

# Selected Articles.

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## CAN WE BY MODERN METHODS ANTICIPATE IMPENDING ATTACKS OF PUERPERAL ECLAMPSIA?\*

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There is perhaps no complication in obstetrical practice which is the occasion of so much anxiety as puerperal eclampsia.

Insidious in its onset, presenting no marked nor characteristic premonitory symptoms, too often the busy practitioner, who, it must be confessed, seldom pays much attention to his expectant patient until called to her in labour, is taken by surprise, and finds himself wholly unprepared to meet such a grave emergency.

Eclampsia is variously estimated to occur in 1 in 150 to 1 in 400 cases of labour. It is more common in large cities than in small towns and rural districts. According to statistics it is more common in Russia than other portions of Europe.

Race too seems to have some influence. My own observation among Russian Jews in American cities leads me to believe that it is of less common occurrence among them than Americans.

Eclampsia is said to be unknown among American Indians, as also may be said of other savage tribes; it being a disease exclusively confined to civilized peoples.

In the entire field of medicine there is probably no disease which has been the subject of so much investigation in recent years as puerperal eclampsia, and as yet we are in absolute ignorance of its cause.

We shall pass over the various theories which have been proposed from time to time and which are no longer regarded as tenable.

At present two theories demand special consideration. One that eclamptic attacks are uremic and occur in patients with pre-existing nephritis. Those who contest this theory assert that eclampsia may occur in patients whose kidneys show no evidence of pre-existing nephritis. On the other hand it is a common clinical observation, that patients with marked nephritis if they become pregnant rarely are the subject of eclampsia. In further proof that eclampsia is not a pure uremia, certain char-

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