HIGH TEMPERATURE AFTER LABOUR AND ITS TREATMENT WITH ASPIRIN.

BY

G. H. FINK, M.R.C.S. ENG., L.S.A. LOND.,
MAJOR, I.M.S. (RET.).

The following case may be of interest to some owing to certain points which were noted in the treatment, and which might possibly have gone from bad to worse had not vaginal douching, aspirin, and attention to the *primæ viæ* been employed in the early stages after a severe rigor with high temperature, quick pulse, and rapid respiration. It was one of those cases in which the toxins of a particular micro-organism were beginning to be manifest in the blood, which could only be judged from the physical signs and symptoms by the bedside of the patient, and which, if not dealt with early, would eventuate in puerperal fever.

I was called in to attend the patient, a woman of about 28 to 30 years of age and a multipara, who had given birth to a healthy child in normal labour, on the fifth evening.

On arrival, there was the patient, a well nourished woman with a somewhat flushed and anxious countenance, and complaining of severe frontal headache. Her temperature was 104.4° F.; pulse 130 per minute, quick, and somewhat full and compressible; respirations 28 to 30 a minute. The tongue was covered with a white fur, bowels confined, skin dry, appetite fair, and she was able to sleep only in snatches. The abdominal bandage was loose, the uterus flaccid, and there were no pains present. On palpation over the hypogastrium there was tenderness on the left side, increased greatly on pressure. The urine came away freely, but scalded while flowing.

The lochia were red in colour, fair in amount, no clots or shreds on diaper. The breasts were full, and on pressure around areolæ milk flowed freely. The baby emptied the mammary gland regularly on nursing.

No further pain or trouble of any kind was manifest elsewhere at the first visit; but on the following day there was pain under the right shoulder, with vomiting of bilious fluid.

Treatment.

1. Absolute rest in bed.
2. Regular ventilation of the room, as it was small and ill-ventilated.
3. There had been a daily warm douche of potassium permanganate lotion previous to my visit, which I now continued in the morning as hot as the patient could bear, and corrosive sublimate (1 in 5,000) in the evening, until it flowed quite clear. There are two points of interest in these respective douches, which I shall call (a) and (b). Before and after the douche the temperature was recorded, also in the intervals of the douche, in order to note the effect of douching as well as the antiseptic powers of each: (a) was not so useful as (b), and, while the reduction in (a) was one degree, that in (b) was two, and more prolonged in its action. Moreover, in (b) the shreds and some small clots came away in greater quantity, which I feel is due to the fact that corrosive sublimate lotion attacks the mucous membrane and brings away the areas which are affected by membranous attachments, and which are the foci of germ implantation.

4. Uterine contraction was necessary, hence the following mixture was prescribed with benefit:

R. Tinct. ergotæ am.	...	...	3ijss
Sp. ammoniæ aromatic.	...	...	3ijss
Aquam. adde	...	...	3viij
M. Sig.	Two tablespoonfuls three times a day.		

5. The bowels were acted upon when necessary with oleum ricini, and an occasional enema.

6. Sleep was procured with full doses of potassii bromidi at bedtime.

7. The temperature, though lowered to some degree by the above treatment, did not lower satisfactorily, nor as steadily from day to day until aspirin was given. The mode of administration was in the tabloid form—at first two tabloids of gr. v each t.d.s., then one tabloid, when the temperature lowered, and the skin became moist, while the patient slept; and last of all, only one tabloid at bedtime. With the lowering of the temperature sleep was more refreshing, hence the potassium bromide was dis-

continued, as aspirin seemed to act like a hypnotic. I think on the whole this drug is better borne than sodium salicylate in similar doses in a similar class of cases. The use of sodium salicylate has been advocated in a brief letter in the *Lancet* of August 18th, 1906, p. 463, by Dr. Chill, and I feel that it and other drugs of the same class are certainly most valuable in these particular cases. With the lowering of the temperature and the obtaining of sleep, the appetite began to improve daily, when the diet from beef tea, milk, milk and soda and bar'ey water in regular quantities, was raised to a better standard from day to day until convalescence set in on the twelfth day after labour, when solids were allowed, and the diet the patient was accustomed to given. Half a glass of stout was allowed with her midday and evening meal, with much benefit to the mother and child.

