

1928



Prenatal  
Care

"The duty of the physician to the expectant mother is clearly defined. He should so safeguard her physical and mental health that her child will come into this beautiful world, well formed in body and well nurtured in mind.

"The proper and intelligent antenatal care of pregnant women, for a few generations, will go far toward producing a disease-free people."

*For the Medical Profession Only.*

## INTRODUCTION

• •

THE greatest obstetrical advance in making motherhood safer, since Holmes and Semmelweis discovered the reasons for child-bed fever, is that of conscientious attention to the pregnant woman before the baby comes—*prenatal care*.

*Hardley Holland states that "antenatal methods are the strategy of obstetrics."*

Statistics gathered by leading obstetricians throughout the world testify that antenatal care of the pregnant woman makes for better and healthier mothers, and that it is the indirect means of a lowered foetal mortality and morbidity.

Probably nine out of ten doctors or bachelors of medicine "take confinement cases". In the minds of some practitioners, the antenatal phase of obstetrics is a complicated procedure, calling for great technical ability.

Nothing is further from the truth.

Any physician can apply prenatal care.

*It is the solemn duty of every physician to give the pregnant woman the benefits of such detailed attention.*

This brochure is offered in outline. Only the most important phases are considered and the cardinal essentials alone have been selected for discussion.

It is with the hope that a careful reading of the following pages will result in a better and safer motherhood, that it is offered to the medical profession.

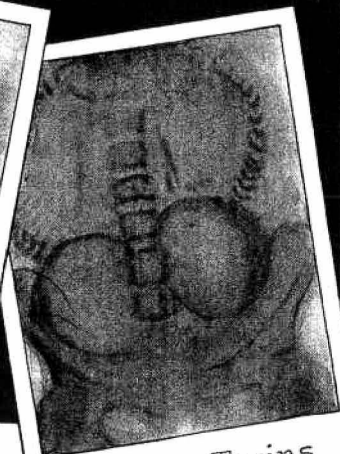
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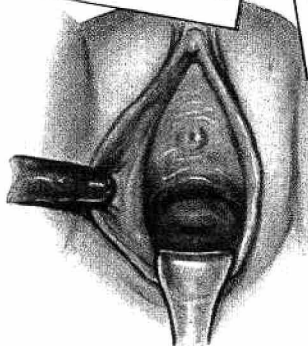
# Diagnostic Signs of Normal Pregnancy



XRay-Normal gestation

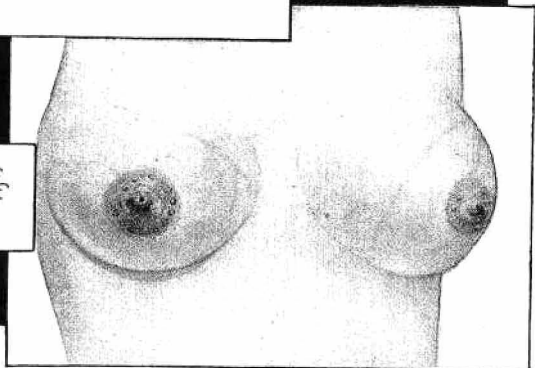


XRay -Twins



Characteristic appearance of vagina and cervix

Characteristic appearance of the breasts





# PRENATAL CARE.



## The Office Visits

**E**TERNAL vigilance is the price of liberty" in successful prenatal work.

It implies being constantly on the alert. Thoroughness in carrying out each detail, however insignificant, is an absolute essential.

Carelessness places two lives in jeopardy. This should be a sufficient incentive to most meticulous endeavor.

*The Initial Visit* The initial visit to your office of the mother-to-be is of prime importance. Unless you can devote sufficient time to give her every consideration, it is well to make another appointment for a time when she may be accorded a careful examination.

If the patient is a primipara she will doubtless be nervous and apprehensive. Women who are without experience and even mothers themselves may have told tales of the ordeals of childbirth. Therefore, this is the time when she must be given every reassurance by the physician. He can easily, calmly and truthfully tell her that only the exceptional case gives trouble, that she has but to look about and realize that millions of her sex have had babies and are no worse for the experience. The practitioner can easily set her mind at rest by advising her to put complete reliance in his guidance.

Upon the occasion of the first visit, the physician should make a record of the patient's family, and her history, past, operative, previous obstetric, menstrual, and present.

Ascertain if there have been cases of hemophilia, heart trouble, or tuberculosis in the family. Inquire concerning diphtheria, scarlet fever, operations, especially pelvic and abdominal



The sphygmomanometer is essential. In pregnancy, the systolic pressure should be below 130 mg. When above that point, we realize that danger is ahead and that we must act accordingly.

