CARE OF PATIENTS DURING GESTATION AND CONFINEMENT.*

By H. L. Newell, M. D., Proctor, Vermont.

Pregnancy is one of the most important conditions occurring in the life of woman as well as one which requires and should receive a large share of attention on account of the results which must inevitably follow.

It is not only interesting by reason of the peculiar conditions which arise in the mother, but it possesses a still deeper significance when we stop to consider the new relationship which has sprung up through the presence of a new factor—the child.

The mother is called upon for increased physiological exertion and if her organism is not competent to meet this call the consequence can be little less than disastrous to both herself and child.

If haply the child survives, its delicate organism suffers to such an extent that the lack of proper care during a few months of intrauterine life may require years after its birth to repair the mischief which has been caused.

---

* Read before the Vermont State Medical Society, October 12, 1894.

This, and the fact that the mother is so liable to serious gastric, nervous and circulatory as well as mental and moral disturbances render the careful and frequent consideration of this subject of prime importance to the general practitioner.

If opportunity allows, we can do very much by preventing the ills which so many times jeopardize the health and life of both mother and child, but unfortunately in a large percentage of our cases the first time we are consulted is when we are hastily summoned and find our patient in the throes of labor, many times being physically unprepared for this severe ordeal.

Much good would result from helpful advice given, if, as soon as she suspects herself to have conceived she would consult her physician.

Yes, and I will go further and say that it is a debt which parents owe to posterity to see to it that they are physically sound *before* procreating children.

It is a lamentable fact that too little thought and care is exercised regarding this power which they possess.

Is it not a sublime thought that parents are endowed with the physical powers of starting into existence a life which shall possess their likeness which shall be the habitation of the spirit of eternal possibilities in the limitless beyond, which life can not be terminated except by its own volition?

When so much wise, prudent thought and care is increasingly given to the breeding of our domestic animals, is it out of place, is it an innovation that I should call the attention of this learned body, the custodians of the physical weal, of the progenitors of the coming generation? I repeat, is it out of place that your attention should be called to this subject? Is it not time to call a halt? Is it not a duty which we owe to those who look to us for advice and enlightenment to proclaim the importance of sound minds in sound bodies in order to insure strong, vigorous and healthy children?

Nor is this all, for I am persuaded by experience and observation that very much can be done during gestation to modify the mental and moral tendencies of the child to be.

From the earliest conception, the mother should be surrounded by everything to make her life delightful (so far as possible).

Both intellectual and physical work of an agreeable nature are indispensable to the attainment of the highest good to both mother and child.

One writer has said that nine months of prayer by the mother be-

fore the birth of her child was better than nine years of prayer afterward.

If this be so, and who shall deny it, can we not as reasonably expect that the physical and mental tendencies may also be molded, fashioned and tempered in harmony with and partake of similar attributes and distinguishing characteristics possessed by the parents?

For the physical, mental and moral benefit of the mother and child, total abstinence from sexual relations should be observed during the period of gestation and lactation.

We all very well know that it is a physiological fact that when conception occurs Nature, as it were, closes up house to devote all her time and energy to the new life that is being developed and that violation of this natural law results in hysteria with all its attendant troop of ills.

Rightly mated, healthy persons who obey such of God's laws as are now known may rightly expect children of a higher grade and finer and more perfect nature than themselves.

We are all familiar with the causes of morning sickness as generally set forth in our text-books.

I have been led from clinical observation to believe that there are one or more of three factors which *usually* go to make up the sum total the result of which is nausea and vomiting—viz., *constipation* from loss of nerve-energy, *bilious indigestion* which may depend upon and result from the constipation and last but not least *sexual intercourse.*

Kindly but emphatically we must insist upon abstinence from coitus, remove and guard against constipation and help the stomach for a few days with some form of pepsin and a large percentage of our patients will have no more morning sickness. If this advice be thoroughly and constantly followed, we shall avoid or prevent many of the derangements which otherwise are so liable to occur.

Disturbance of circulation during gestation is very common and is due to mechanical pressure of the gravid uterus on the iliac veins resulting in œdema of the abdominal walls vulva and lower extremities being intensified by chlorosis and hydræmia and is frequently associated with venous ectasis.

These symptoms may also be caused or aggravated by a loss of cardiac nerve energy or by enfeebled or weak cardiac muscles.

They will be aggravated also by either functional or organic inactivity of the kidneys and bowels in which case we may get headache, pain in the back of the neck and back, dizziness, nervousness, wakefulness and disturbance of the special senses.

In such cases we are to look out and look sharp for breakers ahead in the form of the much-to-be-dreaded and fearful uræmic convulsions.

Uræmic convulsions and how to prevent them is the principal object for which I have written this paper.

I will undertake to say that without organic or renal heart disease, other things being equal, provided that physicians are given control of cases from the beginning of pregnancy, they are culpable if they allow their patients to have uræmic convulsions.

From my own experience of nearly ten years, which embraces no mean number of cases, I believe this much-to-be-dreaded calamity is pre-eminently preventable.

My first experience with childbed convulsions was just about ten years ago while a student at college.

A young primipara was taken with severe convulsions in the beginning of the first stage of labor.

Her physician was sent for and another one being nearer was also summoned and as I lived next door, I was asked to come in and help control her.

This was my first introduction into the awful presence and reality of the mystery surrounding the lying-in chamber.

