which a child which has reached a viable age is lost when he has had personal charge of the case throughout pregnancy and labor. A labor which

results in invalidism to the mother through lack of appreciation of the conditions present, due either to physical injuries, which have not received proper attention, or to nervous injuries through a blind adherence to a conservatism, which demands non-interference with natural proceses, must be counted as a failure, and the obstetrician who can number many such cases in his practice should consider most carefully whether the reason is not his own unfitness for the work rather than the conditions which are present in the individual patients. Many serious injuries may be inflicted upon the child which may seriously affect its after-health. Each injury must be considered as at least a partial failure to conduct the case properly, unless before delivery the possibility of such injury is considered and the choice of treatment made freely with deliberate intent to run serious risks for the child for the sake of lessening the risk to the mother. The after-health of the mother is a consideration which should receive serious attention in each individual case, but which is seldom considered until too late. Each patient must be carefully studied, particularly in relation to her power of standing pain and what effect the long continued pain of labor may have upon her after-life. The nervous history of the patient must be studied to learn how she has endured such burdens as have been laid on her in the past. Is she nervously equipped to undergo what is usually a severe though not an overwhelming strain to the normal woman. If these questions can be satisfactorily answered the patient may properly be subjected to an ordinary labor and we have nothing to do except to forsee, as far as possible, the occurrence of possible complications of labor.

In considering the conditions which exist to-day we must recognize that the modern civilized woman is a doubtful risk nervously although she may be physically well equipped. It is therefore an important part of our professional duty to lessen the strain during pregnancy and labor by every means which modern surgical science has given to us, in order that the great event of her life may leave no serious after-effects. Tradition has been a large factor in obstetrics for many years and still continues to be so. This is because pregnancy and labor have so long been considered as natural physiological processes. This should be the case, but the changes which have taken place in the nervous organization of our modern woman, particularly the overeducated and overcivilized are so great that a large proportion have ceased to be natural women. The nervous organization has overshadowed and in many cases dwarfed the physical development. Every patient brought up under the conditions of our city life should be considered as abnormal unless she can be proved to be normal by the most searching examination. The small pay for obstetrical work among general practitioners and the fact that they frequently do the work only as a means of building up a family practice account for the scant attention that these matters generally receive. The careful

mensuration of the pelvis is admitted at the present time to be a part of the duty of every obstetrician, but the majority of practitioners lose sight of the fact that it is not the absolute size of the pelvis, except in rare cases which is important, so much as the relative size as compared with the individual child.

It is important to estimate the muscular power in the individual patient to find out whether a given patient is likely to be able to deliver herself without undue exhaustion, or whether the muscular power will fail before delivery is accomplished and operation become necessary on an exhausted patient. Another factor to be considered is the probable nervous resistance of the patient, whether she is liable to have a nervous explosion at the time of or shortly after labor, even though not physically exhausted, and whether the effect of pain and the exhaustion of labor may not have a lasting serious influence on her after-life. In the modern society woman these points are of considerable importance. It is necessary in each case to learn what the patient's previous life has been. In many cases it will be found that she has been subjected to such educational and social strain at the time of puberty and later that she is merely a bundle of nerves, reacting out of all proportion to every slight impulse even though she may be physically well developed. In addition to the improper conditions under which she has lived, the strain of entering society often has a serious effect. Such exercise as she has taken has been at the expense of proper rest and recuperation, and has been simply an added burden rather than a relaxation. It is estimated in Boston that the majority of girls who enter society have at least one or more nervous breakdowns, demanding a modified rest cure, before reaching the age of twenty-five, the time at which a woman should be at the height of her powers. The same may be said to be true of a large proportion of college women. A third group of women are those which have always been sickly and delicate, and who would never have reached maturity except for unusual care. The preservation of the unfit and the constant overstrain of those originally fit produce a similar result and produce a class of women who are bad subjects for pregnancy and labor. Another class which should receive careful attention are those who have shown no definite weakness before pregnancy and in whom during pregnancy no definite pathological conditions can be discovered, but who develop a lack of accommodation, if so it may be called, to pregnancy. These are the women who suffer from minor toxemic conditions, prolonged vomiting, and who do not improve physically during pregnancy as every woman should, but who are in a distinctly worse condition at the end than at the beginning of pregnancy. Often they are women who were unwilling or unable to take proper exercise during pregnancy and who came to labor in a poor muscular condition. It must be remembered that the cardiac muscles suffer in proportion to the general muscular condition, and acute cardiac dilatation with

its concomitant symptoms is a frequent result of the strain of labor.

