V

A REVIEW OF FIFTY INFECTED PREGNANT CASES, WITH REFERENCE TO MATERNAL MORBIDITY AND ULTIMATE PELVIC DAMAGE*

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INTRODUCTORY NOTES

THE following cases were delivered in special V.D. Maternity Ward, Royal Free Hospital, six months from July to December, 1925. It is thought that this collection of cases—all venereal—might prove of interest when considered severally.

In every case, save where otherwise stated, the child is alive and has no ophthalmia neonatorum. The condition of the child on leaving hospital is not noted, chiefly because this six months' review was undertaken by me primarily to consider the infected mother's condition during and after the puerperium.

These patients, as is inevitable in teaching hospitals, were delivered by students; hence, I take it, the unwelcome frequency of perineal lacerations. These no doubt are responsible for a certain amount of rise of temperature, but it cannot fail to be remarked that these patients, delivered in a new and up-to-date labour ward (this ward with labour ward, etc., was only built and opened in March, 1925), and having ample air space and as much sunlight from large windows as Central London ever gets, yet seem prone to develop superimposed infections. I allude to the great frequency of *Bacillus coli* cystitis and pyelitis and to the considerable number of mild breast infections. In none of these cases were surgical measures required, but the "febrile puerperium" of the notes by no means describes the marked uneasiness of all concerned with these cases at some periods of some of these "febrile puerperia."

* Cases of special interest are: Nos. 3, 4, 7, 8, 9, 10, 12, 17, 19, 21, 25, 27, 31, 34, 36, 37, 46:

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The obstetrical unit (under Professor Louise McIlroy) is wholly responsible for the patients' deliveries—the author merely visiting the wards to advise the House Surgeon as to V.D. treatment required after delivery in each case, the great majority of cases having been previously seen in Venereal O.P.s by her.

The undamaged pelvic condition of the patients in practically every case on leaving the ward is an encouraging feature. I can only recollect that in this six months' batch of cases, one, Case 46, is not fitted to bear more children and to live in pelvic comfort meanwhile. But in almost every case the uterus is more bulky than the uninfected uterus tends to be in a primipara on the same date after delivery. This seems to point to the need for longer rest in the lying-in period for all these cases. Unless markedly pressed for beds, we aim at keeping the patient for 14 days (as against the usual 10 days), but it seems that in many cases 18–21 days would be really wiser.

To sum up, these cases seem to need (1) extreme care in delivery, in many cases sedative drugs and special handling to promote full dilation of cervix, and to prevent lacerations of cervix and perineum, which are fertile sources of minor sepsis. (2) Increased caution as to condition of urine and breasts. (3) Prolonged rest after delivery.

NOTES ON A SERIES OF MATERNITY CASES INFECTED WITH V.D. WITH A SPECIAL REFERENCE TO PUERPERAL MORBIDITY.

Case 1.—*I. C.* Married. 3 para. Admitted 1.8.25. Had swelling of feet and legs and some oedema of abdomen. This subsided with rest, no toxæmia being discovered; patient had male twins born 8.8.25, after 9 hours' labour. There was a slight vaginal laceration requiring 2 catgut stitches. Puerperium uneventful; only rise of temperature was to 99.6 on evening after labour. Case was one of mild gonorrhœa. Patient discharged 21.8.25.

Case 2.—*N. P.* 8 para. Admitted 2.7.25. Discharged 12.7.25. Labour lasted 4½ hours. Spontaneous delivery. Male, 8 lb. 6 oz. No complications; uneventful puerperium. Had been treated for profuse purulent vaginal discharge in V.O.P.s for 2 months before delivery; dis-

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charge cleared up last 2 weeks before delivery. Films never G. +ve.

Case 3.—*A. S.* 1 para. Admitted 5.7.25. Discharged 25.7.25. 15 hours' labour. Spontaneous delivery. Female child, 9 lb. 7 oz. Complications: vaginal laceration, sutured. In third stage membranes were torn and not completely delivered with placenta. On July 10th membranes were extruded after pain. Temperature rose after that, and on 12th peaked to 102.8 F., after a rigor. 30 c.c. antistrep. serum was given and grain 5 Quinine Bihydrochlor. Temperature sank to 99.6 F. next day, and thereafter became perfectly normal, and patient was discharged back to hostel with laceration healed and uterus in good position but still bulky.

