OBSTETRICS

INFLUENZA AND PREGNANCY—A SYMPOSIUM

By W. W. Winans, M. D., Rochester, N. Y.

We sent questionnaires out to the members of the society, and we heard from fifteen. Dr. Huntoon and myself put in several nights getting the statistics together.

There were 2,772 cases of influenza, simple and complicated, reported.

Total influenza cases complicated by pneumonia, 118.

Total pregnancy cases, 1 month before full term, 119.

Complicated by influenza, 71.

Total deliveries, reported premature or at term, between October 15 and January 15, 84.

Stillbirths, 7.

Infantile deaths, 6.

Maternal deaths, 2.

Total deliveries before term from other causes, 17.

Stillbirths, 8.

One infantile death.

One maternal death.

Total deliveries before term complicated by influenza, 7.

Stillbirths, 4.

Infantile deaths, 3.

Maternal deaths, 1.

Total deliveries before term complicated by influenza-pneumonia, 15.

Stillbirths, 3.

Total cases complicated by influenza, 60.

Total deliveries complicated by pneumonia, 24.

Infantile deaths, 2.

Maternal deaths, 4.

Total deliveries at term, 109.

Stillbirths, 2.

Infantile deaths, 6.

Maternal deaths, 1.

Total deliveries at term complicated by influenza, 31.
Stillbirths, 1.
Infantile deaths, 1.
Maternal deaths, 1.
Total deliveries complicated by influenza-pneumonia, 16.
Stillbirths, 2.
Infantile deaths, 3.
Maternal deaths, 4.
Total cases complicated by influenza-pneumonia, 45.
Infantile deaths, 5.
Maternal deaths, 4.

We now ask for any one's experience. We would like to hear from Dr. Ward, as we were much disappointed in not getting statistics from San Francisco.

Discussion

Dr. Florence N. Ward: I regret that the letter was not received before I left. In San Francisco we were particularly unfortunate in having a very large percentage of pregnant women get influenza, and unfortunately we had a very heavy death rate. I think I could have obtained from the Board of Health the death rate. The Board of Health sent a circular letter to every physician. I do not know what was done in other cities, but the death rate among pregnant women was very high; we had very many fatal cases. At the time the epidemic broke out, our Sanitarium was full of fresh surgical and obstetrical cases. We at once instituted the strictest quarantine. No visitors were allowed, and no one entered except under rigid inspection. In that way none of the patients in the Sanitarium contracted the disease, so that we protected all the mothers, and all the surgical cases.

I had two Cesarean sections of particular interest. We found that patients who had contracted influenza, if they had to undergo labor, almost invariably developed pneumonia with fatal result to the mother. The first patient I operated upon was a young primipara. Twenty-four hours after she contracted the disease labor pains began, two weeks before the expected time. She had a temperature of 102°, and pulse of 120. The pulse was unusually high. She went into labor and had pains for 12 hours. Examination showed no appreciable dilation. After 12 hours of labor with no dilation she had a very severe hemorrhage. Hers was the hemorrhagic form. In a short time she had a second hemorrhage. I examined for the fetal heart sounds, and found the baby still alive. Temperature 102°, and the patient was already coughing badly. I believed the patient could not go through labor. The cervix had not dilated. If we could deliver her quickly we would have a living child and save the mother if she could be spared the throes of labor. We delivered her under nitrous-oxid, in one and a half minutes, had a living child, and the mother survived. She had

pneumonia, but made a good recovery, and I feel sure that we saved her.

If I had done the same thing with the other patient I would not have lost her. She is the only Cesarean section I have ever lost. One of my assistants had been caring for the case. She was a young primipara, very heavy and fat, always the worst type. She was 28 years of age, and weighed over 200 pounds. She had had both breasts removed by some operator in the East. She had influenza followed by pneumonia. Before she had influenza she had begun to show signs of renal insufficiency. I watched her carefully and found that the baby was dead. I had consultation. We thought if we could relieve her of the dead baby we might give her a chance. We gave her nitrous-oxid-oxygen, and quickly delivered her, but she died in 36 hours. If I had been brought in contact with the case earlier I would have operated early as in the other case, but she was a particularly bad type. Her only chance would have been to have delivered her quickly in the very beginning of the pneumonia. That might have given her a chance. The distress of the pregnant woman laboring with pneumonia is the most appalling thing we ever encountered.