The general indications to be met in the treatment of unfit parturient women at the present time may be divided into prophylaxis and palliation. There could be no question but that the pernicious influence of early education was one of the most serious factors with which we had to deal. The social standard was so definitely set that a girl's education was crowded into a few years so that she could be turned out as a finished society product at a definite age with all the modern accomplishments, and this necessitated a system of hot-house education at a time when the girl was undergoing her greatest physical development. It was manifestly impossible to change such a system at once; but few parents would be socially so ambitious as deliberately to sacrifice their daughter's welfare if the risks were carefully pointed out and the means for minimizing the damage furnished.

At present the question was how to deal with the patients who came to them for care. Each patient had to be studied in order to determine the class to which she belonged. If the patient was considered absolutely or relatively unfit, extreme care must be used throughout pregnancy to guard against possible complications. The hygiene of her life must be absolutely regulated and she must be treated as though pregnancy and labor were pathological conditions. Many of these cases when the time for delivery approached could be recognized as unfit to go through the strain of ordinary labor, even though early operation be practised to diminish the risk, the question of pain and exhaustion being serious matters for the individual. Many of these patients would stand operation well, though a long continued strain would predispose to physical or nervous collapse. There remained in these cases the choice of operation, whether the patient should be delivered by Cesarean section with no indications except her general condition, or by dilatation of the cervix and extraction by forceps or version.

In the cases on the borderline and in those in whom it was calculated that no definite harm would result from labor much might be done toward lessening the pain and exhaustion by the early use of anesthetics, ether or chloroform, or at such time in the first stage as the patient seemed in need of relief, morphine and scopolamine being employed in carefully graded doses. The advantages of surgery should be employed in these cases and the patient delivered instrumentally at the earliest moment possible without the risk of undue damage. This time will come earlier in the practice of an expert than in that of the general practitioner, and could only be determined by the estimate of the individual case, as to when the risk in operation is less than the danger of permanent damage by prolongation of labor.

Another important part of the care of the obstetrical case is

the supervision of the convalescence and the repair of the damage caused by labor. The custom of allowing patients to get up at the end of ten or twelve days was pernicious. Three weeks' rest in bed after confinement was none too long to insure a good result. After the tenth day much might be done to keep up the strength and improve the general condition by properly regulated exercises. Malpositions and lacerations should be properly attended to before the patient gets up, and if there is any tendency to subinvolution the patient should be kept quiet until satisfactory involution has taken place. In moderate cervical lacerations it is wiser to delay operation until it is ascertained whether they are giving symptoms or not. If the previous history contains no clue to the individual case and if the general nervous and physical conditions are fairly satisfactory, the patient should be allowed to go into labor, an attitude of careful watchfulness maintained, and labor terminated by operative means at the first indication of failure. This meant that the physician and not the nurse should have personal charge of the patient from the beginning of her labor. In multiparæ the history of previous labors should be carefully considered. In primiparæ the age of the patient was an important factor in determining the course of treatment. If the life of the child seemed of paramount importance it was legitimate to advise such operation as would insure the life of the child, even though there might be no indications present for the operation. It was clearly recognized to-day that the elective Cesarean section, performed before labor begins, carries with it nothing more than the ordinary mortality and morbidity of accident when performed by a competent surgeon, and may unhesitatingly be recommended to patients who are in the class where the life of the child is of extreme importance. The indications for this operation should be widely extended as it is distinctly an operation to be performed on those who are considered unfit for the strain of labor and in whom it is feared that pelvic injury at the time of delivery may produce invalidism. There is no reason why we should allow the traditions of obstetrics, which originated when surgery was in a questionable position, to continue to govern our choice of treatment at a time when abdominal surgery on uninfected cases can be considered almost without risk.

Dr. Edwin B. Cragin said that all who practised obstetrics in New York had to deal at times with the problem presented by Dr. Newell—the safe delivery of a woman whose nervous condition apparently unfitted her for maternity. He hoped that one coming from the Hub, the center of intelligence, was going to tell them how to bring up girls to make them suitable for maternity. Massachusetts was a State with four large colleges for girls; therefore, he thought that one coming from that State was well fitted to tell them how to solve the problem. The most important part of the paper he believed referred to pro-

phylaxis; the facts were that in cases with this sensitive, high tension nervous system, the woman often simply "pressed the button" and then expected the obstetrician to do the rest. The problem was how to overcome this faulty development.