This was a case of acquired syphilis, no gonococci found, though there was a slightly purulent vaginal discharge. Patient had treatment for six weeks only before delivery. Her baby did well and has had Wassermann reaction negative on 2 occasions since leaving hospital.

Case 4.—*A. P.* 1 para. Admitted 5.7.25. Discharged 20.7.25, after 102 hours' labour. Macerated still-born. G. case and normal puerperium. Uterine discharge and pelvic examination not suggestive of sapremia. Discharged in good condition. Mother's Wassermann negative. No spirochætes found in foetus.

Case 5.—*P. S.* Single. 1 para. Admitted 8.7.25. Discharged 21.7.25. Patient had spontaneous delivery. Male, weight 8 lb. 1 oz. Complications, vaginal laceration requiring 4 catgut stitches. Absolutely non-febrile puerperium, and was discharged in good condition.

This was a patient with gonorrhœa who had had outpatient treatment for five months before delivery.

Case 6.—*C. H.* Single. 2 para. Admitted 14.7.25. Discharged 8.8.25. Baby born spontaneously. Easy labour, no laceration. Uterus involuted very slowly, and patient was kept in bed longer for this reason. She was discharged in good condition. This was a case of gonorrhœa, treated for three months before delivery.

Case 7.—*H. C.* Single. 1 para. Admitted 9.7.25. Discharged 7.8.25. Patient was admitted from Hostel, having had baby delivered prematurely (31–32 weeks) 2 hours before admission while at stool. She believed pains to be from bowel, so did not complain, and baby was born while she was straining at lavatory. Patient

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had very poor mentality. Baby lived only two hours. On July 20th and 21st patient had a slight rigor each day, and temperature rose to 103.8 F. day following delivery. It was a swinging febrile temperature, but went down by lysis on administration of Pot. Cit. and Soda Bicarb. orally in massive doses. *Catheter specimen* report (22.7.25) showed sp. gr. 1.020, cloud of albumen, microscopically, much pus, a few blood cells. *B. coli* present. Patient complained of pain in R. iliac fossa and loin. From sixth day of puerperium onwards temperature remained normal. Patient was discharged back to Hostel, and there continued treatment for gonorrhœa and for the *B. coli* infection. This last was very resistant, and did not clear up till November. Patient's pelvic condition was normal on leaving hospital.

Case 8.—A. M. Single. 1 para. Was admitted at thirty-six weeks' pregnancy with toxæmia, vomiting, swelling of feet and legs and albuminuria. She stayed in hospital from 25.7.25 to 7.8.25, and was found to have a severe *B. coli* infection. She was discharged for continuation of treatment. Re-admitted in labour, 17.8.25, and discharged 29.8.25. Baby spontaneously delivered. Male, 5 lb. 11 oz. Vaginal laceration stitched in usual way. Baby was in poor condition, and obviously suffering on account of maternal toxæmia, and had severe jaundice third to seventh day. Mother had rigor and temperature 103.4 F. day after delivery, and temperature continued febrile—though to a much less extent—till eleventh day of puerperium. Discharged back to Hostel for continuation of treatment of gonorrhœa and of *B. coli* condition. *Note.*—10.3.26. Patient has now been working for three months in a children's home, where she is allowed to keep her baby with her. Has been absolutely free from gonorrhœa for five months, but *B. coli* infection still present after catheter specimen in February, 1926. Patient while in hostel had continuous alkalis by mouth, also injection of *B. coli* vaccine. She feels and looks now perfectly well, and has no urinary symptoms.

Case 9.—D. S. Single. 1 para. Admitted 8.8.25. Discharged 12.9.25. Small round pelvis. Labour lasted 53½ hours. Spontaneous delivery. Male, 8 lb. 1 oz. Severe second degree tear. Three silkworm gut stitches. Patient had a febrile puerperium, though highest temperature was 100.4 F. A portion of placenta was passed

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on fifth day. Patient's stitches wholly broke down and perineum was unpleasant. It was carefully dressed, and when the tear cleared up a secondary suture of perineum was undertaken successfully under anæsthetic only twenty days after delivery. This healed most satisfactorily, and patient left hospital in good condition on September 12th, with uterus well involuted, and no tenderness or pelvic involvement. She continued treatment for gonorrhœa after delivery, having been treated for this some two months before delivery.

