A Lecture

ON

MATERNITIES AND PRE-MATERNITIES.

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GENTLEMEN,—The building in which we are now assembled is a maternity hospital, and a maternity hospital may be defined as a hospital with two patients in one bed. In this respect it differs from all other hospitals. To be quite exact, I ought perhaps to say that it is a hospital with one patient in each bed and one in the cot attached to each bed—one patient in the large bed and one in the adjacent cot. What would be a sign of overcrowding and an anomaly in another hospital is (or ought to be) the normal in the maternity. But let me at once add, although it is with reluctance that I do so, that all maternities do not come up to the high standard of the definition given above; rather, let me say, each maternity does not always and entirely come up to this standard, although all no doubt aim at it, and rejoice when they attain to it. So there are exceptions—there are maternities and maternities. Each maternity hospital in its time passes through different phases; each is not always in the two-patients-to-one-bed stage. Let us look briefly at some of these exceptions—at some of these stages.

MATERNITIES, IDEAL AND OTHER.

1. There is first of all, and saddest of all, and most abnormal of all, the maternity with no patients in its beds. Such a maternity hospital, such a stage in the history of a maternity hospital is a disgrace. What would be the very best state for, say, a small-pox hospital or a plague hospital, is the very worst for a maternity hospital. A maternity without mothers is a contradiction in terms, and a maternity without infants and mothers is a disgrace and a public scandal—a scandal which I am sure the medical staff of every maternity hospital is determined to prevent at any cost. What does such an empty maternity mean? It means puerperal fever, and we now know that puerperal fever means sepsis, and sepsis of the worst sort; and also, let us rejoice in the qualification, sepsis which is avoidable and to be avoided. There are no two periods in life so fatally acted upon by septic organisms and septic toxins as the period of the puerperium and that of the newborn infant. The puerperal woman and the neonatal infant must be saved from the attacks of all pyrogenic microbes, else the maternity becomes the abode of death instead of the home of life. That both mother and infant can be saved from all such microbial onslaughts is happily true, it is being done every day; so that now it is the exception to find any maternity passing even temporarily through the stage of tenantless beds.

2. Then there is the maternity hospital with one patient in each bed. Here there is no little bundle of life in the cot or crib which stands so suggestively at the side of the bed. There is a sad silence in such a hospital, a silence which does not betoken peaceful satisfaction, but unconsidered bereavement, for one of the saddest features of the silence is that it is sometimes participated in by the mothers who have not always been looking joyfully forward to the happiness that follows the birth pangs. The illegitimate infant that comes dead into the world is not always mourned for with loud crying. Silence in the maternity wards is silence out of place; it is an ectopic silence; in these wards noise is normal. The maternity physician does not apologise for a noise in the wards when he is showing the hospital to visitors and possibly benefactors; but he is not anxious to have any visitors at all when there are not many babies to be seen and heard. The maternity with a high infantile mortality is an anomaly; it is an instance of the persistence of a type which used to be common, but which is now rare and likely to become much rarer. It is a relic of past obstetrical theories and practice. In it the rule of interference is to consider the mother and not the infant; in it, craniotomy upon the living fetus is common and is preferred

to induction of premature labour, symphysiotomy, or Cæsarean section; and in it foetal life is not highly esteemed, if, indeed, it is considered at all. After all, such a maternity does not achieve the result aimed at, for although it has a very high foetal death-rate it has not a very low maternal mortality. In fact the maternal death-rate is rather high, so high as to suggest unpleasant reflections. There is something wrong about the treatment that ignores the life of the fetus; the mother stands first, that is true, but the fetus stands second and not nowhere.

3. Then, again, there is the maternity where there are more babies than mothers in the wards; this is the hospital with, so to say, three patients to one bed, or, more correctly, with two occupied cots for each occupied bed. There is plenty of crying to be heard within its walls; but the crying is not that of the lusty infant and it does not intermit with the complete satisfaction of digestive wants. The two cots to each bed do not, I need hardly say, contain twins. The second cot contains a motherless child, and its cry is very like a wail. This is the maternity, where *post-partum* hæmorrhage is common, and where there is reason to believe that the third stage is mismanaged. Labours are allowed to drag in the first and second stages, and are hurried through the third. It is forgotten that the third stage is a stage, and not an isolated act; it is forgotten also that being the third stage it has a relation to the other two stages, and must be treated in accordance with the character of these. It is not always a good thing to squeeze a placenta quickly out of an exhausted uterus, especially if bits of membrane and fragments of placenta are left behind. The maternal mortality from hæmorrhage is high, and the maternal mortality from sepsis is not low, for hæmorrhage predisposes to sepsis, and has other sequelæ, which even if they do not add to the mortality certainly increase the morbidity. Further, the excess of infants is apparent and not real; and, again, although the infants may leave the maternity alive they do not many of them survive the first month of life, for the care they are likely to receive outside is but little.

