A PLEA FOR THE EARLY, FREQUENT AND THOROUGH EXAMINATION OF THE PREGNANT WOMAN.*

H. WELLINGTON YATES, M. D.

In presenting this paper, the object is to touch upon those diseases in which an examination early and frequently made will assist in the detection of diseases which bear upon fetal and maternal mortality. The two main divisions are:

(1.) Diseases which have an effect upon pregnancy and which existed before pregnancy occurred.

(2.) Diseases which result directly from the pregnant condition itself. Williams, of Johns Hopkins, says: "As a rule, all diseases which subject the organism to a considerable strain are much more serious when occurring in a pregnant woman. Thus, a lung which is partially destroyed, or otherwise out of function, may suffice for the respiration of an ordinary individual, but be unable to respond to the added demands of pregnancy, particularly in the latter months when the enlarged uterus restricts the mobility of the diaphragm. Similarly, many a woman is unaware of the existence of a cardiac lesion, or at least, leads a very comfortable life until the increased demands upon the activity of the heart incident to pregnancy bring about broken compensation with its attendant symptoms. In general, it may be said that pregnancy exerts a deleterious influence upon all chronic organic maladies, and it is these I intend to deal with in this paper to the exclusion of the more acute affections. The early and frequent examination of pregnant women will determine the existence or non-existence of any such malady.

Erysipelas in Pregnant Women.

Upon the discovery of a chronic heart lesion or a chronic nephritis, the physician is thus prepared to meet complications as they arise, and the life of the foetus or, mother, or both, be saved. Under the first main division I shall mention erysipelas.

It is an old rule, well-known, that the physician who has a case of erysipelas and one of confinement should either refuse to treat the erysipelas or give up the confinement, but when erysipelas has existed previous to the pregnancy and is co-existent with it, the obstetrician is confronted by a most serious condition. Erysipelas is a very serious disease at any time, but particularly dangerous when occurring in a pregnant woman. The possibilities of a streptococcic puerperal infection are thus markedly increased. Transference of the infection from mother to child is almost always fatal. An early diagnosis with appropriate treatment will guard against more serious complications.

Gonorrhoea.

The subject of gonorrhoea with its complications and sequelae in the pregnant woman, together with its attendant conditions in the foetus is such a tremendous one that it would require a separate paper to dis-

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cuss it. However, the seriousness of the infection at any time is appreciated so well that it is hardly necessary to call attention to its gravity at the time of pregnancy. During pregnancy the gonococci usually remain limited to the cervical canal, but at the time of labor may gain access to the uterine cavity and give rise to febrile phenomena. The uterus, tubes, ovaries, pelvic peritoneum, bladder, ureters and kidneys may all become involved and in some instances, as is demonstrated by Dabney, Harris and Warthin, the gonococci may produce a general infection. Newman, Maslowvsky and Williams have demonstrated its existence in the decidua and decidual endometritis. The probable cause of most tubal pregnancies is an old gonorrhoeal salpingitis, as a result of the inflammatory process, adhesions and diverticula, form in the tubes and thus hinder the passage of the ova, which become lodged in the sulci and these become impregnated (Howard Kelly, Robb, Williams). Opthalmia neonatorium, with its frightful consequences, need only to be mentioned to gain our serious consideration.

Tuberculosis.

It was formerly believed that a patient having tuberculosis was favorably influenced by pregnancy; we know that this is erroneous and that, while the woman often fattens and otherwise looks well during the period, as soon as she is confined, in the great majority of cases, the tuberculosis condition, which has lain latent, is now fanned into flame and life is materially shortened. Therefore, the early examination of the lungs and sputum in every case and the frequent and thorough examination in any suspected case are our plain duty. Time forbids taking up the details of treatment in each class of cases, but I am convinced that, given a case pregnant in the incipient stages of tuberculosis, we should empty the uterus at the earliest convenient time. On the contrary, if we do not see her until the disease is well advanced and she is in the latter months of pregnancy, she should go to term since now we have but little chance to save the mother but a fair opportunity of a healthy living child.

There are the cases in the middle months of pregnancy and where the disease is but incipient or well advanced where each must be dealt with individually for the best interests of the mother, the child and society.

Malaria.

Just a word in regard to malaria. It is well to observe that quinine should be administered to the pregnant woman suffering from in malaria, with impunity without fear of producing uterine contractions as its oxytoxic properties are in abeyance under such conditions.

Syphilis.

A separate contribution may be given to this particular subject. As regards the mother, its effects are not different from those occurring at other times. The appropriate treatment should be at once instituted

and carried on during gestation. Pregnancy indicates rather than contra-indicates anti-syphilitic treatment, and should be insisted upon.