Case 10.—F. J. Married. 4 para. Admitted 30.7.25. Discharged 12.8.25. This patient was first seen when seven months pregnant with marked secondary syphilis. Wassermann ++. Before delivery had been seen only five times, had 2–3 grams N.A.B. Spontaneous delivery half hour. Ruptured perineum and hydramnios present. Male child, 9 lb., born alive; had hare lip and cleft palate. Patient had slight rise of temperature 5 to 7 days after delivery. Both discharged well.

Case 11.—A. G. Married. 1 para. Admitted 7.8.25. Discharged 27.8.25. Spontaneous delivery 18 hours. Vagina 1 laceration. 4 catgut stitches. Male baby, 9 lb. Patient had a febrile puerperium. Temperature 100.2 F. on second day after delivery and temperature 99.2–99.8 F. till fourteenth day. Patient was discharged well on twenty-first day after delivery; laceration well healed, no pelvic tenderness. Patient was a severe case of gonorrhœa first seen on June 24th in O.P.s.

*Case 12.—M. D. Single. 1 para. Admitted 7.8.25. Discharged, 27.8.25. Spontaneous delivery after labour 56 hours 50 minutes. Severe 2nd degree perineal tear. Female. Weight, 8 lb. 15½ oz. Patient had a slightly febrile puerperium; perineum healed very slowly. Patient had severe *B. coli* cystitis. Was discharged back to the Hostel for further treatment for gonorrhœa. Pelvis then satisfactory; no tenderness anywhere.*

Case 13.—F. D. Married. 3 para. Admitted 9.7.25. Discharged 11.7.25 to St. Margaret's Hospital. Labour 6 hours. Spontaneous delivery. Premature female child, 4 lb. 13 oz. Child had ophthalmia, but no gonococci were found in films from eyes. Patient had previously attended another hospital for gonorrhœa. Had not been one of our own O.P.s.

Case 14.—F. N. Married. 1 para. Admitted 14.8.25.

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Discharged 27.8.25. Duration of labour 40 hours. Spontaneous delivery. Male, $7\frac{1}{2}$ lb. Vaginal laceration. Chorion not entirely expelled with third stage. Patient had temperature of 100° F. on fifth day, but otherwise had normal puerperium and was discharged in good condition, though uterus still bulky for time delivered. This was an old case of gonorrhœa (1922).

Case 15.—*W. H.* Married. 2 para. Admitted 4.9.25. Discharged 14.9.25. Labour 6 hours. Spontaneous delivery. Female, 7 lb. 12 oz. Normal puerperium. Patient discharged in good condition, though laceration of cervix noted. Patient had attended V.O.P.s off and on since previous delivery (in which she had septicæmia) for vaginal discharge.

Case 16.—*M. G.* Single. 1 para. Admitted 6.9.25. Discharged 18.9.25. Labour $13\frac{1}{2}$ hours. Spontaneous delivery. Female, 7 lb. Vaginal laceration, 4 catgut sutures. Normal puerperium. Discharged in good condition save for slightly bulky uterus compared with normal. No pelvic tenderness. Had attended O.P.s for acute gonorrhœa since June 5, 1925. Referred for further O.P. treatment for gonorrhœa.

Case 17.—*E. K.* Married. 8 para. *Æt.* 45 years. Admitted 7.9.25. Discharged 24.9.25. Eighteen hours' labour. Male macerated foetus. Normal puerperium. This patient had severe toxæmia of pregnancy and was under the Maternity Department the whole time. Seen once by me in consultation, when *B. coli* infection was diagnosed. The patient was never a V.D. case. During puerperium catheter specimen showed (in culture) *B. coli* and streptococci.

Case 18.—*M. C.* Single. 1 para. Admitted 12.9.25. Discharged 23.9.25. Labour lasted 24 hours. Spontaneous delivery. Male, 6 lb. 13 oz. No laceration. Normal puerperium. Discharged in good condition—no pelvic abnormalities save slight laceration of cervix. Wassermann G +. Case first seen and treated 6.8.25. For further treatment at O.P.s.

Case 19.—*M. E.* Married. 1 para. Admitted 15.9.25. Discharged 5.10.25. Twenty-three hours' labour. Spontaneous delivery. Male, 9 lb., microcephalic monster with webbed hands and feet (lived 6 days). Patient had febrile puerperium owing to *B. coli* cystitis. Ultimately discharged with pelvis in good condition.