Examine the urine. Remember a casual specimen of urine from a pregnant woman invariably shows a trace of albumin.

*Instructing  
the Patient*

Inform the woman as to the details of the hygiene of pregnancy. The clothes should be loose, light and warm. It is well to have the teeth examined early. Unless otherwise indicated the diet can be generous. Meats should be cut to a minimum, and the patient instructed to drink freely of water. Insist that the patient call at the office with a sample of her urine every month for the first six months of pregnancy, every other week during the seventh and eighth months, and each week during the final month of pregnancy. It is well for her to take an afternoon nap, especially after the sixth month. Daily tepid baths are to be advised, but during the last month only shower baths should be permitted, if they are available. Intercourse should be prohibited during the four final weeks of pregnancy.

Persistent nausea, indigestion, gastric pain, chills or fever, headaches, swelling of the face, hands or feet, blurring of the vision or spots before the eyes, intermittent pains in the lower abdomen, or vaginal bleeding in any amount, are all symptoms which make it absolutely essential for the expectant mother to call upon the physician at times other than those set aside for appointed visits.

### Disturbances of Pregnancy

*Early Nausea  
and  
Vomiting*

Two of the most distressing symptoms during the early weeks of pregnancy are nausea and vomiting. The condition sometimes develops to serious proportions. Often the treatment taxes every resource of the physician.

in character, as well as the onset, establishment, type, duration, and amount of the menstruation.

If this is not the first pregnancy, ascertain how previous pregnancies terminated. How long were the labours? Was birth natural or instrumental? Did the patient have temperature postpartum? Was the baby normal and did it live? Inquire into all phases of health since the last menstruation. Is the woman nauseated and does she vomit? If so, is it persistent? Is she constipated? Does she suffer headaches or visual disturbances? Is she short of breath? Has she noted any vaginal spotting or bleeding? Does she sleep well? Is she under any mental excitement or worry?

*The important factor is to get the confidence of the patient and to obtain a complete history.*

**Physical Examination** After the history is completed, proceed to the physical examination. Look for foci of infection, especially in the teeth, throat, nose and ears. Rule out cardiac disease and pulmonary tuberculosis. Note if the legs reveal the presence of varicose veins, and if round garters are worn. If so, instruct the patient to wear side garters. Observe the type of shoes worn and when necessary, prescribe sensible shoes with a medium Cuban heel.

Examine the abdomen for areas of tenderness or possible tumours.

Make a vaginal bimanual examination to be certain that pregnancy really exists. Note the depth of the vagina, the position of the cervix, and the size, shape, outline and position of the uterus. Have the patient stand up. Note the curve of the back. If it is exaggerated, it suggests a high inclination pelvis and the possibility of trouble during labour. With some experience, a keen eyed observer can look at a woman and determine fairly well if she has a pelvis within the normal limits, thus making possible a fairly physiologic birth. A pelvimeter should be employed as routine practice.

The kidneys will be found to be normal. The blood pressure will be low, as it should be. The uterus will be in good position. The patient may have an ideal home life. And yet she will be nauseated.

Statistics indicate that about 50% of gravid women suffer from nausea in the early days of pregnancy. Indeed the so-called "morning sickness" has ever been a nightmare. Some of these women observe only a slight nausea, others vomit mucus, while still others regurgitate undigested food. Although the patient usually observes this condition upon arising, or after breakfast, in some cases it appears later in the day. In an occasional case, the condition of the patient becomes pathologic, and the woman suffers from that very distressing disturbance, hyperemesis gravidarum.

Unless it is impossible to keep anything in the stomach, and the patient becomes dehydrated, the situation is not alarming. The different remedies offered are without number. Most of them are based on no sound reasoning, and, therefore, without value.

*These cases of nausea should  
be treated physiologically.*

Order all external irritating factors removed. The patient must have quiet, rest and no irritation of any kind. Upon arising in the morning she should drink a glass of hot water and eat one or two crackers. As a high carbohydrate diet often helps, the patient can be encouraged to nibble candy, such as lemon sticks.

May we offer an important word of warning.