To take this question up in a practical manner, they must consider first the girl from thirteen to eighteen years of age. It must be admitted that she was often overworked in the schools during her developmental period, *i.e.*, during the first years of her menstrual life. One could see any day such a girl walking up Fifth Avenue, carrying home a large bundle of books to study late in the evening, when she needed time for rest and development. This certainly did not tend to make her fit for maternity. The next question which arose was, what were they going to do with the girl when she reached the age of eighteen? Were they to say that she should not go to college? What was the alternative? This was a question Dr. Cragin was much interested in. He had compared the life of the girl in the city after leaving the preparatory school with the life of the girl in college and especially in one of the colleges in the State Dr. Newell came from, and he said the comparison resulted in favor of the college life.

The alternative was bridge whist, afternoon teas, late hours, etc. If one asked the educators of girls to-day what the chances were for a girl with a college education, as compared with one without it, they would tell at once that the better chances rested with the girl with a college education. They had an immense advantage. If a young girl wished to teach school, she must have a college diploma. Even if a library position was asked for, the girl with a college diploma was given the preference. Therefore, if a girl could obtain a college education without injury to herself, let her have it. Personally he said he had overcome his objection to a college life for girls, and for the reason that the alternative, especially here in New York, was no better.

Dr. Cragin viewed the matter from another standpoint, which was the training of the man who was to do the obstetric work under the conditions mentioned by the reader of the paper.

Years ago obstetrics and gynecology, perhaps also diseases of children, were practised and taught by the same man; later, as gynecology developed, it became separated from obstetrics, as the older men doing the obstetric work had usually gone into it from general medical practice without surgical training, and the younger men with surgical training were attacted to gynecology. Now with the increased demand for surgical skill in obstetrics the two subjects were coming together again. In watching the men on the staff at the Sloane Maternity he had noticed that in general the man who had come from a surgical service made a better obstetrician than one from a medical service. In looking forward, the obstetrician of the future must be the obstetric surgeon—one who has had gynecological

trainings and is able to deal with any complication affecting the pelvic organs.

When one came to the problem Dr. Newell had presented so concretely as to what they should do with those cases who were only able to "press the button" and who were tired out in the first stage of labor, Dr. Cragin said he did not believe that in New York they would be willing to consider such a woman unfit for labor without a trial. Personally he did not think that one could tell before hand whether a young woman with so-called overdeveloped nervous system was unequal to the strain of labor or not. A great many woman, very frail-looking, would go through labor without the slightest trouble. The muscles of her pelvic floor would relax and she would be able to deliver herself without difficulty. Whereas, on the other hand, a robust woman, one who rode horse-back, one who exercised a great deal, with a pelvic floor very rigid, would often have a much more difficult labor. Prior to the first labor Dr. Cragin could not tell how such a woman was going to pass through it. He agreed, however, that in a certain number of cases, where previous labors had shown that the woman was unable to deliver herself, Cesarean section was justifiable. In some cases, if the baby's life was to be saved, Cesarean section was the only alternative.

The whole question resolved itself into a careful observation of both the mother and baby; the preparation of the obstetrician to enable him to deal with surgical complications as they arose, and the realization that the work of the obstetrician requires skill in the use of other instruments than the obstetric forceps.

EUGENE COLEMAN SAVIDGE.—There must first be pregnancy in the nervously over-developed before it can be managed. If women are overcivilized enough, there will be none to manage. On the other hand, if they are properly educated maternity will begin and end easily and naturally.

So that improper education causes the troubles we are discussing, and proper education avoids them. Therefore, from the big subject of the nervous overdevelopment of women, I select the single thread of education.

I am among those who believe that woman is entitled to her maximum development, mentally, morally, physically; that is to say, to her maximum nervous development. But what is this maximum, and what are the results of nervous overdevelopment?

A woman may be educated out of proportion to her possible destiny, out of sympathy with her environment, and still be within the scope of her mental and physical capacity. Happiness being the basis of health, this is only a medical question when it results in unhappiness. An American girl, likewise, may be so Europeanized in her education that she is thrown out of sympathy and interest with American men of the same social possibility. But this again is sociology, and only becomes medical when it brings unhappiness to the individual.