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Note.—This patient had profuse purulent irritating discharge during pregnancy. Wassermann negative, no gonococci ever found, nor was clinical aspect like gonorrhœa. This mother had hare lip and the most severe cleft palate I have ever seen.

Case 20.—*L. B.* Married. 1 para. Admitted 16.9.25. Discharged 13.10.25. Labour lasted 17 hours. Spontaneous delivery. Male, 7 lb. Second degree laceration. Four catgut sutures. Patient had a highly febrile puerperium: suffered from serum rash after administration of anti-strep. serum; had *B. coli* pyelitis, and thereafter an ordinary septic sore throat just when ready for discharge. Patient was an acute gonorrhœa and a primary syphilis seen first in May, 1925. Patient left hospital with baby in good condition: no signs of pelvic tenderness.

Case 21.—*M. D.* Married. 2 para. Admitted 23.9.25. Discharged 15.10.25. Labour, 11 hours. Spontaneous delivery. Male, 8 lb. Vaginal laceration slight. Patient was admitted in labour with ante-partum hæmorrhage, and had had, evidently, a marginal placenta-prævia. Puerperium normal and not febrile. Patient had been under treatment in O.P.s for profuse purulent vaginal discharge. No gonococci ever found in films. Cultures grew staphs. and streps.

Case 22.—*A. C.* Married. 3 para. Admitted 3.9.25. Discharged 5.10.25. Labour, 2½ hours. Male, 8 lb. 10 oz. Spontaneous delivery. Normal puerperium. Discharged in good condition save for slightly bulky uterus tending to retrovert. Had attended V.O.P.s with profuse purulent vaginal discharge.

Case 23.—*J. S.* Single. 2 para. (trained nurse). Admitted 24.9.25. Discharged 7.10.25. Duration of labour, 4 hours 45 minutes. Female, 7½ lb. Spontaneous delivery, 1st degree tear, sutured. Patient had febrile puerperium running temperature 100° F. nightly for two or three nights, and on seventh day having a rigor and temperature of 100.3° F. (this last was due to inflamed and over-engorged breasts), and when these were put right temperature fell next day and remained normal. Patient on discharge had still a bulky uterus with tendency to retroversion. She was referred back to the hostel for further treatment for gonorrhœa, for which she had been treated for 9 weeks before delivery.

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Case 24.—*I. W.* Married. 1 para. Admitted 27.9.25. Discharged 10.10.25. Labour 5 hours. Spontaneous delivery. Female child premature (36 weeks), 5 lb. 5 oz. Second degree tear, sutured. Puerperium normal. Patient discharged in good condition as regards pelvis, etc. Was a case of gonorrhœa who had attended O.P.s first on 24.7.25.

Case 25.—*W. W.* Married. 1 previous miscarriage. Admitted 15.9.25. Discharged 10.10.25. Labour 19 hours. Spontaneous delivery. Female, 6 lb. 15 oz. Second degree tear, sutured. (Patient was admitted to another maternity ward on September 12th with œdema of legs and feet and albuminuria, and was transferred to V.D. Maternity Ward when discharge was seen.) Patient had a febrile puerperium. Temperature usually 99.6–99.8 F. A marked *B. coli* infection was discovered, and gonococci were found in films from cervix. This patient had not previously attended Venereal O.P.s.

Case 26.—*R. S.* Single. 2 para. Admitted 4.10.25. Discharged 19.10.25. 14 hours' labour. Spontaneous delivery. Female child, 6 lb. 6 oz. Rupture, old perineal scar. Patient had normal puerperium and was discharged in good condition back to hostel for further treatment for syphilis. Wassermann ++. No vaginal discharge ever noted.

Case 27.—*E. S.* Single. 2 para. Admitted for observation 14.8.25 to 18.8.25. Complaining of pain in right side and severe vomiting and pyrexia. Temperature swinging then to 102° F., due to *B. coli* pyelitis, and patient discharged back to hostel as soon as temperature normal, owing to pressure on beds. Admitted in labour 8.10.25. Discharged 19.10.25. Had a normal delivery, 12 hours' labour, but vaginal laceration which required stitching. Female child, 6 lb. 3 oz. Normal puerperium and discharged in good condition. Normal pelvis. This patient was an acute gonorrhœa in first instance, but had been under treatment steadily since March, when 3½ months pregnant.

