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FEVER IN PUERPERIUM.

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POST equitem sedet atra cura." The physician carries many a care on his rounds, but none that is more wearing than the consciousness of a febrile puerperium in his practice. I have chosen a wider subject than puerperal sepsis, because, though much has been written on different causes of post-partum fever, sufficient attention has not been paid to the diagnosis of one from another. The first question that arises is not, "What is the best treatment for puerperal sepsis?" but, "Is this sepsis, and, if not, what is it?" I cannot pretend to offer a solution for all the knotty problems which arise in this connection, but hope that the readers of THE LANCET may find something of interest in these few observations.

When the temperature rises post-partum, endeavor to arrive at a diagnosis by a process of exclusion. What may the cause be? Let me give a list, placing the graver causes last: "Reaction," intestinal, bladder, emotion, nipples, breasts, intercurrent diseases, stitches, first getting up, post-eclamptic, crowded wards, sapræmia, septicaemia.

"*Reaction.*"—In a large percentage of cases there is a rise of temperature to 99 degrees or even to 100 degrees within the first 24 hours after labor. If the labor has been very severe, the "reaction" may be correspondingly severe, and the temperature may rise to 101 degrees or even more. The points about this are that it occurs within the first 24 hours, and is not prolonged beyond that period.

Intestinal.—The whole duty of the physician has not been performed when a laxative has been prescribed and the bowels have been moved two or three times. The bowels may be repeatedly moved and yet not emptied. I have on many occasions, when trouble had arisen, found masses in the colon either by percussion or palpation, upon the elimination of which the trouble abruptly ceased. The hepatic and splenic flexures of the colon on the usual sites at which such collections form. Let me cite a case.