

ART. IX.—*Will a child born after the mother has had Small Pox, and contracted after she has conceived, be liable to contract the disease?* By ARCHIBALD HALL, M.D., Professor of Midwifery, University of McGill College, Associate of the College of Physicians of Philadelphia, Physician-Accoucheur to the University Lying-in Hospital, &c., &c.

The number of the Medical and Surgical Reporter of Philadelphia, of date January 26th, contains the following important query, put to the Profession in a letter, by Dr. Trimmer of Whitehaven, Pa.

“ Will a child born after the mother has had Small Pox, and contracted after she has conceived, be liable to contract the disease? Would the period of pregnancy have any thing to do with the disease? ”

These are important questions, and to which the attention of the profession has not been hitherto directed. Indeed the cases offering, which might tend to elucidate them, are, if not rare, seldom watched; while the practice of vaccination, as commonly pursued, is seldom accompanied with questions (if the parties are unknown,) as to the existence of Small Pox in the mother during the period of gestation. Such cases are however admittedly rare, and if a chance of making such an investigation did arise, it would be, more than likely, overlooked. A case has lately occurred within my practice, which enables me to give some kind of reply to Dr. Trimmer's first question.

I imagine it may be laid down as a general rule that pregnant women attacked with eruptive fevers are exceedingly apt to miscarry, probably in consequence of the death of the child, although there exist many exceptions. Again it is well recognised as a fact, that one attack of an eruptive fever, by no means, as is commonly supposed, exempts the individual from a subsequent one. I have seen instances of persons, pockmarked, suffer under a subsequent one, and I distinctly remember of having seen a man who was suffering under a third attack of the same loathsome affection; and parallel observations are very common with regard to Rubeola and Scarlatina. All that we can affirm with regard to the influence of primary attacks of these diseases is, that the individuals are rendered thereby *less* obnoxious to subsequent ones, but nothing more. With regard to variola vaccination acts in a similar manner, and not improbably to an equal degree. As regards the fœtus, we can hardly suppose that the infant in the uterus of a pregnant woman should not be influenced by those diseases, under which the mother's system is suffering, and that it should not participate in all those protective effects, which, if any, a primary attack commonly entails. That this is more than probable, the following case will tend to shew.

About four or five months ago I was requested to prescribe for a Mrs. B., aged 18, a strong healthy young woman, pregnant with her first child, and then about the sixth month of utero-gestation. She had been vaccinated when an infant, but was now labouring under a sharp attack of modified Small Pox, this disease having been then prevalent in that part of the town in which she resided. There were unmistakable signs of incipient uterine action, and I anticipated premature labour as the inevitable result of the disease. The symptoms were calmed, however, by the administration of a full dose of the Solut. Morph. Mur.