

A CASE OF
CEREBRAL EMBOLISM FOURTEEN DAYS
AFTER CONFINEMENT.

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ELIZA S—, married, aged twenty-three, a primipara, was confined on Feb. 24th. There was nothing to call for remark in the confinement; it was a little tedious, but quite an ordinary one in every respect. She progressed favourably and did well, without any unusual symptom; and I ceased attending her at the usual time. On the fourteenth day after the confinement (March 10th) she had what her friends described as a "bilious attack," such as she had often had before. Her bowels had been constipated, for which she had taken castor oil, when she became sick, and vomited and retched very severely. Suddenly, according to the account of her friends, she complained of a violent pain on the right side of the temple which seemed to come on instantaneously. She was put to bed, and had a strong mustard poultice applied to the temple and became "very heavy in her head." The next day I saw her, and found her lying in bed apparently unconscious. After calling to her loudly, she awoke, showed me her tongue, recognised me, and spoke rationally; but in a few minutes relapsed into unconsciousness again. The right pupil was dilated and insensible to light; the left normal. Bowels constipated; heart sounds clear and regular; tongue foul and coated; pulse 70; temperature normal. Urine passed naturally; she had roused to pass it. I found it clear, with no albumen. The lochia had almost ceased; there was a very little discharge, slightly blood-stained. There was abundance of milk in the breasts, and she was awake to suckle the child every now and then, and also to take her food; but she always relapsed into unconsciousness again. I gave her a dose of calomel and jalap, which moved the bowels several times, the motions being very dark.

The next day there was a slight improvement; she was more easily roused. She recognised her husband when he was sent for. Complained of my hand being cold. Pulse 70; temperature still normal; some slight paralysis of face on the right side; urine light coloured and turbid, full of phosphates, no albumen, and passed naturally. She took her food well; suckled the baby, but frequently relapsed into states of heavy unconsciousness. The afternoon of the same day her speech became muffled; she began to be more unconscious and difficult to rouse. The next day, March 14th, the fourth from the attack, she was quite unconscious, with stertorous breathing. Pulse 100; temperature normal; urine passed in bed. After a great deal of rousing and shouting she put out her tongue, which was thickly coated; there was evident paralysis of the right arm. There was still milk in the breasts. I ordered her head to be shaved and applied a blister to the nape of the neck, and gave another powder of calomel and jalap. On the 15th there was still deepening coma. Urine passed in bed; pulse 100; temperature normal. There was still milk in the breasts; in the afternoon she had two severe convulsions. She could swallow milk when put with a spoon into her mouth. On the 16th she had violent convulsions all night; the arm which was paralysed moved in the convulsions; both pupils dilated, the left slightly sensitive to a bright light. Pulse 120; temperature 102°. In the afternoon of the same day the breasts were dry, the patient being in a deep coma, severe convulsions constantly recurring; quite unable to swallow; died the same night.

Remarks.—This is a very unusual and rare termination of a puerperal case. I think there can be no doubt as to its being a case of embolism, the symptoms would indicate either that or apoplexy. The age of the patient would negative the latter. There was no heart disease, it is true, so that the formation of the embolus must have been due to the peculiar plastic condition of the blood in puerperal women, tending to the formation of clots, from one of which a portion might have been detached by plugging a cerebral artery on the right side of the cerebrum, or the clot might have been formed there *in situ*. It may have been that the straining and exertion caused by the vomiting and retching produced the detachment of the embolus; but I was inclined to think, although I was unable to get satisfactory information, that the sudden plugging of the vessel might have been, on the other hand, the cause of the attack of vomiting.

The apparent improvement that took place appears to have been due to partial recovery from the shock and to some re-establishment of the circulation, while the subsequent relapse and increase of the symptoms would be due to the more complete plugging of the vessel by an inflammatory condition, attended with exudation around the plug. That a case such as this is of rare occurrence is evidenced by the fact that I cannot find the subject mentioned in the ordinary text-books of midwifery, and in Playfair's work he quotes from a foreign author upon the subject, whilst it would appear that his few remarks are not derived from personal observation of a case.

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