Well, gentlemen, you perhaps can appreciate how all the poetry relating to the occasion and appropriate to the time and circumstances did not come to mind. It vanished.

I had grappled with and overcome raving maniacs many times during service in an insane asylum, I had witnessed the delirium of fevers and many surgical operations, had encountered single-handed patients with delirium tremens and those suffering with epileptic seizures and when a boy on my father's farm had met and conquered mad bulls; but this—why my hair went the direction taken by the quills on the back of that irritable and unamiable, rodent quadruped immortalized by Shakespeare.

My young and tender feelings received such an impression as I shall never forget.

With the use of chloroform and instruments the doctors soon delivered the patient of a live child but the convulsions continued and it was only after repeated large doses of chloral and bromides and hypodermics of morphine and later by venesection that the convulsions were controlled.

I remained with the patient the rest of the day and all night and saw that the instructions of the doctors were faithfully followed, the

patient having no more convulsions. I was profoundly impressed and filled with admiration for the wisdom and skill which saved the patient's life and I thought if medical skill can save one after such terrific convulsions how much better it would be if it could prevent them.

And I resolved that I would endeavor to shield my patients from this misfortune and I am thankful to say that I have had but one case in my own practice and this occurred about four days after delivery and was easily controlled, the patient having but one convulsion.

The case was complicated with acute nephritis she having had convulsions at a previous confinement.

The urine of pregnant women should be often examined during the later months as a routine practice, and in cases where we have reason to suspect kidney trouble we should keep a close watch for symptoms as shown by the presence of tube casts or albumen.

A slight amount of albumen may be present during the later months and not cause any symptoms save perhaps slight œdema of the feet nor cause any trouble during or after labor and soon entirely disappear.

We should however be on our guard against possible eclampsia and should prevent mental excitement, indigestion, constipation or exposure to cold.

True, interstitial nephritis is almost always aggravated by pregnancy.

When albuminuria is present early in pregnancy or in large amounts or associated with many tube casts the prognosis is, of course, much graver and the symptoms often severe, anasarca may become general, the urine dark-colored and scanty, nervous symptoms show themselves in headache, vertigo, vomiting with derangements of the special senses, the body exhales a heavy uriniferous odor and if these symptoms be not speedily relieved eclampsia, stupor, coma and death may follow.

In these severer cases we may have to induce premature delivery which we may do with a good hope of saving both mother and child if this is not too long delayed.

After premature labor or delivery these symptoms may all disappear or may go on as chronic nephritis.

Right here, let me say, never inject glycerin to produce premature delivery.

It has been recently found to be dangerous and has several times proved disastrous.

For treatment of these cases I would recommend milk diet or milk with other easily digested food, except in severe cases I would interdict eggs and meat only, if anæmic, some form of iron. My favorite is Blaud's iron.

If plethoric, venesection to relieve immediate symptoms, with restricted diet.

If there is cardiac insufficiency strophanthus with digitalis, diuretics, diaphoretics, hydragogue cathartics like pulverized jalapi comp. Cups followed by mustard and hot fomentations over the kidneys. In short, make all the emunctories of the body which sympathize with the kidneys help to eliminate the waste products and we shall find that the aid we have given them will be gratefully received as evidenced by their renewed activity and functional integrity.

Should eclampsia supervene, either before during or after either premature delivery or labor at term, we must prevent the patient from injuring herself and from lacerating her tongue by inserting the handle of a brush or folded towel between her teeth administer chloroform and a hypodermic of morphine one quarter or even one half grain, and when the patient can swallow give chloral and bromides in full doses and a heaping teaspoonful of compound jalap powder.

If in labor, terminate as quickly as possible without violence.

The chloral and chloroform will usually allow of easy dilatation of the cervix, if not, we can use Barnes's dilators.

We can do podalic version if it can be done easily, if necessary use forceps, if labor is progressing rapidly let it alone.

Much depends now upon the skill of the operator—after the child is born remove the placenta by careful expression at once.

Here let me observe that it is my belief that this act should be accomplished in nearly all, even in normal cases without delay.

It is a very rare exception that ten minutes elapses after the birth of the child before I have the placenta all right, and I have never been troubled with flooding or hour-glass contraction when I was present at the birth of the child.

In multipara I usually give one dose of fluid extract of ergot immediately after delivery of the afterbirth as a safeguard. It is not often required in primipara although I have never seen any harm from its judicious use and I always order a few doses to be given in case of flooding.

But more important than this, we should instruct the attendants if flooding occurs to grasp the womb and hold it firmly for a few minutes.

After delivering the placenta and the careful securing of all the decidua we should hold the womb firmly but gently for a few minutes to secure perfect contraction ; then as soon as the mother is rested a bit and we have in readiness warm blankets we should remove every shred of wet or soiled clothing from the patient and bed replacing with clean warm linen with an antiseptic pad to the vulva and the careful application of the much-abused abdominal bandage.

I believe in the use of the abdominal bandage not because it is always, nor usually, urgently required, but because it affords a great degree of comfort to our patients, and I think it helps to prevent the dilatation of the womb with consequent hæmorrhage.

After a severe instrumental or protracted case I would use antiseptic intra-uterine irrigation.

I am well aware gentlemen that I bring to your attention but little that is new or novel, but it is good for us sometimes to have our minds stirred up by way of remembrance even though our thought does not overleap the ancient landmarks and boundaries set by our fathers.