

CASE OF TYPHOID FEVER IN THE NINTH MONTH OF PREGNANCY WITH BIRTH OF HEALTHY CHILD.

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Mrs. M. S., multipara, aged 28, was admitted to Charing Cross Hospital, under Dr. Amand Routh, on January 8th, 1903, for typhoid fever, complicated by pregnancy. Prior to this illness the patient had never had any serious malady. The last monthly period occurred on April 10th, 1902.

History. About December 18th, when the patient was about eight months pregnant, she began to suffer from headache, dizziness and general malaise; she was unable to keep her bed, but tried to do her work as best she could, feeling worse every day. She took chiefly milk, and was not troubled with sickness during the first week of her illness, but after date everything she took made her vomit; her throat was dry, but not actually sore; she developed a cough, and also had some pain in the back. She kept about for three weeks, but was at last obliged to take to bed. For the last fourteen days prior to admission to the hospital she had three or four loose stools each day.

On admission the temperature was 102.6° , pulse 120, low tension, but not dicrotic; she complained of great weakness, slight pain in the back, headache, and thirst. The fundus uteri reached up to two inches below the ensiform cartilage. There were some slightly raised pink spots on the abdomen and back, which faded on pressure; there was tenderness in both iliac fossæ, especially the right; the spleen was palpable just below the costal margin; the tongue was moist and covered with a thick creamy fur, but clean at the edges and tip; the heart sounds were feeble. On the night after admission labour came on, and the child was born alive without any evidence of disease; the placenta was spontaneously expelled.

After the birth of the child the temperature rose, and within twenty-four hours had reached 104.8° , but was reduced by ice-sponging every four hours. After this the patient made satisfactory progress, the uterus involuting normally, and the temperature falling by lysis till January 15th, when it fell suddenly from 102° to 96.2° within eight hours, without any other signs except slight vomiting of the contents of the stomach; the pulse at the same time fell from 112 to 96. Dr. Montague Murray saw the patient in consultation with Dr. Routh, and confirmed the diagnosis of typhoid, and in the

absence of any collapse, marked anæmia, or abdominal tenderness, agreed that the sudden drop of 6° F. did not indicate either internal hæmorrhage or bowel perforation. The temperature rose again in twelve hours to 102·4°, only to fall again suddenly the following night to 97·6°. The uterus was examined, but found to be not tender, and the cervix was healthy and would not admit the finger, and there were no septic sores on the vulva or in the vagina. After this the difference between morning and evening temperature became less marked, and a normal temperature was reached on January 22nd, above which it never rose again till convalescence was established.

A positive Widal reaction was obtained from the blood of the mother, but a negative one from that of the child. The child made satisfactory progress up to the time of leaving hospital, and showed no signs of disease.

Remarks. The case is of interest as an example of typhoid fever in the ninth month of pregnancy, a rare occurrence, for in the vast majority of such cases these two conditions concur in the early months of gestation. The case confirms the view that pregnancy does not tend to influence unfavourably the course of the typhoid fever. It shows that the epithelium of the chorionic villi can act as a safe barrier against the passage of organisms from the maternal to the fœtal blood. Fordyce, Widal, Eberth, Freund, Siglio, Ernst and others, have published cases where the fœtus *in utero* has become infected, and it is believed that when an infant, as in this case, does not become infected, it is probably due to an entirely intact syncytial layer acting as a germ filter, and this is supposed also to explain why it has been found possible that only one of twin fœtuses may become infected in cases of maternal small-pox. In this case the child was in perfect health, and Widal's reaction gave a negative result.

The favourable course of the disease is worthy of note, in spite of the fact that labour came on just at the critical period (4th week) of the disease; and the sudden fall in temperature of six degrees on two consecutive days without any discoverable cause was a curious phenomenon.

It has been stated that premature delivery during typhoid leads to a sudden lowering of temperature and rapid convalescence. In this case this did not result, and it is probable that such cases are not typhoid fever at all, but that the illness is due to a toxæmia of biochemical origin derived from the fœtal death *in utero*, with consequent placental changes, for all such cases seem to have been delivered of dead children, and in some there is evidence of the fœtus having been dead some time.