

OUR PRIZE COMPETITION.

WHAT ARE THE COMPLICATIONS TO BE WATCHED FOR DURING THE PUERPERAL PERIOD?

We have pleasure in awarding the prize this week to Miss Rosa Lambert, Crescent Road, Beckenham, Kent.

PRIZE PAPER.

The graver complications of the puerperium are fortunately comparatively rare; in perhaps eight cases out of ten there will be nothing more formidable than temporary retention of urine, cracked nipples, flushed or engorged breasts, and constipation. These, if properly treated, seldom give rise to further trouble. But the more serious complications, such as post-partum hæmorrhage and sepsis, usually occur after prolonged exhausting labours, where intra-uterine manipulation has been necessary, and the natural powers of resistance diminished by the general ill-health of the patient, those suffering from kidney disease and severe anæmia being especially liable. The uterus must be carefully watched and the possibility of concealed hæmorrhage borne in mind, or the patient may lose severely before it is noticed, when the abdomen will be found distended, tense, and tender, the fundus high. The patient will have a quick-running pulse and great pallor, and be in imminent danger of collapse. As a rule unless there is excessive loss within the first two or three hours after labour, post-partum hæmorrhage will not take place, but it may occur even a week later, when it is known as secondary post-partum hæmorrhage, and is generally due to retained pieces of placenta, membrane, or clot, and morbid growths in the uterus, or to getting up too soon.

Eclampsia, which occurs generally as the result of unrecognised and untreated albuminuria, usually declares itself either before or during labour, but may arise early in the puerperium, when the prognosis is more favourable. There may be premonitory symptoms: headache, nausea, vomiting, giddiness and failure of sight, or the convulsions may occur without any warning at all, after which the patient passes into a state of coma. Severe cases of eclampsia, which recover, are more likely to develop puerperal mania, which usually begins with pain in the head, insomnia, and restlessness somewhere between the fourth and fourteenth day. The patient may refuse to take food and show dislike to those about her, and she may become very violent and try to kill herself.

When *septic infection* has taken place the

symptoms usually appear between the third and fifth day. The infection may be either local (sapræmia) or general (septicæmia); retained products in the uterus, or the sloughing of lacerations in the cervix, vagina, or perineal body are a fruitful source of sapræmia. The symptoms vary according to the severity of the disease. There will be abdominal pain, and the uterus will be large and tender; offensive and perhaps excessive lochia, with a rapid pulse and raised temperature.

In septicæmia there will be headache, a pulse that is very rapid and out of proportion to the temperature. There is generally a rigor and may be suppression of the milk and lochia, constipation succeeded by diarrhœa, jaundice, vomiting, and delirium. In addition to all of these symptoms, local abscesses may appear in different organs and joints of the body (pyæmia), and general peritonitis may ensue.

There are many causes for a rise of temperature. The breasts may be engorged owing to blockage of a milk duct, and a small abscess form unless the condition is relieved, or the breasts may become infected through sore nipples, but an abscess from this cause does not usually appear until the third week. Constipation will also send up the temperature, and it must be remembered that a large uterus and high fundus may be due solely to a loaded rectum and distended bladder.

Phlegmasia alba dolens, or white leg, is a very rare occurrence, and when it does occur it is usually in patients who have had either severe ante-partum or post-partum hæmorrhage. There is great swelling and pain in the leg, especially along the course of the femoral vein, where a hard lump or clot may be felt. The leg pits on pressure, and has a white appearance. The great danger is pulmonary embolism.

In *pulmonary embolism* there is great and sudden pain in the chest. The patient without any warning begins to struggle violently for breath, and respiration is rapid and shallow. She quickly becomes blue, then livid and unconscious. Other causes of sudden death in the puerperium are syncope, due to heart disease or following severe hæmorrhage, and embolism due to careless douching.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss N. Chopping, Miss H. Scott, Miss F. Jenkins, Miss G. Robinson, Miss Macfarlane, Miss O'Brien, Miss M. James, Miss B. Smith.

QUESTION FOR NEXT WEEK.

What is leprosy, and how may it be treated?

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