

dence for supposing are connected with the malarial phenomena. Several of the observed cases, also, occurred during the months of the past winter and spring, when the omnipresent poison was more prevalent and virulent than usual. These statistics, however, show decidedly that gestation confers no exemption whatever from attacks of malaria, but that the pregnant woman is probably more likely to suffer from it, if exposed to its influence, than if she were not in that condition.

Why I should have found a larger percentage of pregnant women suffering from malarial manifestations than other observers I cannot say, unless, with the reasons previously alluded to, the district in which my records were made is one in which ague and its congeners are more prevalent than in those localities in which other statistics were collated.

Secondly. When malaria attacks a pregnant woman does it exert any remarkable effect upon the course of pregnancy? To this query my observations give a very decided affirmative answer. Of the thirty-six women who contracted malaria during their period of gestation, all of whom received treatment, some however in a later stage than others, seventeen either aborted or were delivered prematurely. Malaria may not have been the sole cause of the miscarriage in each case, but as they all suffered from this toxic condition at the time of the accident, I believe it to have been a prominent factor in the etiology. Although women with a history of previous abortions, especially those who suffer from lacerations of the cervix, or other morbid state of the uterus giving rise to the various hystero-neuroses, are probably more apt to miscarry if afflicted with malaria than women comparatively healthy, still many of those women who suffer from pathological conditions of the uterus, rendering them prone to miscarry, I am convinced would have gone to their full term if malaria had not attacked them. These figures agree approximately with Goth's. Of his forty-six cases, previously referred to, nineteen labors were premature. Bourpane (*Centra-bl. fur Gyn.*, 1884, s. 821)* affirms that malaria causes more abortions than syphilis. This, of course, can only refer to malarious localities, which for obvious reasons may be

*Quoted in *British Med. Jour.*, July 18th, 1885.

correct. Grauden* believes that a woman, the victim of malarial fever, is apt to miscarry. Lusk † writes that malarial fever does not produce abortions except in rare instances. Boufils (*Goz. Med. de Paris*, Jan 2, 1886) ‡ records that whilst abortions are far from being the rule in women attacked with paludism, premature labor is frequent. Of the seventeen cases occurring in my series, two happened in the second month of gestation, three during the third, three in the fifth, two in the sixth, five in the seventh, and two in the eighth. That is five in the first half and twelve during the second half of pregnancy. Whilst, of the nineteen victims who had malaria, but did not miscarry, only three were attacked during the first half, and fifteen during the last half, and of these fifteen seven were afflicted during the last month of their pregnancy. This statement coincides with some observations recently made by Loov,§ that intermittent fever occurs more frequently in the second half of pregnancy than in the first. The prognosis of an abortion or premature labor occurring during an attack of intermittent or remittent fever is not more fatal than such accidents from other causes. The seventeen cases under my care all made good recoveries. The treatment adopted was the syringing out of the uterus with an antiseptic solution in those cases in which the fingers or hand had been introduced into that organ for the purpose of extracting the placenta or membranes—the immediate delivery of the placenta and membranes being my practice in almost all cases; the use of antiseptic vaginal injections subsequently, and the liberal administration of quinine, much more of the antiperiodic being required to cut short the fever and prevent other paroxysms than in ordinary cases of these fevers. As to the direct cause of the expulsion of the products of conception during an attack of malaria opinions also vary. Oazeau|| considers that the fever is the cause. Grauden* that the infection of the fœtus by the increased temperature may result in its expulsion, by first causing its death. Boufils, already referred

**Am. Jour. of Obstet.*, Dec., 1883.

†*System of Midwifery*, p. 254.

‡Quoted in *Med. News*, Feb. 6th, 1886.

§*Am. Jour. Med. Sc.*, Jan., 1886.

||*System of Midwifery*, p. 445.