Case 28.—*R. G.* Single. 1 para. Admitted 7.10.25. Discharged 3.11.25. 12 hours' labour. Normal delivery. Female, 7 lb. 4 oz. 2nd degree perineal tear sutured. Patient had a rather febrile puerperium till eleventh day, afterwards normal. Patient had a *B. coli* infection super-imposed, and considerable trouble with breasts.

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Was discharged in good condition with satisfactory pelvis. This was a case of gonorrhœa which had been under treatment for some weeks before delivery.

Case 29.—*H. B.* Single. 1 para. Admitted 13.10.25. Discharged 26.10.25. Labour lasted 26½ hours. Spontaneous delivery. Male, 7 lb. 5 oz. Patient had a normal puerperium and left in good condition. Baby had a purulent discharge from eyes on fourth day, probably due to over administration of protargol, which, owing to some misunderstanding, was instilled three times on day of birth by different people. Films from baby's eyes showed "pus, no organisms," on repeated taking, which goes to confirm this opinion. Patient suffered from gonorrhœa—purulent discharge and warts at fourchette—and was only treated two weeks before labour. No gonococci were found in patient's films, but fresh pus ++. Patient was probably saved from sepsis by the fact that she had no vaginal laceration. She left hospital in good condition as regards pelvis, etc.

Case 30.—*L. H.* Married. 5 para. Previous history, 1 alive, 3 stillborn. Admitted 12.10.25. Discharged 24.10.25. Labour 14 hours. Male, 6 lb. 12 oz. Spontaneous delivery. Patient made a good recovery. Normal puerperium. She was an old syphilis case, Wassermann + 6, and was only seen by me two months before delivery, at O.P.s. Very poor type of patient, and unreliable as regards attendance.

Case 31.—*M. P.* Single. 1 para. Admitted 16.10.25. Discharged 23.11.25. Labour lasted 7 hours. Female, 7½ lb. Spontaneous delivery. No laceration. Patient had a febrile puerperium. Pelvic condition was excellent, and never caused any worry, but patient ran an evening temperature from sixth to sixteenth day, usually 99·6° F. or 99·8° F. Physician saw patient and found right side of chest unsatisfactory, and feared early phthisis. On twenty-second and again on thirty-third day after delivery patient had a rigor and temperature 102° F. associated with tenderness and flushing of left breast. On fomentations and special care, temperature at once dropped. Patient was discharged back to hostel, and there, at intervals of seven or eight days, there was some rigor and rise of temperature and breast tenderness. On account of this I ordered child to be weaned, and patient has been perfectly well ever since. Is still (16.3.26) under

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observation for gonorrhœa, but about to be discharged cured. General health now good.

*Case 32.—A. G. Married. 1 para. Admitted 19.10.25. Discharged 7.11.25. Normal labour 9 hours. Spontaneous delivery. Female, 6 lb. 13 oz. Second degree tear sutured. Febrile puerperium. Temperature 101° F. on second day and thereafter 99.2–99.6° F., rising till fifteenth day. Patient had retention of urine and required catheterisation for five days. She had *B. coli* infection of bladder. On leaving ward, patient was in good condition, well healed, pelvis comfortable. This patient had syphilis and gonorrhœa; from 1924 had intermittent treatment*

*Case 33.—F. H. Single. 1 para. Admitted 22.10.25. Discharged 6.11.25. (Had been admitted for a week in September for obstetric observation, and because of *B. coli* cystitis.) Labour 13 hours. Normal delivery. Female, 7 lb. 12 oz. Vaginal laceration stitched. Normal puerperium. Discharged in good pelvic condition. Case of syphilis treated since 1924, and having profuse discharge early in pregnancy. No gonococci ever found.*

Case 34.—D. B. Married. 11 para. Admitted 24.10.25. Discharged 30.11.25. Normal labour 93 hours. Spontaneous delivery. Male, 7 lb. 12 oz. Patient had no febrile puerperium, but had a superficial phlebitis left internal saphenous, beginning on eleventh day. On admission had extremely bad varicose veins extending into vulva and profuse purulent vaginal discharge, and a Wassermann positive. Had only been seen twice at O.P.s. Discharged home in good pelvic condition.

