

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, April 27th, 1883.

[Continued from our last.]

Puerperal Eclampsia.—Dr. Armstrong read a paper on this subject, reporting three cases. In the first case, a multipara, a fortnight before her delivery complained of the three symptoms regarded by Chaussier as premonitory indications of eclampsia, viz., cephalalgia, disorder of vision, and epigastric pain, together with œdema of feet, ankles and hands, with puffiness of eyelids. Although diuretics and occasional purges were given, a convulsion came on soon after labor began. Chloral Hydrat. was given every hour in doses of ʒi . After three or four doses the woman had a second convulsion, when chloroform was administered, and the first stage of labor being completed, the forceps were applied and the child delivered. The hæmorrhage following the birth of the child was considerable, requiring to control it a good deal of kneading of the uterus, and the application of ice to the cervix. The child was still-born, but the mother made a good recovery. In the second case, primipara, the convulsions first appeared a few minutes after the completion of a normal labor lasting fourteen hours. The comatose condition, which obtained after the first convulsion, persisted and deepened in spite of treatment, and the patient died sixty-four hours after she was delivered. No paralysis of face or other parts could be made out. The urine was highly albuminous. At the autopsy extravasated blood was found covering the superior surface of the brain, and dipping down in the sulci. Also a large clot, which measured four centimeters by four centimeters, was found in the substance of the left middle lobe of the cerebrum. It was situated in the parietal section of Pitres. The kidneys, microscopically, were found to be granular, and the veins were dilated. This dilatation of veins was found, in microscopic sections, of different tissue by Dr. Wilkins, who kindly examined them. The third case is of interest principally from the fact that gestation went on twenty-two days after the occurrence of two well marked convulsions. Labor then came on, and she was delivered of a living healthy child, without any recurrence of eclampsia. During the three

weeks interval between the eclamptic seizure and delivery, chloral in 3i doses was administered per rectum, as soon as any twitching of the muscles of the arms or disorder of vision with headache and epigastric pain appeared. This case shows how we can carry on a case until the completion of gestation, by careful watching, appropriate treatment, even after two puerperal convulsions have occurred. The fate of the children in the first and third cases favors the idea that the death of the child is due to carbonic acid poisoning, it, in its turn, being due to the interference with respiration of the mother during the convulsive seizures rather than the toxæmic state of the mother's blood.

Dr. Armstrong stated that the digitaline used was prepared by Parke, Davis & Co. of Detroit. He thought the dose of gr. $\frac{1}{4}$ not too large. In reply to Dr. Wilkins he thought that if the condition of the mother's blood killed the child, then the child in the third case should have died, for in this case for three weeks before the birth of the child the mother presented symptoms of profound uræmic poisoning. Her urine never containing less than 30 per cent. of albumen. But the child was born alive and well. The only time the foetal heart was weak was the day of the eclamptic seizures. The foetal heart sounds being stronger the next succeeding day.

Drs. Alloway and Cameron having raised the question of etiology, Dr. Armstrong stated that his impression was that puerperal eclampsia had a predisposing and an exciting cause. The predisposing cause might be, according to the theory of Dr. Barnes, an excessive nervous development, and an increased development of the spinal cord; or, according to the Traube-Rosenstein theory, increased aortic tension, followed successively by œdema of the brain, compression of the cerebral vessels, and acute cerebral anæmia; or the theory supported by Andral and Gavarret, that the blood of all pregnant women was hydræmic; or the theory of Kussmaul and Linner, of cerebral anæmia; or the theory of Braun that uræmic poisoning, due to Bright's disease of the kidneys, was the cause. Frerichs attempted to prove that the poison was due to ammonia carb., formed by the decomposition of the urea. Spiegelberg suggested that a reflex contraction of the vessels might cut off the blood supply to the kidneys, due to a peripheral stimulus. And Frankenhauser has demonstrated a direct connection between the ganglia of the kidneys and the nerves of the uterus through the sympathetic.