

The Midwife.

POST-GRADUATE WEEK.

PUERPERAL FEVERS.

The last lecture in connection with the Post-Graduate Week for Midwives was given at the Midwives' Institute, 12, Buckingham Street, W.C., by Dr. Abernethy Willett, when there was a large and interested audience.

Dr. Willett took as his subject puerperal fevers, including the graver sorts, in which the fever is continued and long, but also any febrile condition associated with a rise of temperature during the first fourteen days after delivery.

The fever condition of the body was, the lecturer said, associated with very definite symptoms.

Rise of Temperature. The actual rise might be sudden, when it was usually associated with rigor, or slow, when there was a feeling of malaise, pain in the back, &c. When the temperature had risen to its greatest height the second stage—the acme—was reached. This might be long or short. The temperature might rise and fall again, or it might stay up, being the same, within a few points, at the same hour each day.

In favourable cases as the disease continued a decided drop might be noted. That meant that the height of the fever was past. Defervescence might be rapid or slow. In the former case there was said to be a crisis (the fall of the temperature in pneumonia was a typical instance of crisis), or it might come down gradually, a condition known as lysis.

The lecturer here handed round some interesting charts. On these a red line indicated 100 degrees—the point over which a midwife must advise medical assistance, if it continued for over twenty-four hours. The pulse rate, lochia, and condition of bowels were also noted.

The first chart showed an absolutely normal puerperium, although the patient had a badly contracted pelvis, two bougies and a bag were introduced into the cervix, and the labour ended with the performance of craniotomy.

The next showed slight sapraemia. The temperature began to rise early, and oscillated till it attained the height of the fever, when it dropped. In this case the lochia lasted longer than they should have done, and at first the uterus did not involute at all.

The next chart showed a temperature supposed to be due to constipation. There was, however, the lecturer pointed out, no proof that the constipation and the temperature were cause and effect.

Other conditions referred to were the so-called emotional temperature. On the twelfth day of the puerperium, for instance, the temperature might suddenly go up. It was an absolute rule that if

a patient throughout the puerperium had a normal chart and the temperature ran up suddenly, it would probably come down again equally quickly. There was nothing to be frightened about.

It did not follow that all cases of rise of temperature were due to sepsis, but they commonly were.

A rise of temperature might be due to causes unconnected with the puerperium, such as vaccination, but this was recognisable by a very swollen and red arm and tender glands.

In influenza a woman might run up a temperature enough to frighten any one. A patient in a lying-in ward might have a temperature of 98 degrees, and the next time it was taken it might be 103 degrees. Assuming that the pulse rate was never more than 112 and that there were pains in the back and joints, the question of influenza should under the above conditions be considered. Other points must also be noticed in this connection. Involution of the uterus was a good sign.

Again, supposing the temperature and pulse were normal until the eleventh day, and then the temperature rose to 103 degrees, the breasts should be inspected. The temperature might be due to what is known as "flushing of the breasts," in which case the skin over the surface would be red, and they would be very tender.

Changes in the secretions of the body. In prolonged septicaemia all the secretions of the body with the exception of the sweat were diminished. The tongue was furred, and there might be pyorrhoea. It was therefore essential that the mouth should be kept scrupulously clean. The patient might be septic, but that was no reason why she should absorb any more poison. Infection from the gums might spread to the saliva and parotid glands, creating a condition resembling mumps. Therefore the mouth should be kept clean to prevent the spread of infection.

Tissue Changes. In the severer forms of puerperal fever the effect of the toxins in the blood was to kill the red corpuscles. Therefore in prolonged fever the patient became anæmic. While this might be partially due to the effect of the temperature, it was not so much due to the effect of fever as of toxæmia. The increase of white corpuscles was therefore a good sign. They might be regarded largely as soldiers employed in the defence of the citadel, and their increase proved that the body was endeavouring to overcome the toxins by which it was being poisoned.

The effect on the muscles was also that they wasted. This might be due in part to want of activity, but also to actual destruction of the muscle fibres. Thus a fat-faced person became thin.

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