Clinical Conferences
IN
M I D W I F E R Y.

Held at St. Mary's Hospital Medical School,

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THE DIET OF CHILD-BED.

GENTLEMEN,—The importance of the subject which I now propose to discuss—the dietary proper for a patient during the puerperal state—is, I believe, hardly to be over-estimated. The various accidents and disorders incident to the puerperal state are, as I shall endeavour to show you, very intimately dependent on conditions over which a judiciously contrived dietary exercises a marked control. The principles which guide us in the selection of remedies for those disorders are identical with those on which we rely in laying down regulations for the diet and regimen of the patient, and in the determination of this question are involved many points of vital interest in the pathology and treatment of puerperal diseases. The "diet" which is best adapted for a woman after parturition is that which will best secure her from becoming affected with the diseases incidental to that period; and no one who has witnessed the terrible rapidity with which these affections not unfrequently overwhelm the unfortunate subjects of them, will be disposed to consider anything unimportant which has a bearing on their prevention.

The subject of the diet of child-bed is one which has been of late forcing itself on professional attention; and I have been long impressed with the necessity for a revision of the rules laid down in the various text-books on midwifery relating to the diet and management of women during the puerperal state, based upon a reconsideration as to the correctness of the principles on which those rules have been constructed. On July 9th, 1863, I read a paper on this subject at the annual meeting of the South Midland Branch of the British Medical Association, held at Peterborough. In this paper, which was not at the time published, I expressed very strongly my dissent from the teaching which has been prevalent on the matter in question, and recommended the adoption of rules, as I conceived, more rational, and better adapted to the end we all have in view—namely, the preservation of the puerperal patient from sickness and disease. I have the satisfaction of being able to state that the present respected president of the Obstetrical Society, Dr. Oldham, in his address at the annual meeting of the Society in January, 1864, expressed himself on this very subject in terms almost identical with those used a few months previously by myself at Peterborough.

The text-books most generally in use are those of Dr. Churchill, Dr. Ramsbotham, and Dr. Tyler Smith. The principles laid down in these works in reference to the diet of the patient during child-bed are to be gathered from the following quotations.

Dr. Churchill says, in reference to the diet: "Excess, by inducing feverishness, may retard the convalescence. The patient should be confined to slops—gruel, panada, arrowroot, milk, whey, weak tea, &c.,—with bread or toast and butter or biscuit, for five or six days, when the excitement produced by the secretion of milk has subsided; and if there be no counter-indication, she may take some broth, and on the seventh or eighth day some chicken or a mutton chop, with some wine-and-water." (4th edit., p. 234.)

Dr. Ramsbotham directs that nothing but tea, toast, or farinaceous food be given until the bowels are freely opened. A little beef-tea or broth is then allowed. To this, in a day or two, a light pudding is to be added; "and in a week she may be allowed a small quantity of solid meat." Stimulants of any kind are forbidden, under ordinary circumstances, until near the end of a fortnight. (p. 151.)

Dr. Tyler Smith says that no solid food should be given until after establishment of full secretion of milk and action of the bowels; but he at the same time adds that "cases sometimes occur in which the exhaustion is so great that animal food and stimulus are required from the first." (p. 319.)

From these quotations it is evident that the principle of practice recommended by these standard authorities is one of low diet from the first: Drs. Churchill and Ramsbotham ordering a low diet for as much as a week after labour has taken place; and Dr. Tyler Smith concurring in the principle of low diet as a rule, but admitting the exceptional necessity for deviation from this rule. The practice is, as I hope to show, wrong and unnatural. Nevertheless, the rules which I have mentioned to you are followed by a majority of practitioners. We have so grown up in the practice that it has hardly seemed to be extraordinary that a woman should be allowed little more than gruel, *ad nauseam*, for a week or more after her labour is over.