I feel that in such a class of cases the surroundings of the patient, the bowels and liver, the uterus, and the circulatory apparatus have to be carefully watched and treated promptly.

The lowering of the temperature and pulse and the cleaning of the tongue cannot be attributed simply to regular douching alone, but to the regulating of the bowels, skin, and pulse.

The effect of the douching with (a) and (b) lotions undoubtedly attacked the foci of the affection in the uterus; but the unloading of the bowel and liver and the action of the aspirin through the blood upon the excretory apparatus had certainly a marked specific effect as well, and rendered the prompt action so necessary through the blood.

It has been suggested that in a certain number of puerperal cases alcohol is responsible for various manifestations, notably the rise in the temperature and delirium; but if one considers that in the pelvis of the woman after labour there are three important organs (the bladder, uterus and vagina, and the rectum) in close contact with each other, it is very necessary that the functions of each of these organs require strict attention before and after labour, for the simple reason that during labour there is very great pressure transmitted through the infant's head which is about to pass the pelvic cavity during birth upon those organs which are placed between two bony surfaces. There is every chance, therefore, of solution of continuity of mucous membranes and other tissues, and the action of pathogenic germs.

Whether the *Bacillus coli* is not also associated with such cases, as in puerperal fever, which is sometimes caused by it, seems interesting at any rate to note. In the case in point the patient's condition was certainly one for anxiety, and there were undoubtedly certain toxins of the organism named which were being poured out and creating symptoms which were on the road towards a puerperal attack from the symptoms manifest. A point of further interest was revealed later in this case and connected with former labours—namely, that the patient was never a satisfactory one, because there were signs of alcoholism. Now, in this particular class of cases it is very necessary to discriminate true alcoholism from the semblance of the effects of this article, for the toxins, in this particular stage of a case, might create a form of delirium or stupor, and alcohol, the usual cause assigned, is but an exciting or secondary cause. I am certain, however, from my careful observations of this case, alcohol was in no way responsible for the patient's peculiar manner, but that it was that class of case where certain toxins form and enter the circulation and affect the nervous system, and, unless treated promptly, may pass on to actual delirium and all the manifestations of the true puerperal condition.

It would be interesting to read the *Journal of the American Medical Association* of April 12th, 1902, p. 930, on the rôle of the *B. coli* in human affections, by Lartigan; and also the *Journal of Pathology and Bacteriology*, vi, 1900, No 3, p. 195. These, together with what is quoted in the *Lancet* above mentioned, would be interesting reading in favour of my contention, which is amply supported by British authority as well.

The colon bacillus is associated in man with a number of important pathological processes, and is able to pass through the intestinal wall where there has been any slight damage and yet no perforation, setting up peritonitis, cystitis, and even puerperal fever.

In the early stages of this last-named disease the toxins are responsible for certain symptoms which the

system is endeavouring to throw off by the reaction, but which, if unsuccessful in accomplishing, the true puerperal state would rapidly follow.

Whether aspirin in such a state—because of its rapid action, together with the rest of the treatment through the bowels and douching with the corrosive sublimate lotion of course—is not the best treatment to adopt, is one for further opinion. At any rate, experience has shown that the salicine group of drugs is a very safe and sure remedy in the majority of such cases, and the earlier they are used in the treatment the better for the patient.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

LIVING CHILD AND DEAD FETUS.

On December 20th, 1910, I was called by a midwife to a woman who had given birth to a living child and a dead fetus. The child seemed to be a full-term child. The fetus was partly macerated, the upper part of the head being a pulp, and some of the skin on the body had peeled off; it was probably a male child of five and a half to six months' development. There was one placenta, one half of which was decomposed and foul, the other half being apparently normal. There were two sacs of membranes. The next day the child smelt strongly of the same smell that came from the foul part of the placenta. Mother and child have both done well since and are doing well now.

Gosport.

S. G. HARRISON, M.R.C.S., L.R.C.P.

FRACTURE OF THE FEMUR AT BIRTH.

