

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

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PUERPERAL PHENOMENA OF INFLUENZA.

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Pregnancy and puerperal fever confer no immunity from influenza, nor, on the other hand, do they furnish any predisposition towards it. The pregnant and lying-in contract it perhaps less frequently than men, but quite as readily as other women, and no more so. The severity of their attacks of uncomplicated influenza in a general way calls for no special comment, as it differs but little from that accompanying the course of the disease in others.

In some instances in my own experience pregnant patients have appeared to suffer less from nervous and muscular prostration than others. It may be that the physiological hypertrophy of the heart during pregnancy prevents, to some extent, the profound prostration which is so frequently produced by the disease. The aged, the very young, and the weak, frequently succumb to the intensity of the fever, and the rapidly developed depression. From an obstetrical point of view we can, of course, exclude two classes—the aged and very young. As to the weak it unfortunately happens that a few delicate creatures, weakened by phthisis, or anæmia, or some other serious condition, become pregnant; and, for such, the advent of influenza is a sad calamity, which somewhat frequently results in death. However, women are generally healthy (as we understand the term) during the child-bearing period. At least I shall presume that such is the case in my consideration of the subject.

Pregnancy.—Influenza may induce abortion or premature birth, especially in severe cases with

high temperature and great prostration. The danger is still greater when complications arise, especially those pertaining to the thoracic organs. A severe gastro-intestinal catarrh, though not one of the most common, is certainly one of the most serious, complications, and frequently terminates the pregnancy. What are the causes of the abortion or premature labor?

1. Death of the fœtus. (a) From high temperature alone—what H. C. Wood calls “heat stroke.”—A maternal temperature of 104° F. always imperils fœtal life. A rapid rise to 106.5° will almost certainly destroy it. The fœtus has its own heat producing apparatus, and certain experiments made in face and breech presentations (when one thermometer was placed in the mouth or anus of the fœtus, and the other in the vagina of the parturient woman) indicate that in normal cases the temperature of the unborn child is slightly higher than that of the mother. In diseased conditions the difference may be greater, but we have not sufficient evidence to speak with any certainty. (b) From intra-uterine influenza (?) (c) From asphyxia, when the blood pressure of the mother is materially lowered, especially in those cases where profound depression continues for some time after acute symptoms have disappeared.

2. Hæmorrhagic endometritis. Premature and profuse menstruation in young girls, and menorrhagia and metrorrhagia in non-pregnant women are not uncommon as a result of this condition (endometritis) which is produced by the influenza. A similar inflammation of the endometrium during pregnancy, I have no doubt, sometimes produces abortion.

3. Irritation of the muscular tissue of the uterus from high temperature, or the poisoned condition of the maternal blood. One or other of these factors, or both combined, may produce an irritation of the musculature which will cause the expulsion of the uterine contents independently of the condition of the embryo, or fœtus.

I think that the most common cause of abortion induced by influenza is the death of the fœtus; and, at the same time, I think the most common cause of the death of the fœtus is the high maternal temperature. If my view be correct it is probable that the influenza acts like other infectious diseases, especially typhoid fever. I believe, however, that uncomplicated influenza induces