Prescribe no drugs that are depressant or of narcotic origin. *Remember the woman is pregnant.* The condition is *physiologic* and *must be treated by physiologic means.* The glands of digestion are not producing the hormones and internal secretions on schedule. The stomach is called on to perform more extra



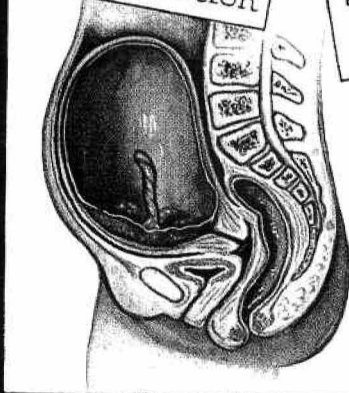
# Diagnostic Signs of Abnormal Pregnancy



Malposition  
Breech presentation

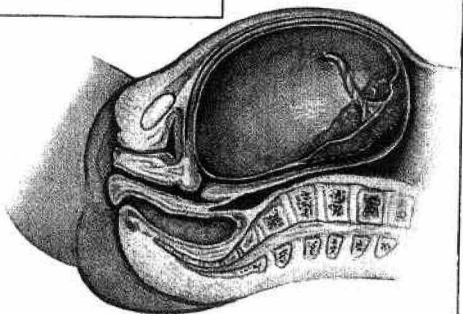


Malposition  
Transverse

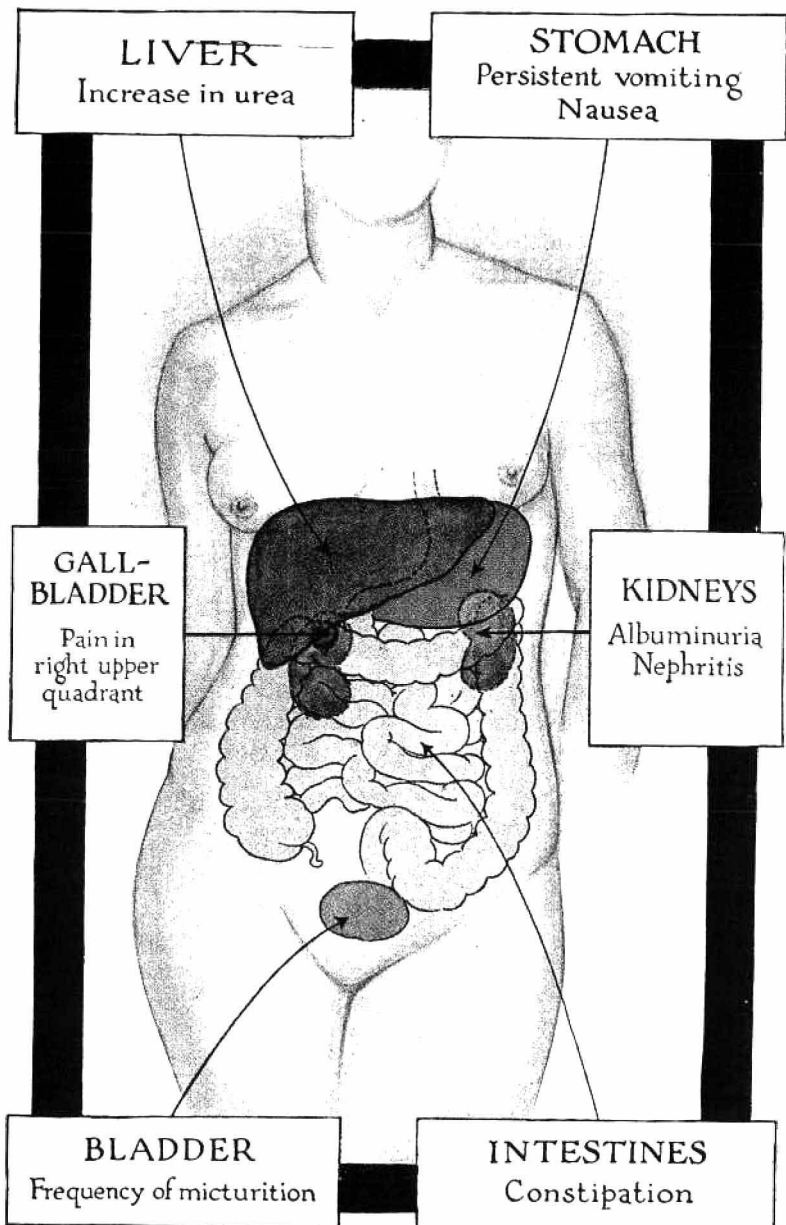


Bleeding  
Placenta praevia

Bleeding  
Premature separation  
of placenta



# Premonitory Symptoms of Toxaemia in Pregnancy



work than it can handle. It must be relieved of some of the burden.