Cardiac Lesions: Anemia.

These are serious in the non-pregnant only when there is lack of compensation, and the same may be said of the pregnant woman suffering from a cardiac lesion. I am not sure but that the seriousness of a cardiac lesion in the pregnant woman is greatly exaggerated and possibly sometimes used as an excuse for inducing abortion. Certainly a woman with such a lesion needs close watching and guidance, but we recall several cases with profound leaks with good compensation who had no untoward symptoms either during pregnancy or in confinement. However, the most serious of the cardiac lesions seems to be mitral stenosis. Lusk regards this lesion as sufficiently serious to warrant the induction of abortion as soon as the diagnosis was made. Generally speaking, the prognosis is good so long as compensation is retained.

Anemia.

How important it is to note the color of the skin and mucous membrane. Is she anemic? Find the cause. A case of simple chlorosis in a young pregnant woman may seriously complicate the labor. What may be a slight loss of blood to one woman is a dangerous hemorrhage to another of the same weight. We should feel culpable when patients of this class die who have been under our care for months before labor and no treatment given for their relief. A case in question will serve to illustrate. Mrs. P. W—— in February, 1903, had placenta previa, etc. She was in the seventh month of pregnancy but had consulted no one. I had known her for several years and had observed during the last year, in passing her on the street, that she was very anemic. She called me to see her because she had started to flow and knowing that she was pregnant, it made her apprehensive. She said she had not flowed violently, but felt very weak as a result of what she had lost. She was firmly packed after the diagnosis was made and it was determined that since no hope could be cherished of thwarting a miscarriage, the immediate emptying of the uterus was imperative. I called one of our best known obstetricians in consultation and, he concurring in the above, we proceeded to do the operation under anaesthesia at once. The operation was simple and of short duration. Nothing occurred to induce shock, and for work of this kind the patient lost a small amount of blood. Notwithstanding this, she was apparently exsanguinated. All the usual and unusual means for filling up of her vessels were made use of but she died as a result of blood loss in 24 hours. She was poorly prepared to withstand the ordinary loss of blood, to say nothing of a case of this character.

Local Maladies.

It is also very important to examine visually as well as digitally the local areas prone to infections or tissue changes, the labia, vagina,

cervix and uterus, for here may be evidences of syphilis, tuberculosis, carcinoma, venereal warts, benign and malignant tumors. Again careful examination should be made of the ovaries, tubes, broad ligaments, and a search for anything that could obstruct the parturient canal. An ovarian cyst if allowed to remain, by the enlargement of the uterus, may prove either annoying or fatal by the twisting of its pedicle. The detection of malformations should not escape us—such as a double vagina, double cervix, double uterus. Operations upon the genital or pelvic organs dring pregnancy are so common at present, and usually fraught with such good results that any necessary operation may be advised with the fair promise that it will not bring on uterine contraction.

Toxemia of Pregnancy.

"The conception of a special toxemia of pregnancy has grown from small and vague beginnings to a well developed and harmonious theory which challenges the attention of every medical man."—Edgar, p. 291.

Whether this theory is one based upon renal or hepatic insufficiency, the katabolism of the foetus or some thing else has not been conclusively shown, but certain it is that many of the expressions of this unknown toxin such as pernicious vomiting, eclampsia, insomnia, delirium, mania and loss of muscular tone, which at one time were thought to have nothing in common, are now seen to be closely related. While at present there has not been isolated the specific toxins, it is certain that all the clinical phenomena are not due to uremia, as was originally thought. We have evidence of this, as is shown in the post-mortem of those having died in pregnancy. The liver quite constantly shows morbid changes in extreme fatty infiltration to that of degeneration and necrosis; more or less constant changes are found in the kidney, spleen, thyroid and other glands. The profession owes much to Eweing for his close observation in this field. The object of speaking pointedly regarding this toxaemia is to direct attention to a more general and universal observance than would be found if examination of the urine alone were resorted to, for certain it is that occasionally we find patients giving little or no evidence of kidney insufficiency who still develop alarming symptoms and some who die in eclampsia with no structural changes in the kidneys.

Most assuredly the kidney function should not be overlooked; the urine should be examined at least every two weeks and by this is not meant the cursory look for albumen from a single sample voided at any time most convenient to the patient, but a twenty-four hour specimen and the constant observation of the total amount of solids eliminated, the latter is far more important as a criterion of approaching danger.

Again, the examination for casts or evidence of chronic nephritis should occasionally be made, especially in the early months of pregnancy, since it is exceedingly questionable whether we should permit such conditions to continue.