Dr. Stella Q. Root, Stamford, Conn.: I did not complete my record in time to write Dr. Huntoon, and so I brought it with me. It is comparatively simple.

I only practiced six weeks of the influenza period. During that time I had 91 cases of influenza, with 23 cases of pneumonia. I had 42 pregnant women varying from two months to term. Of these 42 pregnant cases a little less than 25% had influenza, and only three of these ten had pneumonia. I only lost one case out of the 91. I thought until I heard the statistics this morning in the Bureau of Homeopathy that my record was nothing but luck, but now I hope it was due to homeopathic therapeutics. The case I lost was a woman four months pregnant. She induced an abortion on herself, had been flowing for five days and was almost exsanguinated. Her home conditions were such, that although the hospital was well filled with pneumonia I had no alternative but to take her there. She stood the curettage well and was in fair condition when I sent her home in an ambulance at the end of a week. A week from the time she went home she developed influenza, and almost immediately pneumonia. We felt that a week was rather long for the exposure if she had contracted it from cases in the hospital. She died within four days. The fetus was stillborn.

There were four others with influenza delivered during this period. One had pneumonia quite severely but did not have premature labor, but a few days after her temperature went to normal she was normally delivered. Two others had influenza but not pneumonia, and were delivered almost immediately after the subsidence of the temperature, with no bad symptoms afterwards. One was delivered who had influenza with mild pneumonia after her delivery. Of the other five cases three have since been delivered safely. Two were only about two months pregnant at the time of the influenza and are still not delivered.

This was not the experience of Stamford Hospital generally. Of course a good many cases were sent in in rather extreme conditions,

but the superintendent told me that the feeling at the hospital was that if a woman had influenza and was pregnant, or had a miscarriage, it was practically a fatal case. The cases I treated were all treated homeopathically, so I give all the credit to homeopathy.

Dr. Martha I. Boger, Portsmouth, N. H.: May I crave the indulgence of the society to tell a unique experience. During the first influenza epidemic all cases of influenza and pneumonia were barred from the Portsmouth Hospital. We had no trouble with the surgical end of our obstetrical cases during that period. We had an interval of three weeks during the first and second influenza epidemic. When I tell you that we have a population normally of about 16,000, and at that time an additional floating population of something like 35,000, conditions were rather crowded. We had 25 doctors there, and the Government was forced to send four doctors to help out during the epidemic. At the beginning of the second epidemic a few cases of influenza got into the hospital. I happened to be in New York on my vacation at the time, and when I returned an old school doctor told me that they had had three or four Cesarean section cases die at the hospital. There were in the hospital at that time four women who had been delivered, each by a different doctor. These had gone along all right until the eighth day, when the temperature shot up to 103 or 104; scarcely no leukocytosis; urine normal, and yet these cases were dying. At that time I delivered a woman who was unusually cross because she was afraid she had been infected at the hospital. On the thirteenth day after delivery she was about ready to be sent home when she developed a very severe headache, and I knew I was in for it. Her temperature went up to 104. No chest symptoms. I gave her gelsemium at first, which seemed to be indicated. Her temperature went to normal and stayed normal for four days, and then shot up. No headache. With this high temperature there was some discharge from the vagina. I made a very careful culture and sent it to Portsmouth College, and they telephoned back "streptococci." Someone made the bold assertion that the hospital had infected the patient, and now we have a big lawsuit on hand.

While in Boston at the Massachusetts Medical Society meeting, I went to the new Robinson Memorial, which is the latest word in obstetrical hospitals. Dr. Earl told me that they had had an experience similar to ours; that the patients were delivered, and were apparently all right until the 12th or 13th day, when they had this terrific temperature. Although they did everything possible, some died, while others got well. They used glucose intravenously, as that seemed to do more good than anything else.

