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Original Communications.

PUERPERAL ECLAMPSIA.

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MR. PRESIDENT AND GENTLEMEN,

The following cases of puerperal eclampsia each have some points of interest, and I think relating them may give rise to an interesting discussion on the subject.

CASE I.—Mrs. P., æt. about 30 years, delivered of her second child 4th February, 1881. Had never miscarried. About a fortnight before her confinement she consulted me, when I found, on enquiry, that her feet and ankles, her hands and eyelids were œdematous, and that there were present the three symptoms which, according to Chaussier, are premonitory indications of puerperal eclampsia, viz., cephalalgia, derangement of vision and epigastric pain. I obtained some of her urine, and found it highly albuminous. Prescribed a mixture containing pot. acet. Decoct scopar and infus. digit. As she lived in St. Lambert's I did not see her again until the morning of the day of her confinement. When summoned to attend her, I went, prepared for a case of eclampsia. I found the pains were only beginning; the os the size of a five cent piece, the parts soft and well covered with the normal secretion; rectum and bladder empty. The swelling of extremities and face scarcely perceptible. I left her for a few hours, with orders to take ʒ of chloral hydrate every hour. On my return I found that during my absence she had had what was described as a very severe convulsion. The os was now nearly fully dilated, but while examining her she said she could not see, and at once became severely convulsed. The usual tonic and clonic contractions of the muscles of the face and neck, trunk and extremities. Respiration was much interfered with, the face becoming very livid. Chloroform was at once administered, the membranes ruptured, the child delivered with the forceps. The loss of blood immediately following the extraction of the child was considerable, so much so that considerable kneading of the uterus and the application of ice to the neck of the uterus was required to control it. The placenta was partially adherent, and before she was allowed to come out of the influence of the anæsthetic, I introduced my hand and removed it. The mother made a good recovery. The child was still-born. The chief points I would draw attention to are the typical course of the case—all the premonitory symptoms of puerperal nephritis being present—and the rapidly fatal influence of the convulsions on the child.