

SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.**A Case of Cerebral Hæmorrhage during Pregnancy.**

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MRS. G., æt. 33, a tertipara, was admitted to the Glasgow Maternity Hospital on the 2nd of June, 1907, in an unconscious condition. The pregnancy had advanced to the eighth month. The two previous pregnancies had ended in premature labour at the seventh month. The children had both been born dead. The patient's health had been good during this pregnancy, but she had been very nervous, and apprehensive lest she should lose this baby also.

About noon of the day of admission the patient was sitting in her house talking to her husband in apparently good health and spirits, when she suddenly exclaimed that she was losing the use of her right hand. She dropped a hair-pin which she was holding, and was unable to grasp it when it was put back into her hand. Her face twitched and was drawn to one side and she lost consciousness. She was brought to the hospital ten hours later.

On admission, the pupils were equally and closely contracted, and they reacted to light. The right arm was very rigid and held flexed at the elbow with the fingers clenched in the palm. The patient was restless. The heart sounds were normal except that the second aortic sound was accentuated. The urine contained a large quantity of albumen. The foetal heart could be heard.

A vaginal examination revealed that the pelvis was contracted, the diagonal conjugate measuring 4 in. The os admitted two fingers and the vertex presented.

June 3rd. When I saw the patient next morning she was still unconscious, and there was distinct paralysis of the right side of the face and right arm, but the right leg and upper section of the face were not affected. A dose of Epsom salts was administered.

June 4th. The patient's condition was unchanged except that

the upper segment of the face was affected. There was drooping of the right eyelid, and the eye was not closed during sleep.

June 5th. The condition was unchanged. Labour was going on painlessly, as the os was almost fully dilated in the morning. As there was no indication of any strain being thrown upon the cardiovascular system by the labour I decided to wait and let nature take its course. At 2-30 p.m. the patient suddenly began to breathe stertorously, and on examination it was evident that a further hæmorrhage had taken place. All the limbs were quite limp, and sensation was entirely lost. The foetal heart had ceased to beat, so I decided against accouchement forcé, as it would only have hastened death. The patient gradually sank, and died at 5-45 p.m.

We could not obtain permission for a post mortem examination.

The fact that the two previous pregnancies had ended in the birth of dead children about the seventh month made one suspicious of syphilis, but we failed to find any evidence of its presence. The urine gave evidence of nephritis, and it is probable that the kidney condition was of long standing, and that it was really the cause of the mischief. However, there was no very distinct evidence of degeneration of the arteries except that the radials seemed a little firmer than usual.

Perhaps I erred in not clearing out the uterus when the patient was admitted, but when I found that the os was slowly dilating, without any evidence of strain being thrown upon the system, I decided to wait. I was afraid that if I delivered by accouchement forcé the strain which would necessarily result would in all probability increase the hæmorrhage.