Aside from these social phases, a woman may be said to be overcivilized when her nervous system disqualifies her for utility as sweetheart, wife, mother. This is the view-point of man—the Church—the State. Individualism is the particular enemy of the State, which legislates against it at every turn.

But the right to develop her individuality may seem more sacred to the woman herself than her communal function of breathing the breath of life into the masculine clay—with its attending maternity. When is a woman overcivilized from a woman's point of view?

The overtrained, broken-down athlete is muscularly overcivilized. The brilliant intellect of a Guy de Maupassant, pushed by every form of proper and improper stimulation beyond the limits of finite capacity, is an extreme form of another overcivilization. Women will concede that their sisters are overcivilized when they present an analogy with either of the above extremes. A training, an environment, a habit of life, that results in even a partial disqualification for the average obligation, the average return to the race for the blessing of existence, is an overcivilization. What results follow overeducation in women?

The governor on a motor retards an accelerating speed and keeps the machine from racing itself to pieces. As in mechanics, so in biology nature has a very definite average for each species and has implanted a strong instinct to hold these limits. Were giants and giants, pigmies and pigmies—physical or intellectual—to weld, were an omnipotent Burbank of the human garden permitted to breed and rebreed selections from the largest and best of humanity, average limits would be broken, and we should have a race of demi-gods. Human instinct—a biological governor—defeats this. The very zests of humanity—witness that of the giant for the little woman, and *vice versa*—are equalizing forces.

It is the same in the realm of the mind. Where in all history is the posterity of genius? There is no law of psychical entail. Let one but "o'erinform the tenament of clay," and nature prepares to stop the process with the offending generation—and wisely so. Hence the oversubtle among the women are rarely mothers, and when so are almost always delivered with instruments. Thus nature shows her intolerance of attempts to trespass average limits.

Now, woman is peculiarly susceptible to educational influences. Her inviting plasticity cries aloud for the master hand in the moulding. It is this wonderful alchemy of feminity—transforming a coarse and knotted paternal element as from baser to finer grade—that preserves for the race the higher psychical qualities. Our fathers reason and deduce; our mothers aspire and arrive intuitively. The very best women are capable of receiving, therefore, enhances every feminine value, and really extends their

life-limit. But, again, the question comes, what is the best? And what of the overtrained?

Civilization has no brighter triumph than the American women of highly evolved nervous organization; the poised, yet alertly flexible creature, with accurate intuition, natural insight, and a trained keenness of edge as fine as the soprano she distils from the paternal growl. But the virtue of her great susceptibility has its vice in her peculiar readiness to run into a nervous overdevelopment. But one further turn of the key, but one slight overstretch of the bow—and we may have the mystic, with introverted mind, an occult seeker of visions, given to illuminations and elixir of moonbeams—with the well-known attending troubles. Woman is naturally the orient to man's occident; but this overorientalization certainly disqualifies her for the average obligation and the average return.

The unfair division of vital force, the overdevelopment of the physical element, leaves the physical—especially the glandular elements—undeveloped or demagnetized; and we may have an almost sexless mentality instead of a woman. Nature stops this process of overbreeding by withholding posterity.

The basis of life must always remain the primative and elemental gland call for cell union. A demagnetized gland, regardless of bulk, lacks the primative power. We see men enduring, aspiring—inflicting death and even losing life—for the elemental and primal; but never solely for the brilliant intellectual.

And this is our test. Civilize the civilizable, mould the eager mind, give such a nervous development that woman may "forge the anchors as well as wave the gossamers of the mind." But let her not demagnetize her elemental gland capacity by an unfair division of vital forces.

Just as the discovery of the radio-activity of the supposedly ultimate elements has led to a still further division of matter and has revolutionized modern physics—just as the concept of the *vital integrity of the cell* is surely pointing to the cancer cause—so this problem of the conservation and equal distribution of vital force is looming into the medical problem.

But even if woman were to choose the individuality instead of the posterity, and were to welcome the sterility there would still be a grave penalty. Infantile uterus has long been recognized as the result of overexpenditure of vital force in intellectual or emotional outlay. Bulk has little to do with the comprehensive malady of infantile uterus and demagnetized gland; and it has wider moment than question of race and posterity.

