

## CHAPTER I.

## DISEASES AFFECTING THE PREGNANT WOMAN, INDEPENDENTLY OF THE GRAVID STATE.

THE grvida may be affected by any disease whatsoever, as well medical as surgical. We will briefly pass these diseases in review, and note the reciprocal action which they and pregnancy have on one another. Pregnancy, indeed, does not protect women from any disease, absolutely, and epidemic diseases, whether essentially so, or sporadic, attack, without distinction, the gravid and the non-gravid.

## EPIDEMIC DISEASES.

*Epidemic Colic (Grippe).*

Jacquemier, in 1837, found that this affection attacked nearly all the women in the Maternité. He did not, however, find, as Cazeaux did, that it was more fatal in them than in non-gravid women. Cazeaux, however, noted a large number of miscarriages, either the direct consequences of the disease, or of the violent cramps from which the women suffered.

*Cholera.*

*The Influence of Pregnancy on Cholera.*—Bouchut was the first to show that pregnancy has no influence on the appearance of cholera, in that it neither protects from, nor does it predispose to it, and that cholera follows its usual course without any modification, with its usual variations in character and severity. This does not apply to the influence of cholera upon pregnancy, the duration of which is usually shortened.

*Frequency.*—Among upwards of 3000 cases of cholera, reported by different observers, 139 occurred in pregnant females, of whom 55 died.

*Age.*—According to Hennig, the greatest number of cases have occurred between the ages of twenty-one and thirty-five; this is also the period during which the mortality has been the most considerable. It also increases with the number of pregnancies.

*Time of Appearance.*—According to Dietl and Hennig, women are most liable to contract cholera during the latter half of pregnancy. Among 63 cases observed by Hennig, there were 33 deaths. The average duration of the disease was eight days, the majority of the deaths occurring on the third day. He states that the malady presents the usual four stages, *viz.*, the period of incubation, of diarrhœa and convulsions,

that of collapse, and that of reaction. The hemorrhages from the genital canal, noted in cases of pregnant females, have been attributed by Slavjansky to a special form of endometritis.

*The Influence of Cholera on Pregnancy.*—Bouchut noted the occurrence of abortion in one-half of the cases in which the patients survived the disease.

The following table gives statistics from various sources in regard to the progress of labor:

			Recoveries.	Deaths.	
Bouchut, . . .	52 cases,	Miscarriage	25	16	19
		None	27	6	21
Saint Romes, . .	10 "	Miscarriage	4	1	3
		None	6		6
Bourgeois, . . .	4 "	Miscarriage	3		3
		None	1	1	
Gendrin, . . .	2 "	Miscarriage	1		1
		None	1		1
Drasche, . . .	25 "	Miscarriage	11		
		None	14		
Hennig, . . .	30 "	Miscarriage	27	18	9
		None	12	2	10

Hennig, comparing the results of epidemics in Leipsic, Vienna and France, found that about fifty per cent. of the pregnant women miscarried, the average mortality being forty-eight per cent., while of those who were not confined, sixty-six per cent. died.

The prognosis for both child and mother is very grave; of 85 children 50 died. Authorities differ as to the cause of death, Bouchut attributing it to the mechanical pressure of the uterus, due to the strong contractions of the abdominal muscles, others to lack of nourishment on the part of the mother, or to asphyxia, while Cazeaux believes that the change in the constitution of the blood (through the removal of the serum) leads directly to its coagulation in the placental vessels, with a consequent arrest of the circulation. The prognosis for the mother is no more favorable, as the statistics before quoted prove. Devilliers proposes the induction of premature labor instead of waiting until it occurs spontaneously. At first sight the figures seem to justify this interference, but Cazeaux calls attention to the wide variations in the severity of cholera, so that in the case of those women who were reported to have died without aborting, it terminated fatally before this accident could occur. This author, as well as Baginsky, disapproves of inducing premature labor, but Baginsky advises that the labor be terminated if it has once begun. Unfortunately, the cholera does not allow time for interference before the child perishes.

*Has Cholera any Influence on Delivery?*—If Slavjansky has called attention to the hemorrhages during pregnancy, they do not appear to be any more frequent after delivery, because they have been noted only two or

three times among the cases observed. Might not their infrequency be explained by reference to the changes in the uterine circulation caused by the death of the fœtus? Drasche has reported two cases of eclampsia. As regards the sequelæ of labor, they do not seem to be influenced in any remarkable manner; however, Scanzoni appears to admit that women are more predisposed to puerperal fever. Hennig has reported two cases of peritonitis and parametritis; both were cured. The treatment is the same as that of cholera in the non-puerperal state.