

**Case of Antenatal Lobar Pneumonia.\***

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THE following case of acute lobar pneumonia detected soon after birth is so unusual and so interesting that it seems worth putting on record.

The baby, a male, was born at full time. The mother had taken a dose of castor oil about 12 noon, and about 1 p.m. there was a slight brownish or rusty coloured discharge observed by the nurse, but no pains. The bowels moved at 3 p.m. Between 3 and 5 o'clock there were one or two pains and from 5 onwards the pains were rather frequent. At 8-30 p.m. I saw the patient. She was complaining of feeling very tired. She was very nervous but otherwise everything was normal. As the os was fully dilated, the head being down on the perineum, I decided to give chloroform and assist labour. The membranes were unruptured, and the forceps was applied over them, the head being born without rupture of the membranes, which were then opened with scissors and the child delivered on a clean Gamgee sheet. This was about 9-30 p.m. The baby did not cry as usual, but, when slapped, coughed up a brownish mucous material. As this could not have come from the swallowing of discharges, I remarked to the nurse "I wonder where that came from." The child was not inclined to breathe, and was well rubbed and slapped, but still the cry was feeble. It was quickly washed and dressed, and put back to bed beside the mother. This would be about 10 p.m. About 12 midnight, the baby having slept quietly in the interval, the nurse lifted it up, and noticed that the breathing was laboured and that the child was blue in appearance. She rubbed the baby and gave it some hot water and whisky. There was no improvement and I was again called about 2 a.m. and found the breathing laboured and apparently painful for the child whined with every respiration.

On examination, the lower half of the left side of the chest was dull, and over it were heard moist crackling râles and pleuritic friction, extending forwards to the cardiac area. The pericardium did not seem to be affected. The rest of the chest was clear. The nurse told me that the child had coughed up some more brownish matter, which she showed me on a handkerchief. Fomentations were

\* Communicated to the Edinburgh Obstetrical Society.

applied and a simple expectorant mixture prescribed, but it could not swallow either medicine or nourishment.

I saw it again at 9 next morning. It was still cyanosed, but seemed somewhat easier, though the chest symptoms were otherwise unchanged. I advised rubbing with mustard oil to help the breathing. Some more blood-stained mucus was brought up. The baby died at 5 the same afternoon.

A swab of mucus, taken immediately after death by the nurse from the child's mouth, was reported on by Professor Sutherland, of University College, Dundee, as follows: "Pneumococci are present in large numbers in cultures incubated over-night. There are, also, a few colonies of staphylococci. No streptococci are found."

As I could not find any record of a similar case in the literature at my disposal, I wrote Dr. Ballantyne of Edinburgh, giving him a short synopsis of the case, and he replied as follows: "Many thanks for sending me the very interesting record of what seems undoubtedly to have been an instance of antenatal pneumonia *not septic* in type. He also kindly made suggestions for further enquiries and suggested references.

Particulars of interest in the case are as follows: The mother is 37, is healthy and free from disease. The father is also healthy. No suspicion of syphilis. Mother has had 3 children, 2 girls alive and well, and 1 boy, the 3rd of the family, who died when 22 months old of some obscure internal trouble. This boy was jaundiced for 2 months after birth and also suffered from a right congenital hernia, but after he was 7 months old he was quite healthy. His last illness lasted less than 48 hours. The 4th baby, the subject of this note, was also jaundiced at birth, though this was not apparent until daylight next day. The mother had suffered from what she called heartburn and bilious turns with vomiting during the pregnancy. The vomiting was especially severe after two motor rides, the one three months and the other 9 days before the birth. Four days before the child was born, the mother was rather upset by the younger girl falling out of bed, and before she could be got quietened and again asleep, the mother was very cold and shivery.

Two days later, when in town, she again felt very tired and shivery, and her friends remarked that she was not looking well. She felt very little movement for 4 days before the birth, and suspected that everything was not right. She had no cough herself, and she was not at all ill, otherwise than that she always felt cold. So far as she knows, she had not been near any cases of pneumonia for some time.

Several cases are recorded in Dr. Ballantyne's "Antenatal Pathology and Hygiene," volume 1, page 221, where the child and mother both have suffered from pneumonia, but only 1 case in which

the pneumococcus was found in the peritoneal cavity, in the spleen and in the blood, and where the mother had apparently been perfectly healthy during her pregnancy. I am certain that the lungs in this case were not infected by the discharges during birth, and that it was the same rusty discharge which was coughed up when the baby first breathed that was sent for examination.

A brownish vaginal discharge was noticed by the nurse on her arrival, small in amount, but this was not observed at the time of birth. The discharge was then of the usual bright red colour but not in great amount.