Why is it that it has been considered necessary to place a woman recently delivered on a low diet? It was thought that the adoption of a low diet was likely to be the means of preventing puerperal accidents and diseases. This is the principle on which these rules are based. Is this principle true? Are known facts in consonance therewith? I believe the principle to be entirely wrong; I am quite sure that facts do not bear it out—nay, that they distinctly contradict it. Let us consider for a moment what is the condition of a woman directly after delivery. The nervous system is much agitated; she is often much exhausted; her muscular system has been exercised powerfully and to an unwonted extent; she has lost a certain quantity, in many cases a considerable quantity, of blood. The rational treatment of a patient presenting such symptoms would be a restorative one: it would involve (first) rest, and if possible sleep; and (secondly) the administration of such nourishment as would replace what has been lost; and it is obvious that the patient will require food in proportion to the amount of loss sustained. Further, it must not be forgotten that in many cases the patient, although not giving any obvious external sign of weakness or prostration, is nevertheless in a state very closely approaching to one of exhaustion; and this is particularly observed where the constitution has been undermined by rapidly succeeding pregnancies in women who are insufficiently fed and badly cared for. The rational treatment then, I would repeat, is to administer food such as will restore what has been lost; and by "food" I understand whatever tends to support and maintain vital power—animal food especially, combined or not, according to circumstances, with liquid containing alcohol. So far as the condition of the patient immediately after labour is concerned, there would seem to be no reason for depriving her of such food and restoratives as would be administered under circumstances apart from the parturient state altogether, and with the view of alleviating similar symptoms.

But, it is argued, the patient must be kept on a low diet in order to prevent mischief arising, and to ward off certain evils to which she is liable. A low diet will prevent, it is said, the occurrence of what is called "inflammation." Let us consider these various "inflammatory" conditions liable to arise after parturition, with the view of ascertaining how far they are likely to be prevented, or the reverse, by the adoption of a low diet.

1. *Milk fever.*—This is usually described as an affection which comes on about the third day, when the breasts begin to swell, the pulse rises, and there is a feverish heat of the skin, these symptoms subsiding in the course of twenty-four hours, more or less. From what we read in books, we should conclude that this is a common disorder; but the fact is that it is a very rare disease indeed, so much so that an eminent authority, M. Pajot, of Paris, almost doubts the existence of the affection. As bearing on this question, I may mention that out of the last fifty cases which have been under my care in the British Lying-in Hospital there were only two in which the symptoms present had any resemblance to those of "milk fever." This disorder is, you will perceive, ephemeral; no bad effects result from it. And now an important question arises—Would this disease be observed if the patient were well fed? My own experience has led me to the conclusion that milk fever is less likely to occur when the patient is well fed than under the opposite conditions. In the two cases which I have just mentioned as observed recently by myself there was present a markedly defective state of the nutritive functions, and both patients had been, prior to their admission into the hospital, very indifferently fed. I strongly suspect that "milk fever" is in some cases connected with the practice, prevalent with

some nurses, of not putting the child to the breast until one or two days after labour. This practice is one which I believe to be highly improper, and one calculated to lead to the production of sore nipples and milk abscess. On this point, however, I do not wish to enlarge at this moment. The point to which I wish particularly to call your attention is, that it is very questionable if a low diet tends in any degree to prevent the occurrence of milk fever.

