

compiled from 310 cases, in which pregnancy was interrupted in 199, are of interest in this connection. A subdivision of his statistics, according to completeness of data, showed that in a series of 169 cases, the pregnancy was terminated in 103, with 22 maternal deaths. Of this number, 124 of the patients were less than seven months pregnant, and of these 72 either aborted or miscarried, while the remaining 52 came to term. Of the second group of 45 patients, more than seven months pregnant, premature labor occurred in 31 with 6 maternal deaths.

A termination of the pregnancy may be expected in about 66 per cent. of the cases, or in other words the chances are two to one that the patient will abort.

*Abortion in relation to the febrile period:* The time of abortion in the ten cases varied from the fifth to the seventy-first day of the typhoid infection, the average being the twenty-second day. Two cases aborted during the first febrile week, three during the second, two during the third, and one during the fourth, sixth and seventh weeks respectively. The patient, who aborted on the fifth day of the disease, was but five weeks pregnant and was suffering with a chronic nephritis at the time. The patient with delayed abortion on the seventy-first day was convalescing from a severe attack of typhoid, when suddenly, after a period of normal temperature, the fever rose to 105°, labor pains began, and a six months' foetus was born dead.

A study of the statistics of other observers indicates that the time at which abortion most commonly takes place is during the latter half of the second week or the early part of the third week of the typhoid fever.

*The mortality:* The maternal death rate was extremely low, an *exitus letalis* occurring in but one of the eighteen cases (5.5 per cent.). This is slightly greater than half the mortality rate of the hospital for typhoid in general (9.1 per cent. in 1,500 cases). Nor could death in this one case be attributed as resultant directly upon the pregnancy. The patient, five months pregnant, in the course of her typhoid fever developed an acute nephritis, with a resulting oedema of the glottis, which proved fatal. At autopsy multiple abscesses of the kidneys, due to *B. typhosus*, were found.

The reports of other observers show a considerably higher maternal death rate. Mueller places the mortality of the mother at 21 per cent. Sacquin in 233 cases noted 37 deaths (16 per cent.). Curschmann in the Hamburg epidemic found 7.8 per cent. of deaths in 38 cases. At Guy's Hospital the death rate was one in seven, or 14 per cent. Vinay noted 17 per cent. of deaths. Accordingly the average mortality may be estimated as not greater than 15 per cent. The general mortality in typhoid fever is known to be variable, ranging from 5 to 12 per cent. in private practice and from 7 to 20 per cent. in hospital practice. It would seem that the