

Pregnancy—Premature Birth— Typhoid.

Mr. J. H. Francis Nunn, M.R.C.S., L.R.C.P., reports in the *St. Bartholomew's Hospital Journal*, a case which is of much interest to midwives. It shows the importance of at once advising that a medical practitioner should be called in in any midwifery case which does not run a straightforward course. Mr. Nunn writes:—

Mrs. S—, multipara, was a little more than eight months advanced in pregnancy, when I was told that she was unwell, and was losing a little blood. I advised her going to bed, gave some sedative medicine, and directed that I should be sent for if she became worse.

For a week or two it appeared she had been feeling generally unwell, sickly, and tired, but this she thought was due to her condition and the hot weather.

Three days after I received an urgent message from Mrs. S—. I found her rapidly advancing in labour, and soon the child was born. It was healthy, well nourished, and appeared to be about an eight month child.

The next day Mrs. S— seemed bright, though she did not look well, her face being yellowish, her tongue coated, and her temperature raised. It appeared as if her liverish condition was causing this temporary upset.

The second and third day she was much the same, with a temperature of 100 degrees to 101 degrees. Calomel was given, and, after this, for several days, there was diarrhoea, though not distressing. The temperature still keeping up, one concluded that the process of lactation might have some bearing on it, especially so as she had been poorly and bilious before the confinement. There was also present a little general abdominal pain, and tenderness about the liver. I was surprised to find that the spleen was distinctly enlarged. There was also tenderness on palpation in the right iliac fossa, and now the condition suggested enteric fever. The pain was clearly not uterine, the uterus being movable, and not tender to touch.

The examination of the patient's blood was negative as to Widal reaction, and the patient gradually getting better, the diagnosis appeared doubtful, though the patient was treated personally and as to general hygiene as if the case were enteric.

After about four weeks, the patient seemed fairly strong, and she was allowed to leave her bed. The second or third day she had a rigor, and now from day to day, as regards tempera-

ture and other symptoms, the case was fairly typical of typhoid.

The patient was kept in bed a longer period, and had no further relapse. Soon after this the patient's husband, who had been away, returned home. He was taken ill, and my locum (knowing of the wife's illness) considered the illness was enteric fever. He was removed to the Hospital, and had a severe lingering though not very acute attack. Although the blood was tested several times, no positive reaction was obtained.

I think this case is interesting as emphasising what is often dwelt upon in the wards, that important symptoms may be missed or masked by some other group of symptoms or condition. Here pregnancy and the premature delivery obscured somewhat the early symptoms, and wrongly deducted from their intrinsic importance.

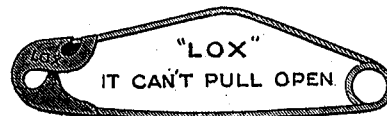
Enteric poison is known to be a cause of abortion. Neither in these two cases, nor in a third, an infant sixteen or eighteen months old, who had definite typhoid with a relapse, was there a positive blood reaction.

AN EXCELLENT INVENTION.

We feel sure that many midwives and nurses will be glad to have their attention directed to a safety pin which cannot pull open, for nothing is more vexatious in use than a so-called "safety"



pin which gives way under a slight strain, and refuses to catch in the groove provided for it. With the Lox Safety Pin this is impossible, as by an



ingenious arrangement the pin, which is provided with an eye like a needle, is clipped through this and locked in place, hence its name. It is obtainable from all drapers, or from William Oliver and Sons, 1, Winchester Avenue, Silver Street, E.C.

AN OBJECTIONABLE ROUTINE PRACTICE.

Dr. Peter Horrocks, writing in the *British Medical Journal*, says that the routine practice of dropping a germicide into the eyes of every newly-born child is, to say the least, an unnecessary measure, and, before long, it is to be hoped it will become as obsolete as routine vaginal douching after labour.

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