4. Finally, there is—or ought to be—the ideal maternity, where each bed has its cot, and each its occupant; where the mothers are not lacking, and where the infants are many and intermittently noisy. There is a brightness and a healthy bustle in its wards, and even the unmarried mothers do not look upon their offspring without a smile of affection, and in that smile may be the germ of a better life that will yet be apparent. “Temperatures” are rarely to be seen upon the clinical charts in such a hospital, and the medical staff is proud of the statistics of its hospital, but is not boastfully proud, knowing only too well that in all such happy results and freedom from mortality there is a sort of *quid divinum* which takes its place alongside aseptic precautions and the like. But, apart from the *quid divinum* (which cannot be defined) let us consider for a few minutes what means are to be taken to bring about so greatly to be desired a result.

In the first place, sepsis must be kept out of such a hospital, it is the enemy most to be feared. I cannot in this lecture discuss at length all the possible avenues by which septic infection may gain entrance to the maternity hospital; but it will be well if you remember that the germs of this dread disease may enter with the patient, or may be brought in by the doctors, the students, or the nurses; neither can I describe all the measures which we now take to prevent the entrance of sepsis or to destroy it when it has entered, but I may refer to some of them.

[Allusion was here made to antiseptics and to aseptic midwifery.]

In the second place, there must be a feeling of respect for foetal and infantile life in such a maternity hospital. In considering operative interference, the results *quid* the unborn infant must be kept clearly in view. It must be definitely resolved by the physicians on duty that only in the direst necessity is the life of the fetus to be sacrificed for that of the mother. It will be objected that this is utopian, and I admit that it is so in many maternities as now existing, but I wish to point out that it would cease to become utopian if the first requisite of the ideal hospital were attained. If, in other words, sepsis were really banished from the wards, many of the operations which give a chance to the child with danger to the mother would cease to be dangerous to the mother,

and would still give no worse chance to the child. So we come back to our first means, namely, the prevention of sepsis.

In the third place, in the ideal maternity there must be a feeling of respect for the natural and physiological powers and capacities of the uterus to overcome difficulties, and to bring the infant safely to the light. I suppose most obstetricians sooner or later find out how valuable an ally the uterus can be in completing a labour or in assisting an instrumental delivery. It is an easy thing to empty a uterus which is showing its activity in regular and strong contractions, but it is one of the most difficult of tasks to do so when it is not. You will some day experience this for yourselves when you are trying to induce premature labour. "Empty the uterus" is a frequent answer given by students up for the oral examination in the university or the college. It is easily said, but to do it *hoc opus, hic labor est*. In the ideal maternity, therefore, it will not be the boast of the house doctors and visiting physicians that they deliver the difficult cases, but that they so conserve, and encourage, and utilise the uterine efforts that these are effectual in bringing the birth to a successful termination. I do not deny that delays are often dangerous, but I insist that sometimes haste is criminal. And, after all, is it not our old enemy, sepsis, that gives such an element of danger to obstetrical delay?

But (and now we are face to face with a real difficulty in the management and perfecting of our ideal maternity) the patients who seek our services in a lying-in hospital are often septic, or diseased, or weak, and consequently liable to infection before they come into the labour room. With our greatest care we may be helpless to protect them from sepsis and hæmorrhage; and, further, if they are infected or diseased, they at once become sources of danger to the others. This brings me to the matter of the "pre-maternity."

MATERNITIES AND PRE-MATERNITIES.

