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INFLUENZA COMPLICATING THE PUERPERIUM.

A STUDY BASED ON A SERIES OF SIXTEEN CASES.

BY

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As a small contribution to the vast literature of influenza, I desire to offer a few clinical observations on the disease as it affects the puerperal state. I may preface my remarks by saying that I lay no claim to the discovery of a clinical entity. My object is simply to record an experience which has cost me many a sleepless night, and hope that others may profit by it.

The susceptibility of the lying-in woman to infectious diseases is a time-honored proverb in medicine. It is a tradition well sustained by clinical testimony. Few there are indeed who would go from a case of scarlet fever, for instance, to a labor case without the least compunction.

Reasoning by analogy, one would expect to see an appalling epidemic of puerperal fever during an epidemic of influenza—a disease, by-the-bye, which spreads with lightning rapidity, invading almost simultaneously widely distant continents, attacking alike the young and the old, the feeble and the robust, him who lives in a palace and the one that breathes the vitiated air of a lodging house. Facts, however, show that the character of the infection of *la grippe* differs from that of all other known infectious diseases—at least as far as the relation of the infection to the puerperal state is concerned. My observations on this subject lead me to state positively that the woman in her accouchement is no more susceptible to *la grippe* than her proud husband; whereas, on the other hand, once her normal bed is invaded by that winged demon, and her accouchement is pretty badly disturbed. The physician in charge is perhaps the most



interested person in the changed condition of his patient. Here is a case of labor which began and ended without the slightest meddlesomeness, attended to with the utmost antiseptic precautions, and, in spite of all that, the woman almost immediately after delivery gets a chill, a rise of temperature, dry and coated tongue, rapid pulse, pains in the limbs, and a violent headache. On careful examination absolutely nothing is found in or about her to point toward sepsis. I have observed this clinical picture in the lying-in state in my own and in the practice of my brothers and sisters (midwives) during the recent appearance of influenza. It is a picture that made an indelible impression on my mind; for, as I never witnessed the least disturbance in all my labor cases, which I managed personally from beginning to end, the upheaval that influenza produced in my first case struck considerable terror to my heart.

My paper would be made needlessly long by describing cases in detail. I shall therefore limit myself to a general consideration of the subject.

The initial symptom in all cases was a chill. As in puerperal sepsis, the patient abruptly passed from a condition of health and comfort to that of a serious illness. The duration of the chill was about an hour, although a feeling of hot and cold never left the woman until convalescence set in. I observed this symptom ushered in right after delivery, as well as a day or two later. The former mode was especially characteristic in cases which suffered from a mild *grippe* shortly before labor, and, if it were not for the high temperature that followed its wake, it could easily be mistaken for the shivering often proceeding from the emptying of the uterus. Next came a high temperature— 104° , 105° , or 106° F. The peculiarity of the temperature was that it hardly varied, remaining the same during the twenty-four hours. Coincident with the febrile movement, lassitude, pain in the limbs and back, severe headache, and soreness in the throat appeared in rapid succession. In a good many instances the eyes were glistening, with the conjunctivæ injected. Some of the patients yawned, holding the jaws wide apart and letting out a long-drawn-out yawn, as if they suffered from some marked prostration. Before long the affection shaped itself into one of its classical forms—viz., catarrhal, pulmonary, typhoid, or abdominal. I noticed the cardiac type in two cases; the heart was rapid and feeble, the apex beat intermittent. Most of the

cases, however, were of the pulmonary type, the lesion being bronchitis, broncho-pneumonia, or lobar pneumonia. The course that this type ran was of unusual severity, but of much shorter duration. The defervescence in lobar pneumonia set in about the fourth day. The most puzzling and at the same time the most threatening of all were the typhoid and abdominal types. The typhoid form resembled in some of its aspects an overwhelming general septicemia—high temperature; pulse rapid, feeble, and irregular; restlessness, and at times active delirium; dry and fissured tongue; rapid respiration, but no tenderness over the abdomen, no tympanites, no severe gastro-intestinal disturbances. By the abdominal type I mean a form of influenza which is characterized by severe intestinal colic, constipation, and tenderness over the abdomen. I observed, and I believe the observation is public property, this excruciating form of *grippe* in non-puerperal patients, as in men, for example. In the puerperal woman, however, this type of influenza is, in the parlance of the college boys, a "sticker." One is apt, with the array of symptoms before him, to think of a commencing pelvic inflammation. Time, and a short time as to that, however, allays the apprehension. In a few days the patient is herself again and the accoucheur counts himself in good luck.

The following points have guided me in arriving at a correct diagnosis in every instance :

The uterus in every case was normally contracted and of normal size; no tenderness or pain over it or its appendages, either by abdominal palpation or vaginal examination. The lochia, which in the very severe cases were somewhat suppressed, yet in all were of the normal color and odor; the os was not patulous, and tympanites was absent.

In addition to these valuable differential points, I made it a rule to examine most carefully every patient, with a view to the detection of some possible hidden source of infection, and in each case the result was negative.

The prognosis, as far as I could judge from my experience, is good. Not one patient died, not one developed sequelæ. In one instance an urticarial eruption appeared, during the course of the complication, over the abdomen, which was attended with severe itching, but I was inclined to think that that was the result of the quinine that was given for the temperature.

No matter what type the *grippe* assumed, the average duration

was not longer than from four to eight days. Thereafter the woman felt and looked as if she fought hard, but had the satisfaction of being the victor. My treatment is worth mentioning for its negative character. The ice bag, the curette, the intra-uterine douche were conspicuous by their absence; the main reliance was placed on good nourishment and stimulants when indicated.

156 CLINTON STREET.