Case 35.—E. S. Single. 1 para. Admitted 1.11.25. Discharged 16.11.25. Labour 2½ hours. Male, 5 lb. 10 oz. Vaginal laceration sutured. Patient had a normal puerperium, and was discharged in good condition and well healed, to continue treatment for gonorrhœa. Had treatment for only three weeks before delivery.

Case 36.—B. J. Married. 1 previous child. 2 miscarriages. Admitted 30.10.25. Discharged 27.11.25. Baby female, 6 lb. 10 oz. Three weeks premature. Born in ambulance before admission. Vaginal laceration sutured. Puerperium normal. Patient's pelvic condition good on discharge. Patient had mitral stenosis and aortic regurgitation. Old rheumatic fever history and present infection by syphilis. Had been treated

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during pregnancy by bismuth injections and Mist. Pot. Iod.

Case 37.—E. C. Single. 1 para. Admitted 6.II.25. Discharged 27.II.25. Had been in labour since November 4th. Brow presentation. First stage lasted till 12 noon on November 10th. Patient having strong pains almost continuously except when under a sedative. Had several injections of Omnopon (foetal heart was last heard on November 8th). Flexion of head was promoted under a general anæsthetic on November 10th, and after that labour progressed well, female child being spontaneously born (stillborn) at 4 p.m. Child weighed 8 lb. 10 oz. *Post-mortem* (ordinary) said, "Cause of death is very doubtful," but all concerned believed child died owing to the undue administration of Omnopon required to control the mother owing to her long labour. She was almost uncontrollable and had suicidal impulses.

The case when first seen was a marked case of florid secondary syphilis associated with 3 months' pregnancy. Patient had had a full course of N.A.B., 5 grms., much mercury and 10 injections of bismuth preparations. The child was well above average growth; weight, 8 lb. 10 oz. and 21½ in. long, and possessed no stigmata whatever of syphilis, but on section *spirochaetes were found in liver*. Mother made an uninterrupted recovery and was discharged in good condition.

Case 38.—K. H. Single. 1 para. Admitted 10.II.25. Discharged 28.II.25. 20 hours' labour. Spontaneous delivery. Male, 8 lb. Vaginal laceration repaired. Normal puerperium. Discharged with pelvis in good condition. Case of gonorrhœa treated before delivery.

Case 39.—L. K. Single. 1 para. Admitted 10.II.25. Discharged 27.II.25. Labour, 9½ hours. Spontaneous delivery. Female child, 6 lb. 3 oz. Vaginal laceration repaired. Normal puerperium. Patient discharged in good condition save for unduly bulky uterus. Case of gonorrhœa. Patient of very poor mentality.

Case 40.—V. B. Single. 1 para. Admitted 20.II.25. Discharged 11.I2.25. Labour, 6½ hours. Spontaneous delivery. Male, 7 lb. 1 oz. Vaginal laceration sutured. Patient had slightly febrile puerperium. No cause, pelvic or other, found save that patient was visited by mother and other relatives who scolded and worried her. These visits were discontinued and patient did very well, being

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discharged with pelvis in good condition. This was a case of gonorrhœa treated for $2\frac{1}{2}$ months previously.

Case 41.—L. P. Single. 1 para. Admitted 24.11.25. Discharged 19.12.25. Patient had 24 hours' labour and spontaneous delivery of male macerated foetus. Child had been diagnosed as dead several weeks before delivery.) *Post-mortem* showed one large horse-shoe kidney. No other cause of death noted, but patient admitted (and even boasted of) drugs, etc., taken during pregnancy to try to produce abortion. Puerperium normal. Discharged in good pelvic condition. This was a case of gonorrhœa; Wassermann repeatedly negative. No spirochætes found in foetus.

Case 42.—B. L. Married. 1 para. Admitted 26.11.25. Discharged 17.12.25. Duration of labour 30 hours. Spontaneous delivery, female, 6 lb. 13 oz. Severe vaginal laceration sutured. This patient had a small round pelvis. Puerperium febrile and some mastitis on 9th and 10th December.

Patient when discharged was in good condition. Pelvis satisfactory altogether.

Case 43.—L. F. Married. 7 para. Admitted 4.12.25. Discharged 18.12.25. 6 hours' labour. Spontaneous birth. Male, $7\frac{1}{2}$ lb. Vaginal laceration, 2 catgut stitches. Puerperium normal save for cystitis (*B. coli* and *Staph. albus*). This patient was discharged with pelvis in good condition. She was a case of syphilis treated in previous pregnancy and again this time. Before treatment had a stillborn and also a premature baby.

