# A HUNDRED YEARS AGO

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## ECLAMPSIA AND ITS TREATMENT

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ECLAMPSIA IS NOT ONLY a formidable and very fatal disease, but today its occurrence is nearly twice as frequent as it was a quarter of a century ago. It is, therefore, very natural that we should ask ourselves what changes in our mode of living have occurred during the last 25 years, which would account for the recent very marked increase in the frequency of this terrible disorder.

In New York city itself, the deaths registered from eclampsia in 1902 numbered only 97, but in 1912 they numbered 171. Today in England and Wales, out of every 2,000 confinements one woman dies and seven, roughly speaking, are the subjects of eclampsia, while, strange to say, in Scotland this ratio is nearly doubled.

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In former days, when blood-letting was common, and was resorted to as a remedial measure for eclampsia, it has been computed that one in every three or four mothers suffering from this disease died; whereas now, when blood-letting is seldom thought of, the maternal death rate has fallen to one in seven, and the mortality in the case of children born under such untoward circumstances has likewise been greatly reduced.

### Changes in our mode of living

With all our hygienic improvements, the only retrograde changes in our mode of living, which have taken place during the last quarter of a century, and which can possibly be held accountable for the enormous increase in the frequency of eclampsia, are those which have not only been permitted but even encouraged to be made in the case of some of our most important food-stuffs. These changes have reduced unduly the mineral content more especially of those food-stuffs. The question of the mineral hunger thus provoked has so far attracted too little attention.

Some authorities attribute eclampsia to renal insufficiency and, consequently, the retention of urinary elements in the blood. Others again have suggested that the derangement is due to the passage into the maternal blood of poisonous substances, generated in the placenta or begotten in the foetus itself.

However, after a careful analysis of facts, I have come to the conclusion that the intoxication results from the intermediary and not from the end products of nitrogenous metabolism, and from the retention, primarily and more especially, of these intermediary products in the nerve and muscle cells, because there is an insufficiency of the requisite mineral substances circulating in the body of the mother to satisfy her own needs and those of her infant in utero.

### Processing of food

The woman who becomes pregnant in this twentieth century is seriously handicapped from the outset, because the average diet of today is very deficient in phosphorus, and in calcium as well, and a diet poor in calcium is responsible for nervous and other disorders.

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**Flour:** In the cereal grains there is, it is true, an abundant supply of phosphorus and calcium; but during the last 25 years, the roller process of milling has supplanted the burr-stone method of grinding wheat into flour, with the result that the marketable flour of today, from which our bread-stuffs are made, contains little or no phosphorus and little or no lime.

**Rice:** Quite recently, too there has sprung up the very pernicious practice of polishing and coating rice; a practice which has deprived this food-stuff of much of its phosphorus and of other bodies, too, which are indispensable to the maintenance of health in cases in which this cereal constitutes practically the sole diet.

**Milk and butter:** It is early days yet to speak deprecatingly of the use of pasteurized milk and of butter made from pasteurized milk; but heating milk to 140° F or higher so alters the chemical character of the milk, that it becomes altogether a less wholesome commodity than in the raw state.

Now, either the dietary of our forefathers contained too much phosphorus and too much lime, or the dietary of today contains too little of these all-important mineral substances. The latter is undoubtedly the justifiable conclusion, for different forms of mineral hunger are accountable for the increase of polyneuritis, appendicitis, duodenal ulcer, beri-beri, and many other diseases.

To safeguard the pregnant woman against eclampsia, we should ensure that her dietary contains an abundant supply of the mineral substances essential to her well-being. If a woman during the pregnancy complains persistently of lassitude and headache, the urine should be examined; but whether it is found to contain albumen or not, the mineral content of her diet should be supplemented. As soon as eclamptic convulsions develop, an attempt should be made forthwith to induce labour.

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