2. We come next to the more serious puerperal diseases—"*puerperal peritonitis*," *puerperal fever*, *phlegmasia dolens*, &c. With respect to the pathology of these diseases, there is very much more to be said than can be compressed into the short space now at my disposal, and I can only state those conclusions respecting them which may, as I believe, be made a satisfactory basis for the application of therapeutics. It was formerly considered, and the idea is still prevalent to a wide extent, that the essence of these serious puerperal affections was "inflammation." Thus when, two or three days after labour, the patient began to complain of shivering, of pain over the uterine region, when the pulse became frequent, these symptoms were considered to indicate the presence of inflammation of the uterus or of the peritoneum. It is now known, however, although not sufficiently generally admitted, in the first place, that these symptoms frequently indicate the passage of poisonous material into the blood, really a form of pyæmia; and, in the second place, that while mischief of an "inflammatory" kind may be set up in consequence of the introduction of such poison, or in consequence of violence sustained by the uterus during parturition, the best method of combating the inflammation is, not by employing remedies formerly considered anti-inflammatory, such as bleeding, antimony, mercury, administration of low diet, and the like, but by supporting the strength of the patient, and by exhibition of remedies of a soothing and sustaining nature. So, again, in cases of puerperal fever: the condition actually present is a poisoning of the blood, attended with symptoms of extreme depression, in the prevention and treatment of which low diet and lowering agents of whatever kind are, in my opinion, noxious and injurious in the last degree. In phlegmasia dolens, another accident of the puerperal state, the essence of the disease being erroneously considered to be "inflammation," it was supposed that a low diet would tend to prevent such inflammation. The word "inflammation" has much to answer for in respect to the injurious influences it has exercised on the treatment of puerperal diseases. It is responsible for the low-diet system which has so largely prevailed in the lying-in room—a system which, by weakening the patient, has rendered her liable to become a prey to the poisonous influences by which she may be surrounded, and has induced a mode of treating puerperal diseases calculated to neutralize and negative the efforts Nature will always make to overpower and throw out the subtle agent creating mischief within. In the prevention of puerperal fever, the first thing to do is to prevent contact with septic agencies from without; the second, to secure the patient from the operation of septic agencies within. The latter indication is best fulfilled by securing early, good, and permanent contraction of the uterus. A relaxed uterus readily becomes the medium of absorption from the inner surface of the organ through the open extremities of its torn vessels. Perfect contraction of the uterus is, I believe, an almost complete safeguard against introduction of septic matter into the system, and contraction of this kind is best maintained by keeping up the vital powers of the patient, which can only be done by taking care that she is well nourished. Defective contraction of the uterus I have invariably observed to be present at the outset of an attack of puerperal fever.

Modern pathological research has removed phlegmasia dolens from amongst the affections requiring an antiphlogistic treatment and prophylaxis. The substance which fills the hardened vein was formerly believed to be the product of inflammation, but we now know that it results simply from coagulation of the blood. The blood coagulates in the veins; the clot may soften, and become converted into a soft, puriform material, which, though looking like pus, is only broken-down fibrin. Phlegmasia dolens may occur in men as well as in women who have not had children, and it is not unfrequently observed in cases of phthisis. Phthisis is, as we all know, not an inflammatory disease, its distinguishing element being defective nutritive power. It has been shown by Professor Humphry, of Cambridge, that this tendency to coagulation in the veins, apart from puerperal influences, is associated with a depressed condition of the vital powers, and he has offered abundant clinical evidence of the correctness of this statement. Now, in the case of a woman recently delivered, a depressed condition of the vital powers is very far from uncommon. If the uterus does not contract, an unusual quantity of blood remains in its vessels, and there coagulates. The coagulum spreads upwards by extension, and when it reaches the common iliac vein the circulation in the external iliac vein may become stopped at any moment. Undue loss of blood during or after parturition necessarily depresses the system, and facilitates coagulation in the uterine veins, a tendency still further increased by the circumstance that the uterus in such cases does not contract well. That phlegmasia dolens is more often observed after parturition, in cases where much blood has been lost, is a matter of observation; that it has been noticed to have occurred very frequently in cases where the vital powers have been inadequately sustained by nutritive material will become also evident to those who will take the trouble to inquire into the matter. The evidence to be collected, pathological as well as clinical, is all in favour of the proposition that by a generous diet will the tendency to phlegmasia dolens—supposing it to exist—be likely to be counteracted.

If, for the sake of argument, we admit that these puerperal accidents are inflammatory, the utility of a low diet cannot be maintained in face of the great alteration which has come over the professional mind in reference to the treatment of inflammation. The practice of bleeding has very largely gone out; mercury and antimony are far less relied on than formerly. There is certainly much doubt as to their efficacy in these cases. The absolute dietary formerly insisted on has equally fallen into disfavour.