One of the old school doctors paid me a compliment. After his patient had been delivered eight days he came to me and asked me to take the woman off his hands. I treated her and got her out of bed. As soon as the temperature went down to 101 we let them get up. The longer you kept the patient in bed the more temperature she had. Let the patient get up and around the room, but keep her in the hospital. We do not know what these patients had. We had 25 or 30 cases of that same nature. I would like to know if any others had similar experiences. I lost no patients.

Dr. Anna Johnston, Pittsburgh, Pa.: Before I left home I was too busy to fill out the questionnaire. I had 266 patients and did not lose a single case. Had 12 cases of pneumonia, mostly among children. Part of those were in the hospital. We had some very sick children there who had come in from different families. They had originally had influenza but developed pneumonia. One child ran a temperature of 106.6, and the worst one had a temperature of 107, pulse 180, respirations 80. She got well. I had eight pregnant cases, two were seven months pregnant. The peculiarity of one case was that she was practically over the influenza when she developed pernicious vomiting. The vomiting was very severe and lasted for days. We had to resort to rectal feeding. We thought we would lose her, but she recovered. I did not lose any of those cases. All went through to term, were delivered, and everything was all right.

Dr. Reed, Washington, D. C.: I have heard so many say that all pregnant women die when they get influenza, that I would like to relate an experience which I had. The patient had twins 16 months old, and was seven months pregnant, when the whole family was taken with influenza. It was at the beginning of the epidemic, and we were not quite sure what the sickness was. They had traveled from Brooklyn to Washington, and the children and the mother had fever while on the trip. When they reached Washington they could get no nurse and no maid, and so the father and mother had to take care of the twins. The mother was therefore not put to bed when she should have been. I saw her the next day. She had a high fever and a very sore throat. The sore throat was the only complication. I kept her in bed a little longer than I would otherwise had she not been pregnant. She had no trouble whatever.

Dr. Frieda E. Weiss, Cleveland, O.: I had one patient, seven months pregnant, who developed double pneumonia. She recovered without any complications in two weeks time and went on to full term. When I returned, I saw a severe case of double pneumonia of the streptococcic type. The lungs were in very bad condition, both sides filled with moist râles large and small. Cyanosis was extreme; temperature from 100° to 105°; pulse 130 to 180, irregular and hard to find at times. After about five weeks with progressive but slow improvement, she suddenly miscarried and then made an uneventful, slow recovery. X-ray finding showed many adhesions over left lung with displacement of heart upward, apex beat between 3rd and 4th rib, 2 inches to left of nipple line. The baby died. Another patient, seven months pregnant, contracted influenza from her husband. She had a previous history of nephritis, developed a very high temperature within 24 hours, with much pus in the urine. Pneumonia developed rapidly. About the fifth day she miscarried. The uterus was emptied in about four or five hours, and then she gradually went on to recovery. In two weeks time she was sitting up in bed. While she still had some symptoms of nephritis, the pus gradually subsided, and she is now all right. Baby was a 6½ months cyanotic baby and lived 24 hours.

I had other pregnant women ill with influenza who recovered without miscarriage. Those under seven months had no complications with pneumonia.

Dr. FitzPatrick, Chicago: Relative to the delivery of women suffering with pneumonia, I trust it is hardly necessary to say that the use of ether or chloroform is absolutely contra-indicated. The only anesthetic to be used under the circumstances is gas-oxygen. We have a lower carbon-dioxid content to start with, the disease itself increases the blood acid content; the use of ether or chloroform is known to rapidly increase this acid content, inducing so-called "acidosis." Degenerative changes of the heart muscle follow and are of such a character that death supervenes in short order.

Dr. W. R. Andrews, Mannington, W. Va.: I reported most of my experience in the January number of the Institute *Journal*.

