III.

A Case of Prolonged High Temperature during Pregnancy with other symptoms of Toxæmia.

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MRS. N., æt. 24, a primigravida, was admitted to the Western Infirmary, Glasgow, under Prof. Stockman's care, on the 28th of May, 1907, complaining of vomiting, cough, and general weakness of 31 days' duration, and of jaundice of 5 or 6 days' duration. The patient was about six months pregnant, and during the whole of the pregnancy she had been troubled with vomiting. A month before admission she had been seized with an "influenza cold," with headache, pain in the back, and general aching in the limbs. At this time the vomiting had increased, and she had developed an irritating cough. A few days after the onset of her illness she had been seized with intense colic in the epigastric region, the pain shooting in a downward direction and being most marked at the sides of the epigastrium and at the costal margins. The pain lasted for two days and was most marked on the left side. Three weeks before admission she had developed, according to her doctor, a left basal pneumonia. This seems to have subsided, the temperature coming down only to rise again in a day or two and remain more or less remittent up to the day of admission. Five days before admission jaundice had set in, with yellow tinging of the body generally. The vomiting became worse again. The patient had lost weight considerably. The bowels had been regular.

The previous history contained nothing of importance. The patient had always been "troubled with her stomach," and had suffered from flatulence and constipation. Before the New Year she had had an attack of lumbago.

On admission, the patient had the usual signs of jaundice. There was a little dulness at the bases of the lungs. A needle was introduced into both bases and nothing was found. The liver was a little enlarged. The heart exhibited nothing abnormal except a soft systolic murmur at the base. The urine contained bile but nothing else abnormal. The pulse was 130 and the temperature 101°. The examination of the blood gave Hb. 52 per cent., R.B.C. 4,500,000

and W.B.C. 10·500. On five other occasions the W.B.C. were found to amount to 12·500, 13·700, 12·800, 10·800 and 11·800.

On the 1st of June the patient had a severe rigor. On two occasions during her stay in hospital there was some tenderness over the region of the gall bladder. This only lasted for a day or two at a time. A little pus was occasionally detected in the urine. There were no tubercle bacilli in the urine or in the sputum. Widal's reaction was tried for several times, but with negative results.

Prof. Stockman was unable to find any definite cause for the persistently high temperature. Several of the surgeons in the Infirmary saw the patient, but none of them could detect anything wrong.

Prof. Stockman asked me to see the patient on July 1st, with a view to transferring her to the Maternity Hospital for induction of labour. When I saw her, labour had commenced, so she was at once transferred.

On admission to the Maternity Hospital the patient was seen to be much jaundiced, the whole of the skin being of a bright yellow colour. She was much emaciated and haggard looking. The tongue was dry and coated with a hard brown crust, and there was slight bleeding from the gums. The abdomen was about equal in size to that of a woman 6½ months pregnant. The foetal heart sounds were audible. The urine was deeply stained with bile and contained some albumen. The os uteri was nearly fully dilated, and the head presented.

Three hours after admission the membranes ruptured, when the os was found fully dilated, and as the patient was much exhausted the forceps was applied and delivery effected. The child, a female, was still-born, but it seemed perfectly normal. The liquor amnii and membranes were deeply stained with bile. The placenta was normal.

After delivery the patient's temperature was 97·8° F., and the pulse 90. Throughout the puerperium the temperature was never above normal except on the evening of the fourth day, when it reached 101·6° F., but it only remained up for a few hours. There was nothing to account for this slight rise of temperature. The jaundice rapidly disappeared, and in a few days the patient was clamouring for a full diet.

She was discharged quite well on the 16th July. She had begun to gain flesh.

Prior to the admission of the patient to the Western Infirmary the feverish condition had existed for 31 days, so that it lasted altogether for 10 weeks. The morning temperature was usually about 99° and occasionally as high as 100°. For about ten days it was slightly subnormal. There was an evening rise of from two to two and a half degrees. The highest point reached during the

patient's stay in the hospital was 104·2°F., on the 1st of June, when a rigor occurred.

As to the cause of the condition I cannot venture to suggest any possible explanation. The signs of both tubercle and enteric fever were carefully sought for with negative results, and there was no leucocytosis. There must have been a toxin present, and the fact that the temperature subsided with the emptying of the uterus would lead one to suppose that the uterine contents had been the source of the toxin, but there was nothing abnormal to be observed in the child or the secundines, except the bile-stained condition of the liquor amnii which was the result and not the cause of the condition. That the child was weakly and perished during delivery is not to be wondered at. It is a wonder that it had not perished long before. We may call the case one of toxæmia of pregnancy, but as to what that means, I am afraid we must confess that, at present, we are ignorant.