"Less than five years will sometimes change an infantile uterus in an unmarried girl with amenorrhea, into a condition of turgid pelvic congestion with profuse menstruation. The pathology is obscure, but there is an analogy between this condition and the gastric engorgment and hemorrhages attending certain stages of cirrhosis of the liver." These patients frequently reach the operating table as a consequence, and there as a final penalty

give up their essential essence of femininity, with a result to longevity that I have elsewhere elaborated.

But suppose our oversubtle women are only partially so, and become mothers. We handle them judiciously; we deliver them adroitly with instruments. On the other hand, suppose nature is trying to shut up the oversubtlety within the offending generation by inflicting uterine and mammary atrophy. Our routine gynecology sometimes thwarts her, and helps pass along oversubtlety along to another generation. We have resourceful methods with the local organs.

But now comes my hobby. All this being within our capacity, we yet transcend ourselves when we train women to become mothers naturally—when we keep the local organs from need of local attack.

Foreseeing, forethinking, and foreplanning do this.

Dr. Egbert H. Grandin considered the topic under two heads: The sociological aspect was of vital importance to the integrity of the race, and it was the duty of the physician, in so far as in him lay, to teach his patients the importance of beginning the training for marriage from childhood up. In short, prophylaxis was the self-evident remedy against the rearing of the type of woman so graphically portrayed by Dr. Newell. Poor hygienic surroundings during childhood, education of the brain at the expense of the body, lives of leisure without physical exercise, of necessity these factors resulted in undeveloped nerve centers and in infantile genital systems. The end-result was that such women were not suitable for entering into matrimony. Should they do so we as physicians were up against the questions propounded by Dr. Newell in the event of conception ensuing, and the resulting child meant simply a second edition of the neurotic mother.

The second phase of the paper—the practical phase—dealt with the management of labor. He had very decided views, the result of his experience, and he could not altogether endorse certain of Dr. Newell's statement. Thus, reference had been made to scopolamin-morphine anesthesia. He would object to this because the use of morphine during labor interfered with the eliminatory organs and it was above all essential that these should act physiologically, especially since just after labor extra strain was of necessity thrown upon them. Again, the chemistry of scopolamin was rather obscure, and the reports from European clinics proved that it was not free from danger both from the side of the woman and of the fetus. Further still, he was satisfied that certain well-established measures answered better in case of these neurotic, undeveloped women. Fortunately, this type of woman was rarely met with among the poorer classes where the renumeration of the physician—at best very inadequate—did not permit of the careful supervision which women in the well-to-do class could command. The physician should be the master in the lying-in room. Anxious relatives should be excluded.

Moral suasion could thus be brought to bear and nervous tone be maintained at a higher average. When the uterine contractions became efficient during the first stage, a large dose, twenty grains by mouth or forty by rectum, of quinine intensified the action of the involuntary muscles. One one-hundredth of hyoscine, under the skin, often controlled nervous excitement. Chloral, in fifteen-grain doses, repeated half hourly, for three to four doses, equalized the force of the contractions, the intervals between becoming longer and the duration of the contractions as well. The first stage completed, in the absence of contraindication from the side of the liver, chloroform administered during the muscular expulsive contractions, took the edge off the suffering. On appearance of maternal or fetal exhaustion, version or forceps according to indication entered into consideration. Thus he had guided scores of neurotic women through labor, and this too without ever feeling that in the absence of relative or absolute indication the Casarean section was allowable. Indeed, in reference to this latter point, he could not speak too strongly. The field for this latter operation he was opposed to widening unnecessarily, lest as a result the mortality rate, now at such low ebb, should be materially raised.

Dr. George L. Brodhead had found it very difficult to estimate just how much a nervously overdeveloped woman would do in labor, and he spoke of a case which had come recently under his observation. In her first labor some years ago she had delivered herself after a long labor spontaneously, with extensive laceration of the cervix and perineum which were not sutured, but the patient recovered slowly and was told by the attending physician that the soft parts were in as good a condition as before her labor. At the time of her second labor she was safely delivered, by a moderately difficult median forceps operation, of a nine pound child. In her last labor the woman became exhausted, with the head just dipping in the pelvic brim. Forceps were tried ineffectually and version was resorted to; the extraction was very difficult, but finally a deeply asphyxiated ten pound child was born, with a fractured humerus and Erb's paralysis. In this particular case, induction of labor at the eighth month would probably be a wise procedure. Dr. Brodhead did not believe that one could tell without a previous history how much assistance would be required for some patients, for it was impossible to tell how much pain the woman could suffer, or how far labor would proceed before intervention became necessary.

