PUERPERAL APOPLEXY IN A YOUNG WOMAN;

LIFE MAINTAINED FOR FOURTEEN HOURS BY ARTIFICIAL RESPIRATION.

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MRS. E——, aged thirty, engaged me to attend her in her first confinement, which she expected about the end of March. She was a rather thin, anæmic-looking woman, and a great sufferer from chronic rheumatic arthritis, causing distortion of the finger joints. She informed me that the articular trouble had been much better during her pregnancy; she otherwise enjoyed fairly good health. At 3.30 A.M. on February 18th I was called, and told by the husband, a medical man, that she appeared in her usual health up to midnight, when she retired to her bedroom, having entertained some friends during the evening. Her husband joined her about 1 o'clock, and found her complaining of pain in the epigastrium, for which she took a little bicarbonate of soda. The bowels had acted before going to bed, and urine had been passed freely. About 1.30 A.M. she complained of constant pain over the abdomen, and was given a grain of opium in a pill; but the pain continuing, a vaginal examination was made by her husband, and as he found the os externum dilated to the size of a shilling, he thought it well to send for the doctor and nurse. The patient was then begging for chloroform to relieve the continuous abdominal pain. I reached the room at 3.45 A.M., and found her quite unconscious, lying on her back, rather high in bed, with her left hand apparently supporting her head. On examination I found the os slightly dilated, and with some difficulty made out a vertex presentation. There was no vaginal discharge. Pulse about 90, and regular; respirations natural; pupils equal, not contracted, reacting to light. I carefully watched her for some little time, and saw that she continued in the same state, with occasional uterine expulsive pains, during which she held her breath, and moved her legs up and down in bed. As the urine voided before going to bed had been thrown away, I passed a catheter, and found the bladder empty; but upon withdrawing the instrument, a couple of drops of deeply blood-stained fluid escaped from its eye. Feeling alarmed at the condition of the patient, I sent for Dr. Clement Godson, and shortly afterwards found the pulse much slower —not more than 60 to the minute—and rather full; pupils equal, slightly dilated, and not reacting to light. No appearance of paralysis of the muscles of the face. The breathing for a few respirations was inclined to be stertorous, and at 6.15 A.M. she gave a couple of sighing inspirations, and then stopped breathing. No pulse at the wrist. The heart could be felt over the præcordial region, but the action was very feeble. I at once set up artificial respiration, and the heart soon began to improve, so that when Dr. Godson arrived, soon after 7 o'clock, he was able to count the pulse in the radial, and made it 96 to the minute. We discontinued the artificial respiration, but within two minutes the patient became markedly cyanosed and the pulse almost imperceptible. Artificial respiration was again started; hypodermic injections of ether and enema of brandy given, and the galvanic battery freely used. The fœtal heart was listened for, but could not be heard. Dr. Godson passed a catheter and drew off about three drachms of dark blood-coloured fluid; he found the os dilated to the size of a two-shilling piece. Enemata of peptonised beef-tea was given, and the respiration kept up by a staff of neighbouring medical men, who kindly lent their services. No change took place in the condition of the patient up to 2.30 P.M., when we had the advantage of a consultation with Drs. Playfair and Godson, and the diagnosis of cerebral hæmorrhage was maintained. However, artificial respiration was continued until past 8 o'clock, when reluctantly we had to admit that the case was hopeless, and on discontinuing our efforts life was soon extinct.

For the following post-mortem report I am indebted to Mr. Colby of St. Bartholomew's Hospital. Examination nineteen hours after death:—Rigor mortis well marked. Heart: Some excess of pericardial fluid, a patch of recent lymph as big as a shilling over the front of the ventricles near the apex. No valvular disease; no atheroma of the aorta. Lungs: Œdema of both lower lobes. Liver: Capsule stripped off easily in the neighbourhood of the right kidney. Kidneys: Some irregularity and thinning of the cortex. Surface smooth. Capsule of right came off very easily, and the organ was engorged. Ureters free. Bladder empty. Brain: Under the meninges and on the surface of the left hemisphere was a clot as large as a crown piece, covering the upper end of the fissure of Rolando; on the parietal region of the right hemisphere a similar but smaller clot. In the left hemisphere was a clot as big as a duck's egg, continuous with that on the surface, and lying outside the external capsule, but compressing both the basal ganglia and the convolutions. The right hæmorrhage was superficial.

There are, I think, several points of interest in connexion with the case. Had parturition actually set in before the hæmorrhage occurred? Again, were the uterine efforts in any way owing to the cerebral clot? I am inclined to think that, considering the aspect of the case before the loss of consciousness, and the condition of the os, the first step in the case was commencing parturition. Next as to the diagnosis; this was admitted by all to be a point of great difficulty, as the age and appearance of the patient, the onset of the attack, the absence of any paralysis, facial or ocular, and the fact of the catheter drawing off only a little sanguineous fluid, all point to other than cerebral causes. Lastly, the length of time life was maintained by artificial respiration is, I think, very interesting, if not unique, as there cannot be the least doubt that any interruption of artificial respiration between 6.15 A.M. and a few minutes past 8 P.M. must have resulted in immediate death. It would also be interesting to know how long life would have been maintained if sufficient relays of medical men could have been procured to continue artificial respiration. In conclusion, I may say that both Dr. Playfair and Dr. Clement Godson look upon the case as a most unusual one, and well worthy of being placed on record.

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