

## The Midwife.

### BACILLURIA DURING PREGNANCY.

Dr. W. Hale White, in the course of an address on "The Importance of Examining the Urine Bacteriologically," delivered at the opening meeting of the Derby Medical Society and published in the *Lancet*, spoke as follows on "Bacilluria during Pregnancy":—

"A few years ago we were ignorant of the existence of bacillus coli in the urine of pregnant women; now we know it to be common. One wonders to what the illness of the patients was formerly ascribed. As far as I can remember the first case of bacillus coli infection in pregnancy which I recognised was admitted under me seven years ago; the urine contained a pure culture. Since then I have seen many cases, and I do not think that now they ought to be overlooked. The symptoms associated with the micro-organisms vary very much in severity, so much so that we want a systematic examination of the urine of some hundreds of pregnant women, for often the symptoms are so slight that it is difficult to avoid a suspicion that the bacilli may be found in the urine of pregnant women even when there are no symptoms suggesting that they are there. Certainly the symptoms often subside and yet the bacilli remain; for how long we do not know. It would be a very valuable observation to examine the urine of these patients systematically at regular intervals for months after the disappearance of clinical symptoms. We at present have much to learn about the disease, for as the symptoms vary so much, and the bacilli are still present after the symptoms have disappeared, either the micro-organisms themselves must be very changeable, or other factors than the bacilli must contribute to determine the clinical variety of the patient's illness. We have already seen that there is as yet no perfect explanation as to why colon bacilli should appear in the urine during pregnancy; there certainly is a liability for them to be found there in other conditions, for they are by far the commonest pathogenic micro-organism in the urine. They are found in nervous diseases, after typhoid fever, and during tubercular peritonitis. The symptoms of coli infection of the urine in pregnant women are the same as in those who are not pregnant, and in both there may be either cystitis, pyelitis, or pyelonephritis, and these may exist in the

same patient. The right kidney is much more often affected than the left, but both may be affected. We have already considered several examples of the condition in women who are not pregnant, so there is no need to give other examples taken from those who are. The best way to avoid missing these cases is always to think of the possibility that the presence of bacillus coli may explain illnesses that occur during pregnancy. Sometimes the symptoms are so trivial that their true cause is overlooked; sometimes they are so severe that they mislead, as the following case shows. A pale young woman was, during the fifth month of her first pregnancy, seized with severe fever, and the temperature remained raised for seven weeks. She had a hæmic murmur which led to a diagnosis of malignant endocarditis, and consequently a very bad prognosis was given. Later on the urine was examined and found to contain some pus and plenty of bacillus coli. She was treated with urotropine and an auto-genous vaccine; she got quite well and was confined at full time of a healthy child. The following case shows how little may be wrong with the urinary tract and yet how ill the patient may be. A young married woman was admitted during the sixth month of her second pregnancy. She was suddenly seized with acute pains in the abdomen, especially on the right side. The pain was so severe that she was brought at once to the hospital and admitted immediately. Her temperature was 103° F., and there was some diarrhoea. She had had slight frequency of micturition; she was tender over the right kidney and ureter, but the urine only contained minute quantities of pus but plenty of colon bacilli. She was very ill and her temperature was often 103° for a week after admission, but under the usual treatment she got quite well. I have not seen any case so severe that the patient has not got well by medical treatment. As far as my experience at present goes it is never necessary to induce premature labour nor to perform any operation upon the affected kidney."

The above cases will be of much interest to midwives, who are frequently brought into contact with pregnant women and are often puzzled by the symptoms they detail. They must, of course, refer the patients to a medical practitioner, but it simplifies matters if, in doing so, they can give an accurate account of the patient's condition.

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