

III.

Gauze Drainage in Puerperal Sapræmia.*

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THERE is a type of case of sapræmia in which the symptoms seem to be caused by retention of lochia, which in turn is caused by a portion of the uterine cavity being below the level of the external os, so that the fluid contained in the cavity collects in a pool. No doubt this condition implies a certain amount of atony of the uterine muscle. I have seen quite a number of these cases, but I think it will be sufficient if I mention three of them as typical.

About three and a half years ago I was sent for hurriedly to see a case with Dr. Malin, of Rochdale. The patient had consulted me a year previously for symptoms suggestive of endometritis following on a confinement. At that time I found the uterus much enlarged, and in a position of exaggerated anteversion, by which I mean that the fundus was at a considerably lower level than the cervix. I advised curetting at that time, but circumstances prevented her having it done immediately, and a few months afterwards she again became pregnant. Her confinement was normal, and all went well until the eighth day, when her temperature began to rise. It gradually became higher, until on the evening of the tenth day she had a rigor, and the temperature rose to 107°. I saw her soon afterwards. The uterus was very bulky and soft, and the fundus came low down in front, while the cervix was high up and difficult to reach at the back. There was nothing else of an abnormal nature to be made out, and I concluded that the symptoms were due to absorption from retained lochial discharge. Accordingly, I washed out the uterus with sterilized water through a Budin's tube, but it was impossible to do this until the cervix had been pulled down with the vulsellum. In the course of the next few hours there was marked improvement in the symptoms, but 24 hours afterwards the temperature again began to rise and she felt chilly. The intra-uterine douching was therefore repeated. It was found necessary to do it again at the end of another twenty-four hours, but after that the temperature fell to normal, and did not again rise. The patient made a rapid convalescence.

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The second case was seen in December 1906, with Dr. Grange, of Kersal, and here the symptoms followed on the birth of twins. The history of the illness was very similar to the first case. There was no marked rise of temperature until the tenth day, when it ran up to 105° . I saw her on the following day and washed out the uterus at 1 p.m. At 7 p.m. she had a rigor and her temperature rose to 106° but fell to 103° in an hour. The uterus was even larger than in the former case, the body hung down in such a way that the fundus was below the level of the external os, and when the tube was passed a quantity of foul-smelling discharge escaped. The douching was repeated next day, morning and evening, as the temperature began to rise some hours after each douche. It was only after the uterus had been douched for four days in succession, that the temperature remained normal, and the patient made a rapid convalescence.

In both of these cases the discharge was turbid, offensive, and only slightly tinged with red. As improvement occurred, the uterus could be felt to be smaller and harder, and consequently there was less bulging of the anterior wall. There was nothing to suggest retention of any portion of membrane in either case, as there had been no free hæmorrhage after the confinement, and no débris came away in the douche. Although both cases recovered well, they both gave rise to some anxiety for several days.

In January last I was asked to see a case with Dr. Mitchell, of Longsight, Manchester. The patient was a multipara, who had a history of an acute illness which came on twelve days after a previous confinement when I had seen her in consultation with another medical man and washed out the uterus. On this second occasion everything again went well until the twelfth day following the birth of the child, and then the temperature suddenly rose to 103° . The local conditions were practically the same as those described in the former cases. The uterus was washed out, and improvement followed for a time, and then the temperature rose again. She continued to have shivering attacks, and Dr. Mitchell washed out the uterus again in the evening. On the following morning she was still feverish, and another intra-uterine douche was given. Soon after, the patient had a rigor, and the temperature ran up to 107° . I saw the patient with Dr. Mitchell within a few hours, and felt that something more was required than mere douching, and it occurred to me that a more constant drainage of the uterus was indicated. I washed the uterus out once more, but this time packed the cavity, and also the vagina, with sterilized gauze. Improvement set in almost at once, and the patient had practically no more trouble. The packing was left in for twenty-four hours, and then Dr. Mitchell removed it, washed out the uterus, and packed again. Convalescence, after this, was rapid and complete.

The rapid improvement of the case following upon the gauze

drainage left no doubt in my mind that my theory as to the cause of the trouble was the correct one, and also that in the treatment adopted we had a very efficient way of dealing with similar cases. It is probable that the packing is beneficial in more ways than one; it partially straightens an acutely flexed uterus, it produces capillary drainage, but, more important still, the presence of the gauze in the cavity of the uterus stimulates uterine contraction.

There are, of course, many cases in which sapræmia is due to retention of portions of membrane or placenta, in which something more than mere douching or packing is required; but in a certain small proportion of cases the conditions that I have described exist. They will be more likely to occur in women who are the subjects of chronic metritis; in those who have an acute flexion owing to some want of development of the isthmus of the uterus, and in those in whom the uterine walls have been greatly stretched by a twin pregnancy.