Case 44.—N. P. Single. 1 para. Admitted 8.12.25. Discharged 19.12.25. Labour $9\frac{1}{2}$ hours. Spontaneous birth. Female, 6 lb. 14 oz. Vaginal laceration sutured. Puerperium absolutely normal. Discharged with pelvis in good condition. Case of gonorrhœa treated for 4 weeks before delivery only.

Case 45.—S. B. Married. 1 para. Admitted 11.12.25. Discharged 12.1.26. Spontaneous delivery. Male, $8\frac{1}{2}$ lb. after 24 hours' labour. Vaginal laceration sutured. Had a febrile puerperium; 20 days after delivery looked desperately ill, cyanosed, breathing rapidly with moist crepitations both lungs. Had also a superficial thrombosis in right leg. (Patient had evidently an infarct in lung.) Patient had anti-strep.-serum and made an excellent recovery. Puerperium was further complicated

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by *B. coli* cystitis. Catheter specimen on suture showed *B. coli* and streps. growing plentifully on several occasions. Despite this, patient was discharged in excellent pelvic condition, vulvar warts, which had been present in pregnancy (patient was an acute gonorrhœa), disappearing spontaneously. Patient's pelvis was absolutely undamaged ultimately, and she is now (March, 1926) very fit indeed and suckling child.

Case 46.—*M. E.* Married. 1 para. Admitted 21.11.25. Discharged 11.2.26. Labour 8 hours. Premature (36 weeks). Female baby, 4 lb. Patient had only slightly febrile puerperium, but was extremely ill, and on two occasions had secondary P.P.H. She developed salpingitis both tubes. She was discharged home ultimately to continue douching, tamponage, etc., from district nurse under a doctor's supervision. Seen since discharge (on March 19th). Left tube completely cleared, right tube much smaller and less tender. This was a case of acute gonorrhœa seen only three times in pregnancy. Patient did not attend at all after 5th November for treatment, and so was admitted for delivery in a very filthy state of discharge.

Case 47.—*E. J.* Single. 1 para. Admitted 23.12.25. Discharged 6.1.26. 20 hours' labour. Spontaneous delivery. Female, 6½ lb. Vaginal laceration sutured. Patient had normal puerperium, and was discharged in good condition. This was a case of gonorrhœa under regular treatment for two months before delivery.

Case 48.—*G. S.* Single. 1 para. Admitted 25.12.25. Discharged 7.1.26. Patient was admitted at eight months for rest and treatment, suffering from streptococcal infection of bladder. Re-admitted for delivery Christmas Day. Labour lasted 7 hours. Spontaneous delivery. Male, 6 lb. Vaginal laceration sutured. Puerperium uneventful and patient discharged in good condition with pelvis satisfactory.

Case 49.—*M. C.* Single. 1 para. Delivered 29.12.25. Paper missing.

Case 50.—*E. M.* Single. 1 para. Admitted 30.12.25. Discharged 19.1.26. Labour 5½ hours. Spontaneous delivery. Male, 6 lb. 1 oz. Severe vaginal laceration, requiring extensive suturing. The puerperium was uneventful. Patient when discharged had perineum well healed. Adnexa clear, but uterus still too bulky, with

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tendency to retroversion. This was a case of gonorrhœa first seen on 26.10.25, and steadily treated since then.

The conclusions reached from a study of these cases are as follows :—

(1) The necessity for most careful ante-natal treatment of gonorrhœa or syphilis.

(2) The need for early recognition of other complicating infections, particularly *B. coli*. In few of these cases were there any symptoms to lead one to suspect the presence of this infection, which to our mind is almost as deadly to the fœtus, in its far-reaching poisoning, as syphilis is. Cases of eclampsia, or those with pre-eclamptic symptoms or with other toxæmias of pregnancy, seen by the author in the last two years, had almost invariably as their starting point an infection by *B. coli*. Early diagnosis, and urgent treatment of this condition has given excellent results during the year and a half since this paper was written.

(3) Only an experienced obstetrician is skilful enough to deliver a woman whose pregnancy is complicated by active venereal disease.

In conclusion, I have to thank Professor Louise McIlroy, head of the Obstetric Unit, Royal Free Hospital, for access to the papers concerned in this review of cases, and for her permission to publish details of the deliveries.