

diseases which are most likely to bring on labour are those in which there is a very sudden rise of temperature, to a high degree. Those in which the temperature does not tend to be very high, but the disease runs a long course, are most likely to cause death of the foetus.

Another danger due to the combination of acute diseases and labour is the increased susceptibility produced in the woman to puerperal septic infection.

*Pneumonia* is a fairly common disease to occur in pregnancy, and may develop at any period. It is primarily an affection of the lungs, produced by a definite micro-organism called the pneumococcus. The chief indications of the disease are found in the lungs, and that is where the pneumococcus develops, but the entire body is poisoned by the toxins produced by the organisms of the disease and carried away in the circulating blood. The onset of the disease is sudden, usually with a rigor followed by a rapid rise of temperature to 103 degs. or more in a day, the disease is fully developed, the patient has a persistent high temperature, rapid pulse, and short, rapid respiration. This condition continues for five to nine days, and ends by a sudden fall of temperature, the pulse rate diminishes, and the respiration becomes slower and much easier. That is, shortly, the typical character of pneumonia, but when this disease occurs in a pregnant woman there are several alterations from the ordinary characteristic course.

*Pneumonia* will, in the majority of cases, produce labour, it may occur at any period of pregnancy, and so the prognosis for the child depends upon how far advanced the pregnancy is when the disease starts, beyond this the child is little, if at all, affected. If the pregnancy is near its normal end, the child will be born alive and healthy, while if the pregnancy is early the labour will be either an abortion or miscarriage, and the possibility of a living child will be out of the question, so that in pneumonia the prognosis for the child is wholly dependent on whether, when it is born, it is sufficiently developed to be able to live.

The onset of pneumonia in pregnancy is the same as under other circumstances, and it runs an ordinary course for three to five days, then labour generally starts, and that is when the disease is at its height. The labour is brought on by the high temperature, and by the poisons of the disease acting on the muscles of the uterus as a stimulus to contraction, and also by acting on the special

nerve centres in the spinal cord, which control the contractions of the uterus. When labour has started, it runs a normal course, and seems, if influenced at all, to be quicker and easier than ordinarily. There are no special dangers in the labour produced by the pneumonia, but the additional strain produced by the labour may be too much for the heart in some cases where the heart is already weakened by the pneumonia, and the labour has started late in the course of the disease, and so in cases where the pneumonia has been severe, or the labour comes on late about the fifth day, there is a danger of cardiac collapse occurring while the labour is in progress.

When the labour is completed, there is an apparent improvement in the patient, the temperature comes down, the pulse improves, and the respirations become less shallow and rapid. This change is partly due to the necessary loss of blood which takes place during the labour, and the consequent relief of congestion of the heart and lungs, and also to a larger extent to the diminished size of the uterus in the abdominal cavity, which enables respiration to be carried on with very much greater freedom owing to the pressure of the abdominal viscera being taken off the lower surface of the diaphragm, also the pressure being removed from the abdominal viscera, enables more blood to go to them, and so further relieves the congestion of the heart and lungs.

This temporary improvement does not continue; in about twenty-four hours the condition has returned to what it was before labour started, and the pneumonia continues its course for a few more days, when, if the patient has survived, it starts to improve. Here, again, there is a change from the usual events. Instead of the disease terminating by crisis, and the temperature coming down to normal, the pulse rate falling rapidly, and the respirations greatly improving in about twelve hours, the disease ends by lysis, and the improvement in the temperature, pulse, and respiration takes place slowly, requiring three or four days to reach the normal limits. After the pneumonia has improved, and the patient started towards recovery the chief dangers are over, but it must be remembered that the patient is in a much more delicate state than after either pneumonia or labour alone, and she is much more susceptible to septic infection than in the ordinary puerperium, consequently the greatest care must be exercised in the avoidance of any possible introduction of septic organisms.

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