It may be urged that I am arguing on theoretical grounds; but I can state, as the result of very careful personal observation, that the conclusions I have enumerated as to the bad effects of the low-diet system in the prevention and treatment of the puerperal diseases alluded to are amply borne out by the facts in my possession. I have also—and this is perhaps more to the point—abundant evidence of the most practical kind of the value of a generous sustaining and supporting diet and regimen, both in cutting short puerperal mischief of the worst kind, and in preventing its occurrence under circumstances most threatening to the patient. What I have seen of puerperal fever and allied disorders has, indeed, induced me to regard with the utmost horror all remedies of a depressing, lowering character. In the treatment of these affections, large quantities of food and brandy, or an equivalent, I have employed most successfully. It is rational to suppose, and it is consistent with my experience, that this gives a clue to the prophylaxis of these diseases. I say nothing of cleanliness, ventilation, separation from contagious influences, &c.: the necessity for these it must be superfluous for me to expatiate upon.

3. *Puerperal mania* is another affection here to be alluded to in connexion with the subject of the diet of child-bed. It will be sufficient, perhaps, for me to state in reference to this disease, that a generous diet, with opium in large quantities, and absolute rest, mental and bodily, form the essential elements in the treatment. Here, also, the clue to the prophylaxis is offered by the treatment. The disease generally results from the combined action of excitement and weakness, however induced.

4. *Sudden death during the puerperal state.*—This is an occurrence rare, but of great interest. In the cases which have been investigated the accident has been found to be connected with coagulation in the veins and obstruction to the circulation produced by the coagula in question. This form of death is one of the results of what is now known as "embolism." What I have already said in reference to the circumstances which lead to coagulation within the veins after parturition will enable you to understand why it is to be expected that a low diet will favour the occurrence of this lamentable accident. Apparently the best possible preparation for such a disaster would be to keep the patient on a very low diet, to prevent all motion of the body, thus favouring stagnation of the blood in the great vessels, at the same time neglecting to take precautions to ensure uterine contraction.

5. *Protracted convalescence.*—This is, if not a disease, certainly a great evil. That the observance of a rigidly low diet during the period of lying-in does tend to render the convalescence protracted does not admit of a doubt. This has been forcibly stated by Dr. Oldham in his address to the Obstetrical Society to which I have already alluded. "The precepts laid down in some of the midwifery books," says Dr. Oldham, "for the management of the puerperal state steadily induce a debility in the first fortnight which requires a drawling convalescence in the second fortnight to overcome.....From first to last elements of weakness and nervous disorder are introduced, and

the very diseases are invited which they were designed to remove."

We have now considered *seriatim* the chief of the evils which have to be prevented or encountered during child-bed, and I think it has been rendered evident that the supposition that a system of low diet is calculated to remedy and prevent these diseases is a mistake. The actual practice of those best informed on these subjects has of late years undergone a very marked change. Dr. Oldham is not alone in his practice of supplying the puerperal patient with food of the best kind and in good quantity from the very moment of her delivery. That the time has come for the adoption, by the profession at large, of a more rational principle of treatment cannot be questioned. And now let me state that the views expressed by the illustrious Denman on the subject of the diet of child-bed are in perfect agreement with those for which I have been contending —namely, the impropriety of depriving the puerperal patient of her ordinary food; but his precepts on this point seem to have almost entirely passed out of professional recollection. Denman says: "After seeing and considering much practice and trying various methods, not only immediately after delivery, but through the course of child-bed, I am fully persuaded that, laying aside all refined speculations, those patients will fare the best and recover most certainly and speedily by whom the least change from their former habits is made. ..... The general principle of making as little change as possible from their former habits and customs, either in diet or in any other respect, will best satisfy the expectations of the medical attendant" (vol. ii., p. 449).

What I now advocate is a return to these principles of practice. With reference to the particular diet suitable in different cases it is unnecessary that I should enter into any lengthened detail. It is obvious that the quantity of food must be proportioned to the requirements of the patient: one will require meat once, another two or three times, in the day. As a general rule, Denman's advice to make little change in the ordinary diet should be followed; where, however, the labour has been severe or long, where an unusual quantity of blood has been lost, or where the constitution is weakened by previous illness of any kind, stimulants are, in my opinion, almost imperatively required, unless the patient be able to take animal food, eggs, milk, &c., easily and in good quantity. The exhaustion produced by the labour frequently destroys for a short time the appetite for solid food, and at this period it is necessary to administer nutritious liquid food—milk, soup, beef-tea, eggs beaten up with wine or brandy (and a sufficient quantity of the latter)—in order that ground may not be lost.