One very peculiar case I saw in consultation with an eclectic. The patient was a primipara about 19 years old. She was taken in labor during the early morning. The baby came in about an hour's time with no pains. I saw her with the doctor later in the forenoon. She had a light case of influenza, no pain, temperature practically normal, but pulse high, about 140. There was no excitement; she was absolutely quiet. The only other abnormal symptom was marked swelling in the upper abdomen. The doctor said that was not present when he saw her before. The uterus was properly contracted, and the entire abdomen soft. Another physician was called in consultation that night and oxygen was used. She died the following morning. I do not know much about the circumstances of her dying. That was an unusual case. I would like to know if any one has any suggestions to make as to why the woman had a painless delivery. I practice in a small community, but do a good deal of anesthetic work. I would like to ask Dr. FitzPatrick how in rural practice we can use gas-oxygen, what outfit we should have, and how much skill does it require to use it?

Dr. Fitzpatrick: If Doctor Allen were here he could answer you. He has had a large experience. There are plenty of portable gas-oxygen machines, and they are not expensive. Administering gas-oxygen is not a very difficult task. It will require some time of course to become an adept in its use. I think attendance at any of the large clinics would help. You could consult some of the gas-oxygen people; they are prepared to teach the uses of the machine. It does not require as much skill to give gas-oxygen with safety as it does to give chloroform or ether.

Dr. Huntoon: I have one item of interest along the line of prevention. During the epidemic I had under my charge a maternity home for unmarried women. We had forty-two girls. When the epidemic came on we did not admit any more girls, and the hospital was so located that it was easily isolated. We isolated the patients and attendants, and we did not have a single case of influenza in that hospital.

Dr. I. L. Moyer, Columbia, Pa.: With respect to prevention, I would like to offer a suggestion. I got it from one of the first graduates of the Hahnemann Hospital and College of Philadelphia. He was 91 years old when he died. He told me on his death bed not to forget this as a sure preventive of scarlet fever and diphtheria, the fluid extract of eucalyptus. In our home town we had influenza, and lots of it. We lost 65 people in October. In our own home every morning, noon and

night, before we went to a meal, we threw a teaspoonful of the fluid extract in a pan with a pint of water on a gas flame and let it evaporate. We kept this up until February, and then I thought we were safe, and discontinued it. It was not a week before one of the boys came from school suffering from influenza, and the whole family had it. I gave the information to the local Red Cross and to the local papers. Many of the families of old school physicians used it. I do not know what it is worth. I am simply giving it to you.

Doctor FitzPatrick: Doctor Blackwood of Chicago, as most of you know, has taken a similar attitude regarding the use of oil of eucalyptus in combatting infective organisms. From a scientific point of view nothing has been recorded. Goldspohn of Chicago, a gynecologist of repute, has been using the oil of eucalyptus in the treatment of cystitis with flattering results.

Dr. Moyer: It was fluid extract of eucalyptus that I used. Another thing I got from Dr. Armour was a teaspoonful of carbolic acid and one of the fluid extract of eucalyptus in a quart of boiling water will remove the membrane of diphtheria. I have tried it and it works, but you have to be persistent or you will fail. Some used the oil of eucalyptus with good results.

Dr. W. E. Crismore, Fremont, O.: Dr. Andrews mentioned the fact that an eclectic was in attendance on the case of painless delivery. He says he forgot to mention that the doctor had used lobelia hypodermically. Lobelia is an antispasmodic. It is a sedative and lowers the temperature. That is the reason why the lady had a painless delivery.

Dr. Winans (closing the discussion): I was glad to hear Dr. Ward speak of quick delivery in her cases. I had two cases that looked bad to me during labor. They had influenza, and one had pneumonia. I insisted on delivering rather quickly by manual dilatation of the cervix. Neither were primiparas. One was two-para, the other five, so that was an easy matter. We gave them gas-oxygen. The first was delivered in about a half hour after the start of labor. The second child died two days later of influenza.

I also neglected to state that in the letters which we received the chief treatment given was homeopathic. Aspirin was not mentioned. Aconite, belladonna, bryonia, ferrum phos., were the remedies mentioned, with liquid diet, and rest in bed; some kept their patients two days in bed after temperature went to normal; others five days. Quick delivery in all cases rather than let them go on to labor is very important.