THE PUERPERIUM COMPLICATED BY TYPHOID FEVER.*

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Whenever fever follows the delivery of a woman, our first thought is that the patient has been infected, and in the absence of tangible evidence of some other condition which might give rise to elevation of temperature, our treatment should be directed to the disinfection of the birth canal. Text books enumerate many other causes besides sepsis which give rise to fever during the puerperium. Among these *constipation* is reckoned as a very common cause. *Emotion*, such as fright, anxiety and the like will occasion a sudden rise of temperature. *Exposure to cold* and *reflex irritation* are classed as causes of fever by some authors. The rise of temperature which accompanies engorgement of the breasts has been thought to be of a reflex character.

The puerperal state does not afford immunity from any of the febrile diseases to which the non-puerperal patient is liable, but there are certain diseases that are clinically of more importance than others, on account of their frequent occurrence, or lack of distinctive signs during the early stages of the disease. Among these *malaria* holds an important place and has doubtless been the cloak for many a case of sepsis. Indeed, it is widely believed that the lying-in woman is especially susceptible to the malarial poison. The *exanthemata*, *pneumonia* and *rheumatism* (arthritis) occurring in the lying-in woman present other symptoms in addition to the fever which serve to differentiate them from sepsis, although it is recognized that the latter two diseases may be septic in origin, and that sepsis is sometimes attended with a skin eruption. For some years back the journals have contained numerous reports of influenza complicating the puerperium. This disease is of such protean form and at times so indefinite in character that to make an early differential diagnosis is very difficult or impossible.

The symptoms of typhoid fever during the first week bear a singular resemblance to those of sapræmia or septicæmia. These are rigor or chilly feeling, languor, headache, pains in the back and legs, loss of appetite, nausea, fever, increased pulse rate, etc. Taking up singly the symptoms of typhoid fever during the first week, it will be seen

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how impossible it is to differentiate them from those of infection in the puerperal patient. *Fever* is the chief symptom to which our attention is directed, and about this many of the others center. As in typhoid, this may begin with a chill or creepy feeling, and rises from day to day, with morning remissions, so it does in the mild infection. *Meteorism*, or *tympany*, is seen alike in typhoid fever and pelvic inflammation due to infection. The *skin* in both affections has a pallid appearance and a moist feel during the remission. At times the sweats are marked. The languor, headache, general aching of the whole body, increased pulse rate, scanty high-colored urine and loss of appetite are the accompaniments of fever and have no special diagnostic signficance. Even *diarrhœa*, which is usual in typhoid, may be also septic in origin. In short, the intoxication due to the absorption of toxins, whether they be from the typhoid bacillus or from wound infection, present no distinguishing features.

During the past year two cases of typhoid fever, during the puerperium, have come under my notice. One occurred in a woman in the out-patient department of the Lying-In Charity. I saw this patient only twice—first at the delivery, and again about five days later, when I was summoned by the student in whose charge she was, on account of fever. The nature of the disease was recognized at this time. I do not have the notes of this case. The second case occurred in my own practice, and the details of it are as follows:

Mrs. ——— was delivered in the evening of April 22, 1897, and a post-partum bichloride douche given, on account of a muco-purulent discharge which had been present during gestation. The injury to the perinæum was so trifling that no stitches were introduced. On the fourth day the patient had a slight chilly feeling, followed by a sweat. In the evening of the fifth day the temperature was 99 3-5°. The lochia were not offensive; there was no pain or soreness about the abdomen. On the eighth day the morning temperature was above 99° and the evening temperature above 100° (fractions of a degree not noted). The discharge was scanty, but not offensive. She had headache; the tongue was moist and fairly clean; the appetite good and bowels moved daily. It was thought on account of the temperature remaining about 100° that the patient was a trifle septic, and on the following day—the ninth—the uterus was washed out with a 1-2000 bichloride solution and a 25 gr. iodoform suppository inserted. On the tenth day the temperature in the morning was 101°, and on the eleventh day 102°, and in the afternoon of the same day 104°. The breasts were in good condition. There was no tenderness or bloating

about the abdomen, tongue moist and slightly coated, appetite fair and bowels a trifle costive. This patient had a syphilitic history, as well as a leucorrhœal discharge, and it was still suspected that her elevation of temperature was due to a late infection. At this time—the thirteenth day—she was given ether and I curetted a large flabby uterus, obtaining only a small amount of débris, which was perfectly inodorous. The uterus was packed with gauze dusted with iodoform and boric acid powder. On the following day—the fourteenth—the temperature remained the same. Neither medicine, douche nor curettte seemed to have the slightest influence on the temperature. At this time she was taking strychnine, ergot and quinine—of the latter 21 gr. a day. On the fourteenth day she was given some calomel. On the seventeenth day I have noted that there was some hebetude, which was charged to the quinine, meteorism and a stool, secured by medicine and emema, was yellow in color and offensive; two rose-colored spots appeared on the abdomen, and on the following day many spots made their appearance and enlargement of the spleen was recognized. At this juncture a drop of blood was sent to the laboratory for examination, and a report of typhoid fever returned. The patient continued through a typical course of typhoid fever of more than average severity, the temperature reaching normal on the thirty-fifth day after confinement, or about four weeks after the onset of the disease. The bowels remained costive throughout.

The points in this case which militate against the diagnosis of septic infection are the late appearance of the fever, the absolutely negative result of the intra-uterine douche and curettement and the failure to obtain any detritus from the uterus. A blood examination at a little earlier period might have revealed the nature of the case.

The importance of making an early diagnosis in cases of sepsis cannot be overestimated, as upon this the treatment depends. If the cleansing and disinfection of the birth canal be delayed, irreparable damage may be done. In all doubtful cases, therefore, where fever is present, I consider it imperative to give an intra-uterine antiseptic douche, and, if need be, to curette.