ON EUGENICS LIMITED TO THE CARE OF
PREGNANT WOMEN, ADVOCATING EXPECT-
TANT MOTHER HOSPITALS AND SPECIAL
DISPENSARIES.

BY PROFESSOR ALFRED SMITH, M.D., F.R.C.S.I.;
President Obstetrical Section R.A.M.I.; Professor of Midwifery,
N.U.I.; Gynæcologist to St. Vincent's Hospital.

[Read in the Section of Obstetrics, November 2, 1917.]

I THANK the Council for the honour done me by electing me their President for a second term. I have an unpleasant duty to perform, to mark the sense of the loss the Academy and our Section have sustained by the death of Dr. Frederic W. Kidd, a past President of this Section, for many years member of your Council. He contributed largely to the debates and read many papers of great practical utility. He was a loyal colleague and a most energetic worker in all that pertains to the welfare of the profession. His genial presence will be much missed.

On searching round for a subject on which to address you I thought that possibly a discussion on Eugenics limited to the care of pregnant women and the influence such care will have on the health of infants—tending to reduce the appalling death-rate of children under one year—would touch on a subject of great public utility and suggestive to members of this section.

Biologically speaking, pregnancy represents the highest function of the female reproductive organs; it is also the

most critical period of a woman's life. Because pregnancy is a physiological condition it does not follow that the patient requires no care until parturition commences. On the contrary the border line between what is physiological and pathological is narrow. The pregnant woman should be under constant supervision. She needs judicious advice as to her mode of living. Particular attention should be given to the dietary, exercise, rest, sleep, and clothing. In other words she must be instructed in the hygiene and management of her pregnancy.

I divide, for purposes of discussion, pregnant women into two classes : (1) expectant mothers living in healthy surroundings, getting sufficient food; (2) expectant mothers living in unhealthy surroundings, getting insufficient food.

The first class require only passing notice. They should be encouraged, however, to engage their medical attendant at the earliest possible time after conception, so that they can be advised as to their mode of living during the intervening months, and they should be warned of the necessity to report at once any of the following symptoms :—A scanty flow of urine, headache, constipation, black spots before the eyes, swelled feet or any loss of blood. Impressed with the good results to both mother and child obtained by a properly managed pregnancy, Dr. Whitridge Williams presents a card with printed instructions to all his patients, a practice which might be followed more widely in these countries.

Class 2.—Expectant mothers living in unhealthy surroundings with insufficient food.

That much can be done to influence the child in utero is well known and accepted; at any rate the tremendously high mortality among infants of less than a year old which

20 *Eugenics limited to the Care of Pregnant Women.*

prevails goes to show that many children are brought into the world very little fit to cope with the environment trials that there await them. The first steps in the direction of successful treatment of the unborn infant must be the successful treatment of the pregnant mother. She must have ample food and rest. In the British Isles there is no organised or deliberate effort to care, during the last month of pregnancy, the wives of the poorer classes. Until the State recognises its duty to the expectant mother to enable her to bring forth healthy offspring, all the efforts of humanitarians to reduce infant mortality are doomed to failure.

What expectant mothers require during the last month of their pregnancy is rest, food and instruction. How can we attempt to solve the problem of securing the needed rest, food and instruction? I suggest, through expectant mother hospitals and special dispensaries. To Dr. J. W. Ballantyne belongs the credit of being the first to advocate Pre-Maternity Hospitals. He does so in the *British Medical Journal* of April 6, 1901, in an article entitled "A Plea for Pre-Maternity Hospitals." I cannot do better than quote for you his description of the requirements of such an hospital.

The Pre-Maternity Hospital need not be a separate establishment. It may quite well be an annexe of the maternity, but it must be distinct from the maternity. It will be for the reception of women who are pregnant, but who are not yet in labour. In the first place it will be for the reception of patients who have in past pregnancies suffered from one or other of the many complications of gestation; for working women who ought to rest during the last month of pregnancy, but who are unable from financial reasons to do so, and by patients who clamour

for admittance to our maternities, but who are told to come back again when the "pains have begun." It is worth while for us to realise that practically no provision is made in existing hospitals for pregnant women. In general hospitals cases of morbid pregnancy, for example, hyperemesis gravidarum, are sometimes received and treated, but mostly under protest, lest there occur a birth in the wards. In maternities pregnant women are not welcome much before the full term of gestation, for obvious reasons. Such patients would be received into the pre-maternity; it would be their special hospital. When labour pains came on they would be transferred to the adjoining maternity.

The scope of Dr. Ballantyne's pre-maternity hospital is, as you see, limited. My idea is an hospital where expectant mothers could get needful rest during the last month of their pregnancy, and where they could receive an ample supply of simple nourishing food. Such an hospital should have attached to it a competent medical officer capable of carrying out scientific observations having a bearing on the pathology of pregnancy, and the conditions that lead to malformations of infants.

I advocate the principle of expectant mother hospitals and that they should be endowed by the State. In this time of stress and scarcity of necessary foods the requirements of poor expectant mothers must be considered; their food, in the words of Dr. Jellet, must be simple, ample and nourishing. Under the present economic conditions they cannot provide the proper food in ample quantities. The coming race must necessarily suffer, and the mortality of children under one year go on increasing. A scheme of this kind, to be effective, must be big and comprehensive; half-hearted measures will end only in failure.