Surely there can be no doubt that a patient who has passed through a morbid pregnancy will be more liable to a bad labour than one in whom the changes of the wonderful gestation period have been accomplished in a physiological fashion. Surely, even when the pregnancy has been fairly normal, some preparation for the fast approaching labour and puerperium would not be amiss. Pregnancy is a great strain upon the resources, anatomical and physiological, of the body, and labour is a crowning test of a woman's strength, yet in too many cases the parturient patient comes to the birth with little or no preparation at all. I suppose no athlete would think of entering for the mile race if he did not intend to train for it. You would not, I believe, give much for his chances of taking the tape with him if he did not prepare for his great effort. Yet, in the present state of our hospital accommodation there is no provision made for preparation for parturition. It is by special permission and as a special favour that a pregnant woman who is suffering from some of the many complications of pregnancy gains admittance to our maternities and general hospitals, and for the patient whose pregnancy is proceeding apparently normally but who has to earn her daily bread there is no provision at all. The diseased pregnant woman ought to have a right to hospital attention and care, both for her own sake and for that of her infant; it ought not to be a matter of favour that she gains entrance to a maternity. There ought to be a ward attached to every maternity for the treatment of the diseases of pregnancy. If the ward grows into a pavilion closely connected with but not simply a department of the maternity, I do not think there will be anything but success for the innovation. The vital statistics of the maternity will not be unaffected by the contiguous pre-maternity. There will be an immediate and gratifying improvement in its returns both for mothers and for infants. In the process of time the maternity will find that it has, so to say, done a good thing for itself in associating itself with a pre-maternity; there will still be occasional deaths, both foetal and maternal, but the truly avoidable mortality will be avoided in a much more thorough manner than is now possible.

It is some years since Dr. Macvie of Chirnside wrote to me about a case of a woman with serious vomiting in pregnancy, who could get little or no attention or proper treatment at her own home. If she could have afforded it she might have

gone into one of the many nursing homes which abound in our city, but there was no hospital to which she could as her right and not as a quite exceptional privilege gain admission. It took some time for the idea which my friend Macvie had put into my head to take root and bear fruit, but ultimately, in the beginning of April of the present year, I published in the BRITISH MEDICAL JOURNAL my "Plea for a Pro-Maternity Hospital," in which such cases as that above referred to might be investigated scientifically and perhaps successfully treated. Since the "plea" appeared in print I have seen no reason to change any of my views regarding its necessity; but at the request of several friendly critics I have adopted in place of the hybrid "pro-maternity" the more correct term "pre-maternity." As one of the results due in some measure at least to the publication of the plea, an "anonymous donor" has given a sum of money to this Maternity Hospital for the endowment of a bed for the study and treatment of the diseases of pregnancy. The bed is to be called the "Hamilton Bed"; it was opened informally but effectively on November 1st; and it now contains an occupant suffering from hyperemesis and hydramnios. Here, then, is a beginning—albeit, a small one—of the pre-maternity hospital. May it flourish, and have imitators!

I need scarcely point out the advantages of further study of all the phenomena, normal as well as pathological, of pregnancy; I need not point out the necessity for the maternity to have a pre-maternity attached to it if it is to have a small mortality both among mothers and infants; and I need not particularise the benefits that must inevitably flow from the protection of the life that is before birth and the health that immediately follows it. From it, I may say without hyperbole, nationality prosperity, imperial expansion, home happiness, and individual worth all proceed. Finally, it cannot be ill-pleasing to the Ruler of the Universe that we should be anxious for the welfare of young lives, and care for those that are with young. With the establishment of pre-maternities in our land there will be less and less need for us ever to quote (save for the sake of its beauty) Milton's *Epitaph on the Marchioness of Winchester*. Do you remember how the lines read:

And now with second hope she goes
And calls Lucina to her throes;
But whether by mischance or blame
Atropos for Lucina came;
And with remorseless cruelty
Spoil'd at once both fruit and tree.

A BUREAU OF INFORMATION FOR MEDICAL PRACTITIONERS.—The Council of the New York State Medical Association has decided to establish, at its editorial and business offices in Madison Avenue, Manhattan, New York, a Bureau of Information for the benefit of its members. It will be the business of this Bureau to furnish the most accurate information obtainable relative to the price and quality of any article required for medical, surgical, or general use. Its province includes drugs, surgical instruments, library, office furnishings, carriages, and house equipment. The Council does not desire, however, that the Bureau of Information shall act as purchaser, or handle moneys in the fulfilment of its functions. No commission or other remuneration of any character will be accepted by the Bureau for its labours, either from seller or purchaser. The Bureau, we gather, is intended to strengthen the position of the *New York State Journal of Medicine* by giving the members of the Association of which it is the organ the advantages of a central office where they may obtain "accurate data as to new and approved commercial products, together with the best obtainable quotations."

THE CAMPAIGN AGAINST TUBERCULOSIS IN AMERICA.—One hundred and fifty physicians, sanitarians, and business men of Ohio have united to form a Society to be called the Ohio Society for the Prevention of Tuberculosis. The Society will carry out an educational propaganda, a feature of which will be lectures in large shops, before teachers' meetings, and other public gatherings all over the State. The Society will also aid in the establishment of a hospital for the treatment of all consumptives whose cases are regarded as curable, and also in the establishment of hospitals for consumptives in all the larger cities of the State.