THE case of fracture of the femur at birth described by Dr. Cecil Johnson in the JOURNAL of December 17th, 1910, p. 1915, resembles closely one which fell to my lot eighteen months ago.

In my case the mother was a primipara, living some distance away, and when I arrived I found the breech presenting and tightly impacted, with the legs extended on the abdomen. Like Dr. Johnson, I was unable to bring down a leg or use finger or fillet as an aid to delivery, and so was compelled to have recourse to the blunt hook. Delivery was effected after vigorous traction for over an hour, while a colleague administered chloroform. At one moment during this proceeding the patient came round a little and twisted herself suddenly, with the result that the child's right femur was fractured at the junction of the upper and middle thirds. Although the end of the blunt hook was padded with rubber tubing, considerable bruising and subsequent sloughing took place in each groin. The child, a female, was a large one, and half an hour's artificial respiration was needed before she breathed satisfactorily.

The fracture was put up by means of a piece of stout millboard, with a broad end moulded to curve round the abdomen, where it was retained by a bandage. Thence it was carried to the knee and along the leg, where it was bandaged again, the thigh being left free and the leg being supported on a cushion, so that both thigh-joint and knee joint were kept flexed. The child was then placed and kept in a padded box. By this means the fractured ends were brought into good apposition. The limb was released in about five weeks, and appeared soon to be as freely movable as the other, a few manipulations being used to overcome stiffness, etc.

Mr. McAdam Eccles kindly examined the child a year later, and could find no appreciable difference between the two legs.

Hampstead.

J. S. MACKINTOSH.

THE Convalescent Homes Association has issued a list of convalescent and other homes receiving London patients with particulars as to the conditions of admission. The list is classified into homes for men, women, and children only, for patients requiring surgical treatment, for mothers and infants, for gentlewomen, and homes and sanatoriums for patients suffering from pulmonary consumption. The list will, no doubt, be found useful by medical men in London; it can be obtained at the office of the Association, 32, Sackville Street, W., price 6d.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

CHRISTCHURCH HOSPITAL, NEW ZEALAND.

DISLOCATION OF THE OS CALCIS WITH PARTIAL DISLOCATION OF THE ASTRAGALUS.

(Reported by P. CLENNELL FENWICK, M.B.Lond., M.D.N.Z.,
F.R.C.S.E., Honorary Surgeon to the Hospital.)

THE patient in the following case, a lad aged 18 years, was admitted with a severely crushed foot. While fishing from Lyttelton Wharf the foot was caught and crushed between the wharf and a 3,000-ton steamer.

On admission the left foot was merely a tense bag of blood, almost black. No pulse could be felt. I made multiple incisions to relieve the swelling and took an x-ray photograph.

Apparent Condition.

Next day the swelling had diminished sufficiently to allow examination. The projection of the heel was absent, and below the external malleolus could be felt a smooth rounded projection, evidently an articular surface. I

A, Head of astragalus. B, Facets for astragalus on os calcis.
C, Os calcis articulating surface for astragalus.

thought that this was the head of the astragalus and from the appearance of the skiagraph I diagnosed fracture of the os calcis with dislocation of the astragalus.

The foot showed symptoms of gangrene and I amputated 3 in. above the ankle.

Real Condition.

On dissecting the foot I found the following unusual condition. The astragalus was partially dislocated, the head was tilted upwards and rested on the dorsum of the foot, overlying the scaphoid. The os calcis was twisted completely on its side as if it had been driven right through the foot. The smooth projection beneath the external malleolus which I had mistaken for the head of the astragalus was seen to be formed by the articulating surface of the astragalus. The dislocation was so extreme that the two facets for articulating with the neck of the astragalus were lying sideways, having been wrenched round to present just in front of the external malleolus.

Remarks.

In these circumstances I was astonished not to find any fractures. The tendons on the outer side of the ankle were greatly stretched. The photograph of the dissected foot shows very clearly the curious nature of the dislocations. I believe that dislocation of the os calcis is almost unknown, and certainly my diagnosis was quite wrong in this case, although I had a good skiagraph to assist me.