22 *Eugenics limited to the Care of Pregnant Women.*

If the State were ever to subsidise expectant mother hospitals to house the very poor expectant mothers during the last month of their pregnancy now is the time. Temporary buildings could be obtained which would tide over the immediate necessity, and later on larger and more elaborate institutions could be erected and the scheme amplified. My contention is that the coming generation must have first claim on the State. It is all very proper that Lunatic Asylums should receive a grant in aid, and that the expenses incurred by local authorities in carrying out the new treatment of venereal disease should be indemnified to the extent of 75 per cent. of their expenditure. Once the truth is brought home and pressed home that children must be saved, and can be saved, by the proper care and feeding of the expectant mother, the case is won.

Unfortunately many deserving mothers cannot for many reasons avail themselves of those hospitals; they have to work up to the time that labour begins. For such, special dispensaries should be opened, and pregnant women should be encouraged to come there and get advice. A scheme for feeding the necessitous mothers could be formulated. It is just as essential to nourish the infant through the mother during the last month of pregnancy as it is to feed the baby after birth.

It is most gratifying to know that a special expectant mother dispensary has been opened in Dublin in connection with the National Lying-in Hospital, Holles Street. This is probably the first of its kind in Ireland, and it is maintained by private benevolence. The Master, Sir A. Horne, and Dr. R. White are to be congratulated on their enterprise. They will, I hope, give us full information of its work and their methods of instructing the expectant mothers.

What can we representatives of the Dublin Midwifery School do? I believe it is up to us to take a leading, if not the principal, part in the education of the State as to its duties towards expectant mothers.

SIR ANDREW HORNE said there is no subject more important at the present moment than the care of expectant mothers and of infant life. In order to counteract the high mortality of infants occurring in our city during the past few years, two important societies have been formed, namely—the Babies' Clubs and the Infant Aid Society. I am pleased to say, from the most recent statistics of the Registrar-General, that already a considerable diminution has taken place. The establishment of special dispensaries for the care and treatment of expectant mothers will be the means of saving the lives of a large number of mothers during childbirth, as also of their infants.

DR. BETHEL SOLOMONS said that he did not believe that women of the so-called lower classes would enter pre-maternity hospitals. If they could be persuaded to come to dispensaries regularly during their pregnancies and have the urine tested it would be a step in the right direction. Although it was important that the pregnant woman should be fed properly he was doubtful if this feeding had much effect on the new-born infant, for the most starved mothers often have healthy, weighty infants, while the best-fed women often have weaklings. The best step from a eugenic point of view would be to improve the housing, and to promote the general education of the poorer classes. In the baby club of which he was the physician he was able to instruct mothers about pregnancy, and the nurse of the club visited the women in their homes in order to see that these instructions were carried out. Although he had seen evidence of maternal impressions in the infant, he thought that the solution of this problem had still to be elucidated.

DR. CRAWFORD said that pre-maternity work would become

24 *Eugenics limited to the Care of Pregnant Women.*

efficient only when some system of registration had been established by means of a State grant to women in the last months of pregnancy. The best method of education of pregnant women would be the pre-maternity dispensary working in association with a trained nurse, who would visit the women in their homes.

DR. NEILL said that the establishment of pre-maternity hospitals would allow of the early diagnosis of syphilis and of its treatment.

PROFESSOR McWEENEY pointed out that such a hospital as that contemplated would afford an excellent opportunity for ascertaining the existence of latent syphilis amongst expectant mothers. Blood could be taken from those whose history gave ground for suspicion, and submitted to the Wassermann test. The hospital or dispensary could become a centre for the gratuitous diagnosis and treatment of syphilis as contemplated under the new V. D. Order of the Local Government Board. Under this Order they could get their expenses recouped as to 75 per cent. of the total amount, from Imperial sources. A great deal of congenital syphilis might thus be effectively dealt with at an early stage.

DR. WHITE thought it would be difficult to get the mothers to leave their homes to go to pre-maternities, and more good could be done if expectant mothers got better food at home, which might be done under the new regulations of the L.G.B. Referring to Professor McWeeney's remarks, Dr. White agreed that much might be done by making the existing maternities centres for carrying out of the new anti-syphilitic regulations suggested by the L.G.B.

DR. GIBBON FITZGIBBON said the subject of pre-maternal care was very large, and required to be dealt with chiefly by a wide process of education. It was impossible to form any opinion of the benefit to be obtained from the results of the methods tried in the last few years. The process of education required should begin in the medical profession, and students should be taught the importance of advising their maternity patients to report themselves all through their pregnancies. He did not think much benefit would be obtained from having special wards in the maternity hospitals

for the reception of pregnant women during the last month of pregnancy, as at that time the results of neglect were established. Treatment early in pregnancy was wanted to prevent the conditions from which the complications arise, and this probably could best be done by encouraging the women to report at the existing extern dispensaries in connection with all hospitals. Those that did attend would act as an example to others, and gradually do away with the belief that pregnancy did not require any attention until the time labour set in. Pre-maternity care or neglect did not appear to have much influence upon the new-born infant, but the existing unhealthy conditions continued after the birth of the child, and then acted adversely to the health of the infant.