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ORIGINAL ARTICLES

THE RIGHTS OF THE PREGNANT WOMAN

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IN these days of asepsis and anti-sepsis, of scientific knowledge and methods as opposed to superstition and bombast, the question naturally arises, "What claims have the pregnant woman and her unborn child on the medical profession?" Is a physician justified in going to a maternity case with no other equipment than a bottle of chloroform and a vial of ergot, or is he in duty bound not only to accord to his patient the full benefit of every advance science has made, but to so advise and instruct her in these matters that she, herself, will realize the paramount importance of intelligent and systematic management of her case, throughout the pregnancy, labor, and puerperium?

There can be but one answer to these questions.

The physician who neglects to protect his patient from the dangers of the pregnancy, and who attends her labor unprepared to meet any and every emergency that may call for immediate attention, is guilty of a negligence none the less criminal, because it is unrecognized by his unsuspecting and trustful victim. The mere fact that "nothing happens, and that his patients all make satisfactory recoveries, instead of helping matters, adds materially to the perniciousness of the whole affair. The child who plays with fire and escapes burning is much more deserving of punishment than the one who gets his fingers scorched. The former will go on in his foolhardiness until he may inaugurate a terrible disaster, while the latter usually receives a sufficiently impressive lesson to make him mend his mischievous ways.

The patient, however, does not recognize in its fullest sense this necessity for systematic supervision before, during, and after labor. For ages upon ages of childbearing, beginning at a period when the animal characteristics of man were far in excess of the intellectual; when, as a consequence, female pelves were relatively larger and fetal heads relatively smaller; when a natural out-of-door life with healthful exercise and a rational costume took the place of steam-heated houses, corsets, and bonbons; when tedious or even painful labors were of the utmost rarity, and artificial assistance was not dreamed of, have bred a false sense of security among women of the present day, which has no foundation in fact.

The time has passed when pregnancy and labor can be regarded as normal and physiological processes; otherwise there would be no obstetricians nor, for that matter, any midwives or nurses. The woman would retire to a convenient part of the house at the outset of labor and after a short time bathe the baby and herself, dispose of the secundines, and possibly lie down to rest for a few minutes before rejoining her family, just as her savage sister does to-day.

In these end-of-the-century days, however, we are confronted with a very different state of affairs. Pregnancy, in the majority of instances, may be regarded as a quasi-pathological condition, and labor as a process to be looked upon from the viewpoint of the surgeon.

The first statement in regard to pregnancy is, or should be, self-evident. Not one woman in a thousand goes through the period of utero-gestation without more or less discomfort, if not downright illness, and the higher we ascend in the social scale, the more of this kind of suffering do we meet. We have no right to say that a function of the body is performed in a normal, physiological manner unless it is unaccompanied by pain, discomfort, illness, or danger of any kind, whether to life or future health, yet practically every pregnancy is complicated by the minor conditions mentioned, while the absolute danger of renal complications is a constant menace. We do not regard the digestive function as normal when constipation is present, even though it may be regulated by so simple means as exercise, attention to diet, and the like, neither should we look upon pregnancy as a physiological process when the patient requires supervision, advice, and more or less medication during the greater part of gestation.

The same holds for labor. There is practically no such thing among civilized women as *normal* labor in the proper sense of the word, in spite of the fact that the vast majority of deliveries are accomplished without artificial assistance.

The contusion of the maternal soft parts, the strain to which the pelvic articulations are subjected, the almost inevitable laceration of the cervix uteri and fourchette, and the numberless abrasions and erosions of the vaginal wall constitute a surgical condition which must be evident on its face.

When a woman, escaping from a burning building, tears most of the skin from her hands and dislocates or severely strains several joints, it would be absurd to debar her from surgical care on the ground that a sailor could have performed the same feat without sustaining the slightest injury, and it is equally absurd to regard modern labors as normal, just because prehistoric women with large pelves and small infants could empty their uteri with as little difficulty as the average individual of to-day can unload the rectum.

Physicians, as a rule, appreciate these facts, and they have been dwelt upon at this length solely in the hope of impressing upon them the importance of instructing the laity by every legitimate means in these important matters.

It is the *right* of every woman to know that from the moment she recognizes the fact of her pregnancy she should place herself under medical care, and she can acquire this knowledge only through the teaching of her family physician. When every obstetrician refuses to accept a maternity case unless the patient submits to necessary examination and supervision during pregnancy, sends her urine regularly for analysis, and provides herself with a suitable outfit for her confinement, the morbidity in these cases will be markedly reduced and the mortality will be almost *nil*.

The whole matter is summed up in a nutshell, in a personal letter received by

the writer some time ago from Prof. John Milton Duff, the eminent obstetrician and gynecologist of the Western University of Pennsylvania. He says, in part:

"I have for a long time done all I could to advance practical obstetrics. It is true a portion of the profession are naturally lethargic and another large portion become so by influence of environment. The profession, however, is not altogether to blame for the remissness and for the large morbidity, if not mortality; the laity have not been educated up to the requirements, and they will not pay fees which will justify a physician in doing his full duty as you and I see it. . . ." This is the gist of the whole matter admirably expressed. The naturally lethargic physician is a disgrace to his profession, and no amount of argument can induce him to mend his ways; but the man who grows careless through association can be roused to better work, and it is to him that this paper is especially addressed. Do everything in your power to impress upon your patients that pregnancy and labor are serious matters, almost never normal, and that their abnormalities are part of the price of civilization just as are defective eyesight and the like. Discuss this topic with the mothers of young girls, so that, when their daughters arrive at the period of motherhood they will have been taught the necessity for proper care and management during gestation, parturition, and the puerperium. Make them realize that the puerperium is no longer merely a period of rest after severe exertion, but that it is a time of convalescence from more or less extensive physical injury and shock.

Impress upon your own obstetric patients that it is absolutely essential for them to place themselves under your care as soon as they know that they are pregnant, and to conform implicitly to your directions, until you yourself "discharge them cured," at the end of the puerperium. Examine the heart, lungs, liver, and spleen early in pregnancy, and take the external pelvic measurements not later than the sixth month. Analyze the urine regularly once a month until the end of the seventh month, and then once a week till labor occurs. Test for albumen, urea, and sugar.

If the urea falls below 1.5 per cent. have the twenty-four hours quantity measured and determine the total amount of urea excreted in that length of time. If this amount is less than 300 grains put your patient on a milk diet until it comes up.

Determine the position and presentation of the fetus in the eighth month, and, if it is abnormal, correct it by external version. Make subsequent abdominal examinations at intervals of one or two weeks until labor takes place.

Instruct your patient how to prepare her room and bed for her lying-in, and give her a list of the articles she will require at the time of her labor. Respond promptly to every labor call. Take with you everything essential to the maintenance of absolute asepsis from the beginning to the end of labor, and everything that you may need in an emergency, such as sterile gauze for packing the uterus in the event of hemorrhage, drugs for the treatment of eclampsia, and the like.

These articles take up very little room in the bag, and a man might better carry them all his life to no purpose than lose one patient for want of them. Regard every labor as a surgical procedure, and conduct it as such. Treat your postpartum patients as you would any other surgical convalescents.

It is the *right* of every pregnant woman to *know* that these things are necessary, as well as to have them done for her, and it is the *duty* of every physician to instruct his female patients in these matters as well as to perform his work in a proper manner. When the laity are thus educated, and when obstetric work is universally well done, the midwife will be as much of a curiosity as the ichthyosaurus, and the gynecologist will have to find a new field for his talents.