That's *exactly* what

## *Peptenzyme Elixir*

does for the gravid woman.

Being a physiologic association of the digestive ferments, it is capable of performing the various functions of digestion. And best of all, PEPTENZYME ELIXIR is most *palatable*. It is so pleasant to the taste that the moment it reaches the tongue, the patient feels that at last she has something that will relieve her—and it will. A tablespoonful every two hours often works wonders.

For those women who prefer tablets to liquids, PEPTENZYME TABLETS will do equally efficient work. The patient can take three, at two hour intervals, with splendid results.

As pregnancy advances and the ever enlarging uterus displaces the abdominal organs, causing pressure symptoms, many patients complain of gastric distress and "gas". For *quick relief* of this distressing condition, a tablespoonful of PEPTENZYME EFFERVESCENT GRANULES, in a glass of water, will furnish a sparkling, refreshing drink, delicious in taste, and prompt in its effect. This can be repeated at five minute intervals, if necessary, until several doses have been taken.

PEPTENZYME ELIXIR, *being neutral in reaction,*  
*makes an ideal vehicle.*

***Kidney  
Disorders  
and  
Eclampsia***

Two tests warn of impending toxæmia of pregnancy . . . the examination of the urine, and the blood-pressure reading.

The blood-pressure may rise without the urine revealing anything amiss. If the pressure reaches 130 mg. take the patient off animal foods and push a



suit the patient. After a fair trial on NEPHRITIN, the physician will note for himself the lessened amount of albumin, the increased output of urea, and a clearing up of the general symptoms.

Clinical reports indicate that the administration of NEPHRITIN has enabled practically nine out of ten women, whose previous history had revealed the presence of a renal complication, to go to term with living, healthy children.

*Renal Prophylaxis* Inasmuch as during the entire pregnant state the kidneys are under extra stress and strain, likely at any minute to break down, it is good practice and *excellent preventive medicine* to put the patient on NEPHRITIN as routine—from six to eight tablets daily from the time pregnancy has been diagnosed until confinement. It will ward off trouble.

NEPHRITIN *aids in preventing nephritis and eclampsia.*

*Constipation in Pregnancy* Every text-book, every obstetric treatise, and every teacher of the art and science of midwifery, warns, in red letters, against permitting the pregnant woman to become constipated. The kidneys are naturally taxed to the utmost. Constipation means an additional burden upon the already overworked renal glands. Additionally, it provokes auto-intoxication and gastric disturbances.

Constipation can be the cause of a majority of the complications of gestation. Sluggishness of the bowels and pregnancy go hand in hand. If the contents of the intestinal tract are kept moving the fear of prepuerperal upsets is in large measure dissipated.

The normal functions are disarranged increasingly with the pressure of the growing uterus. This state continues until the third stage of labour is completed. There is a slowing up of



liquid diet. If the pressure goes to 160 mg., order the patient to bed, make the diet bland and liquid, open the bowels freely, and institute the proper medication. If the pressure reaches 180 mg. or higher, major operative methods are to be considered.

Many women have renal disorders prior to pregnancy. During gestation an extra load is put upon the kidneys. They are overworked. It is double drill and no holidays. Toxins, due to the gravid state, are often thrown out and cause kidney irritation and damage to the cells.

*One must prevent permanent kidney wreckage following pregnancy.*

In addition to the hygiene of toxæmia or nephritis of pregnancy, the medication is important. The kidney cells are irritated, or injured. They need assistance to aid them in carrying the double burden. They should not be drugged and whipped, *but given a helping hand*, instead. They call for rational therapy—some natural means to *replace* the parts that are affected.

The value of NEPHRITIN in renal disorders has been demonstrated for more than a quarter of a century. *It has been proved in cases without number.* The same holds true of kidney diseases, and eclampsia, complicating the pregnant state.

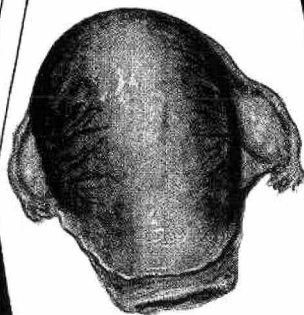
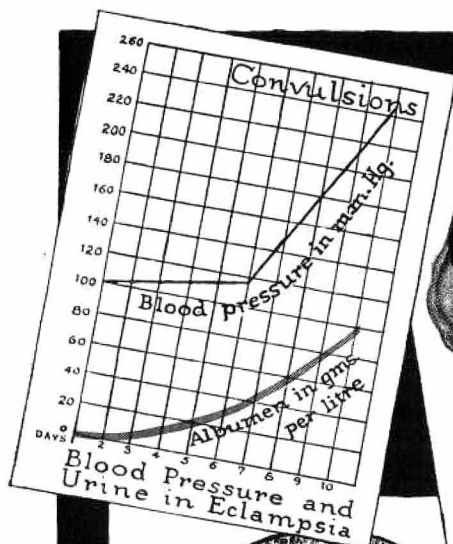
## *Nephritin,*