Dr. Newell had spoken of prophylaxis, and Dr. Brodhead believed he was perfectly correct in advocating rest and relaxation. The tendency among women, especially in the cities, was to spend too much time at bridge whist, suppers, social functions, with too little fresh air and relaxation.

One should advise these nervous patients to spend a large amount of time in the open air and to take moderate exercise.

He was not sure that too much exercise was beneficial, for some of the most difficult labors he had attended were in young women, who had been very athletic.

He did not remember that Dr. Newell had mentioned the subject of diet. Many women were allowed to go to full term without instruction as to diet, being allowed to eat any amount of sweets and starches, and in some instances the children were very large. Personally he had observed that by limiting the diet mainly to proteids after the sixth month, the child would be of moderate development. Some years ago Dr. Brodhead said he had read a paper in which he stated that in his practice he used forceps in fully 50 per cent. of the primiparæ. Dr. Cragin had taken part in the discussion and had stated that many women simply thought that all they had to do was to go to full term, and "press the button" and the obstetrician would do the rest. There seemed to be an inability or an unwillingness, or both, on the part of many patients to stand the requisite amount of pain for spontaneous delivery. He believed that in cases of delayed labor the use of the Champetier de Ribes bags was of the greatest value.

With regard to the use of drugs, he had tried scopolamine and morphine in a dozen cases; he could not see that any better results followed than were obtained by the use of morphine alone or with chloral and bromides.

Cesarean section he had never done in the type of cases mentioned in Dr. Newell's paper, but in selected cases he could see no reason why the operation should not be performed.

Dr. Franklin S. Newell of Boston said, in answer to Dr. Cragin's question as to what must be done to lessen the educational strain to which the girls at the present time are subjected, that in his opinion the educational period must be extended so that they will be subjected to less strain at the time of puberty and in the years immediately following.

In the education of boys, as the requirements have been increased, the age of graduation from college has grown steadily greater until at the present time the average age of graduation is twenty-three instead of twenty-one as a few years ago.

With girls, on the other hand, although the requirements have been markedly increased within the last few years, the age at which a girl must enter society remains practically the same, that is, from eighteen to nineteen. In order to lessen the strain on the individual girls either the requirements of education must be lessened or the length of time given to education increased.

In regard to the question as to whether a college education did more harm than society life for the average girl, he believed that it was certainly no greater strain if careful supervision was maintained, but the average girl is more ambitious than her brother and much more likely to overwork and injure herself

in college than he, and, therefore, must be guarded against overwork and too late hours.

In regard to the statement of Dr. Cragin's that he was unable to determine in advance what primiparæ needed intervention before the beginning of labor and felt that the test of labor must be applied in practically all cases before the patient could be properly classified, he said that the one definite exception to his opinion to Dr. Cragin's statement was, the older primipara who gives a bad nervous history, whose early life showed that she was unfit to bear burdens imposed on her during her ordinary life, whether as the result of the strain of society or from being primarily unfit.

These cases he believed are not proper subjects to be subjected to any unnecessary strain and advised interference before labor began.

It is a difficult question to decide in border-line cases how far we are justified in giving a woman a chance. Experience has shown that many patients will react badly to labor but will stand the strain of operation well. The choice between abdominal and pelvic delivery must be carefully considered, according to the conditions present in each individual case. Cesarean section done by a competent surgeon, prior to labor is attended practically with no risk to life and the after-results as regards health are good. If a pelvic delivery is performed, in many women there will be damage to the pelvic organs, such as laceration of the cervix or rupture of the perineum, and from the pelvic injury nervous symptoms may develop which may render such a patient an invalid. In his opinion Cesarean section offered less chance of serious complications afterward.

In regard to the question of limiting the patient's diet so as to reduce to a minimum the size of the child at birth, he believed it was not so much the question of what the woman ate as it was of how much she ate. If such women could be made to eat simply enough food to keep themselves in good physical condition instead of seeing how much they could eat during pregnancy the supply of nourishment going to the fetus would be lessened and the baby itself smaller.