

## MEDICAL MATTERS.

### SEPTICAEMIA IN SCARLET FEVER.

The *British Medical Journal* reports that Hutinel describes a case of septicaemia in scarlet fever. In the first days of the fever symptoms of a severe intoxication presented themselves, especially a marked erythema. There were, however, no albuminuria, arthropathies, cardiac or pulmonary symptoms. The whole infection was implanted on the throat, nasal fossæ, and larynx, and to a slight extent on the lymphatic glands. The mucous membrane became gangrenous and sloughed. The child died, and on *post-mortem* examination the viscera, to the eye, presented no abnormalities save a certain degree of congestion. On microscopical examination, the thyroid, hypophysis, and suprarenal glands were inflamed, and all showed signs of hypofunction. Hutinel believes that the absence of function of these glands caused great lowering of arterial pressure and general asthenia, and paved the way for the appearance of the suppuration of the pharynx and larynx. He is strengthened in his opinion by the fact that Tixier and Troisier found on *post-mortem* examination, in a case of malignant scarlet fever, that the suprarenals were destroyed and the pancreas seriously affected. Basing his opinion on these facts, Hutinel considers that the treatment of individual cases should depend on the organ chiefly affected; if the liver is chiefly to blame, this organ should be treated; if the suprarenals, then adrenalin or extract of the whole gland should be administered, in addition to symptomatic treatment.

### A BACILLUS OF SCARLET FEVER.

The same journal, quoting from the *Arch. of Ped.*, 1911, xxviii, reports that Vipond, in a preliminary note, states that he has discovered what he considers to be the organism—a bacillus—of scarlet fever, which has the following characteristics:—(1) The bacillus was obtained from seven cases of scarlet fever; (2) it will grow on all ordinary media, growth occurring in 3½ hours; (3) it is to be found in the lymph nodes; (4) inoculation into five monkeys and two rabbits produced typical scarlet fever; (5) the same bacillus has been recovered from the lymph nodes in each instance, and the typical growth has developed on the different media; (6) the bacillus is a long one, with rounded ends, staining variably with Gram, and occasionally showing a beaded structure; (7) some cultures show oscillatory motility; (8) the organism produces spores.

## OUR PRIZE COMPETITION.

“WHAT DO YOU MEAN BY OBSTRUCTED LABOUR? HOW WOULD YOU RECOGNISE IT. WHAT MAY CAUSE IT, AND HOW WOULD YOU DEAL WITH SUCH CASES?”

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Rockhampton Vale, Surrey.

### PRIZE PAPER.

By obstructed labour one generally understands a labour in which the child cannot be born naturally.

Signs and symptoms of obstructed labour:—

Pulse will be 120 or more.

Temperature will probably be raised.

The mother will complain of feeling ill and exhausted. She will probably be troubled with vomiting, and will look ill and anxious. Skin may be hot and dry, or covered with cold perspiration. Lips and tongue brownish. When examined abdominally the uterus will be found in a state of toxic contraction. There will be marked tenderness, and in severe cases Baudl's “ring” will be felt. Vaginally meconium may be coming away from pressure on the child. The vagina will feel hot, dry, and swollen. The cervix may be swollen, owing to pressure between the head and the pelvis.

The presenting part will be fixed, and there will also be a large caput succedaneum if it is a vertex presentation.

The chief causes of obstructed labour are:—

(i) Contracted pelvis; (ii) tumours, such as ovarian cyst, fibroid tumour, etc.; (iii) hydrocephalus; (iv) malpresentation, e.g. brow or transverse; (v) “locked” twins.

The midwife should send for medical aid immediately she suspects obstructed labour. While waiting for the doctor the patient should be kept as quietly in bed as possible; if necessary the bladder and rectum should be emptied to relieve the pressure. The general condition of the patient must be kept as good as possible under the circumstances; if she can take sips of milk or “Bovril,” etc., so much the better. If the doctor is likely to be long and the pains are violent, an injection of morphia (one-sixth of a grain) might be given hypodermically, or an opium pill.

The results of obstructed labour to the mother are over-exhaustion, with consequent danger of post-partum hæmorrhage; also sloughing of the soft parts, caused by pressure on the tissues, with consequent stopping of the blood supply, and tonic uterine contraction, which, if unrelieved, will end in rupture of the uterus.

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