composed of actual kidney hormones and internal secretions of the healthy kidney, replaces the missing links in the disordered renal chain. The damaged cells are reactivated, and the kidneys are enabled to function and carry on in a manner very near to normal.

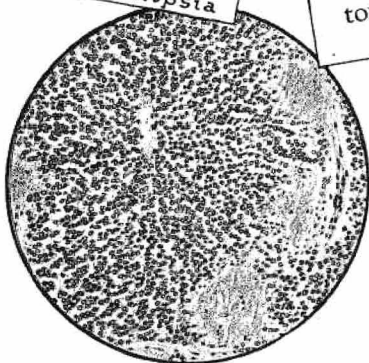
In the presence of actual kidney disease, such as albuminuria, or in eclampsia, pre- or postpartum, give the patient from fifteen to forty NEPHRITIN tablets daily in doses divided to



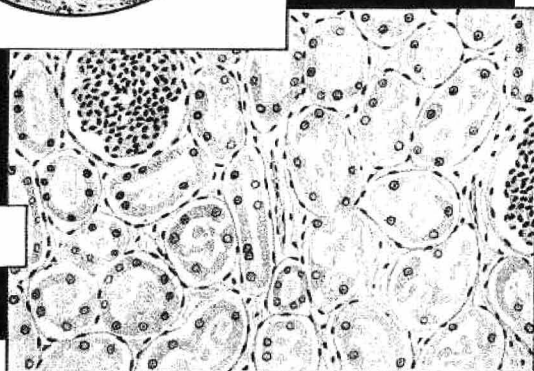
# Results of Toxaemia in Pregnancy



Hemorrhagic uterus in toxaemia of pregnancy



Liver necrosis in eclampsia



Toxic nephrosis

normal secretions, a decrease in peristalsis, and the bile and the pancreatic enzymes are fed to the system in dribbling amounts.

No physician will prescribe salts, physics or laxatives—surely not calomel or castor oil. They have no place in the treatment of constipation at any time, especially of the woman carrying a child.

Then what?

## *Pancrobilin*

For again, remember that pregnancy is *physiologic*. And a physiologic derangement requires the use of a *physiologic* product to restore conditions to normal. The liver does not secrete its full quota of bile. The internal secretions and enzymes of the pancreas are absent without official leave.

In prescribing PANCROBILIN, the physician is giving *pure, dehydrated bile and pancreatic enzymes, hormones and internal secretions* to a body hungry for them. The pancreas shortly is stimulated to resume work, natural bile is produced in increased amounts, peristalsis is speeded up to normal activity and daily bowel evacuations are again resumed.

The pregnant woman need never know the unpleasantnesses of constipation if given PANCROBILIN, one to three pills, one to three times a day, according to the severity of the condition. If desired, PANCROBILIN LIQUID, a delightfully pleasant, aromatic and effective product, may be administered. The dose is from one to three tablespoonfuls, three times daily, likewise depending upon the severity of the condition.

PANCROBILIN is *Natures' method of overcoming constipation*.

*Indigestion* Very many gravid women suffer from indigestion. The type varies with different women. Some complain of heartburn, others of flatulence, a feeling of abdominal pressure, stomach fullness, re-

*Bleeding of Pregnancy* Vaginal bleeding during pregnancy, especially during the latter months, is a serious complication. Careful examination must be made to determine the cause.

In premature separation of the placenta, and in placenta praevia, either complete or marginal, there is no expectant treatment. Labour must be instituted and the foetus delivered. The method of delivery, either by packing, bags, version, or Caesarean section, depends upon the individual operator.

If the mother loses too much blood, she should have a blood-transfusion, and be put on a special diet of liver.

In every instance she should be given

## *Protonuclein*

three tablets, t. i. d. PROTONUCLEIN rebuilds body cells, encourages leucocytosis, increases bodily resistance, and shortens the period of convalescence to a minimum.

PROTONUCLEIN is a regulator of metabolism.

*Syphilis* The physician must be on the lookout for maternal syphilis. Detection and treatment of lues in the pregnant woman is one of the most brilliant results in prenatal work. Successful antiluetic therapy brings live, healthy babies into the world, instead of the puny, mentally and physically deformed children who harbour the spirochaeta. As soon as the diagnosis is made, specific treatment must be started and pushed to the limit.

The entire body suffers in the presence of the treponema. While arsenic, mercury and bismuth are effecting a cure, it is well to keep the body up to par, by aiding it in the process of rebuilding, and by replenishing the cells. Tonics, so-called, are of little benefit. Three tablets of PROTONUCLEIN, t. i. d., give Nature a helping hand. They tend to fortify the cells against the inroads of the spirochaeta.



gurgitation of food, unpleasant taste in the mouth, and general gastric disarrangement.

As the uterus increases in dimension, the stomach and abdominal viscera are crowded out of place. As a rule the intestines are thrust to the side of and behind the uterus. The stomach is pushed up and its capacity diminished. It is permitted very little room for expansion. All of this anatomic derangement interferes with circulation and the secretions fail properly to synchronize.

This upset, as a rule, is not serious. But then the serious things of life are not the only ones that make life miserable. One mosquito in a bedroom in the darkness of a summer's night can cause as much irritation as the beginning of a brain-tumour.

Inasmuch as PEPTENZYME ELIXIR or PEPTENZYME TABLETS prove so effective in nausea and vomiting, so will they give more than satisfactory results in all the gastric disturbances accompanying pregnancy. A tablespoonful of the ELIXIR or two TABLETS before and after meals make a very effective and result-giving dosage.

PEPTENZYME EFFERVESCENT GRANULES, a tablespoonful in a glassful of water, taken immediately while effervescing, for a sour, gassy, repeating stomach which calls for *quick action*, give prompt and efficient results. This libation has none of the earmarks of medicine. It is simply a pleasant tasting, refreshing drink—welcome to the gustatory senses and prompt in action as soon as it reaches the stomach.

PEPTENZYME EFFERVESCENT GRANULES may be taken at five minute intervals until the unpleasant condition has been entirely relieved.

The pregnant woman must be cautioned to eat less at a meal, and, if she so desires, more frequently.

PEPTENZYME is *without a peer in the field of indigestion.*



# Dominant Factors *in* Prenatal Care

THESE physiologic preparations, prescribed during the entire period of gestation, as indicated, will enable the physician to give his mothers-to-be the best in prenatal care and thus make for health and happiness in every true sense of the word:

## *Nausea and Vomiting*

—Peptenzyme Elixir.

## *Gastric Disturbance*

during the second and third trimester

—Peptenzyme Tablets or  
Effervescent Granules.

## *Kidney Disease*

Toxaemias, and as a Preventive of Nephritic Complications

—Nephritin.

## *Preventing or Correcting Constipation*

in a Physiologic Manner —Pancrobilin.

## *Increasing Bodily Resistance*

after Acute- or Postpartum Hemorrhages;  
Shortening Convalescence in a Debilitated Postpartum, Cell Building in Lues and for Regulating Metabolism

—Protonuclein.

## The Beginning of the End

*The Day* Then comes the time when signs of impending labour assert themselves. Parturition commences and the long anticipated day is a reality.

Because of the excellence of her prenatal care, the expectant mother is in fine physical condition.

Early in her pregnancy her nausea and vomiting was checked by PEPTENZYME ELIXIR.

Once she had a mild flare-up of kidney trouble. NEPHRITIN soon soothed the inflamed organs back to normal, and thereafter NEPHRITIN, used as a routine preventive treatment, kept the kidneys in a healthy state and prevented the toxæmias of pregnancy.

The patient was not constipated, because she exercised care as to her diet and kept the bile and pancreatic enzymes in a normal state, by employing PANCROBILIN at necessary times.

When the ever enlarging uterus, with its active foetus, crowded the stomach out of position, thereby causing indigestion, PEPTENZYME EFFERVESCENT GRANULES in a glass of water, gave prompt and effective relief.

She took a nap every afternoon, bathed daily, exercised sufficiently to keep from becoming flabby, and awaited the day with great expectancy.

The end justified the means.

*Prenatal care . . . attention to details . . . meeting symptoms and anticipating trouble before trouble comes . . . correcting wrongs . . . and knowing the RIGHT thing to do at the RIGHT time . . . takes the horror out of motherhood, lowers maternal and foetal mortality and morbidity . . . and truly makes for a better race of human beings.*





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