

GLASGOW MATERNITY HOSPITAL.

A CASE OF HEMIPLEGIA DURING THE PUERPERIUM.

(Under the care of Dr. SAMUEL SLOAN.)

THE following notes were communicated by Ernest Roberton, M.B. Edin., in-door house surgeon of the hospital, in a paper read before the Glasgow Obstetrical and Gynæcological Society.

Mrs. D—, aged thirty, was admitted on May 22nd, 1887.

She had given birth to her sixth child while on the way to the hospital; and when she arrived under the care of the police, about forty minutes later, the placenta had also been expelled and the uterus was small and well contracted. It was impossible to obtain any details regarding the labour. The patient was, however, in a very weak condition, pulseless and cold, and vomiting occasionally a small quantity of mucus and clear yellowish fluid with a spirituous odour. Some whisky had been given to the patient before her admission.

Hot bottles were at once applied to the feet; a hypodermic injection of sulphuric ether (ten minims) given; and also, by the mouth, spirit of sulphuric ether and aromatic spirit of ammonia. To allay the vomiting a mustard poultice was applied to the epigastrium, and spirit of chloroform and compound tincture of cardamoms given internally. The vomiting soon ceased, and the patient's strength rapidly improved. Stimulants given by the mouth were continued during the day in decreasing doses. Beef-tea and gruel were given as food. Twelve hours later the patient was feeling and appearing much better.

During the following two days (May 23rd and 24th) the treatment of the patient did not differ from that of the others in the wards, and she appeared to be doing well. On May 25th the patient was noticed in the morning to be perspiring very freely, but as other patients were also perspiring more freely than usual, and the day was very close, no special attention was paid to the fact.

May 26th (fifth day).—At 4 A.M. the attention of the night nurse was drawn to the patient by something unusual in her expression. On inquiry if anything was the matter, she gave a negative answer, but her articulation was clearly defective. Previously to this, no unusual symptom, convulsions or otherwise, had been observed. The house-surgeon was immediately called, and on seeing the patient noticed that she had a dull, vacant expression. She put out her tongue in answer to a request that she would do so, but would not speak at all. No signs of paralysis were observable except those of defective articulation and the involuntary passage of urine. The heart was examined, but nothing abnormal detected.—9.30 A.M.: Patient now answers questions, but it is difficult to understand what she says on account of defective articulation. The muscles of the left side of the face are noticed to contract when the patient attempts to smile, but those of the right side remain uncontracted except the orbicularis palpebrarum. The tongue on protrusion is now pushed to the right side. The pupils are equal, and both react slightly to both light and accommodation. The power of both arms, as tested by asking the patient to grasp the observer's hands, is not normal; they seem to be equally weak. The power of the legs is also rather diminished. The temperature has at no time since delivery been abnormally high. The heart has again been examined, and no abnormality detected.—11.30 A.M.: The paralysis of the muscles of the right side of the face is now less marked. Patient seen by Dr. Sloan, who ordered that the child should be weaned at once, and that food of a more stimulating sort than that usually allowed in the wards should be given—beef-tea, soup, gruel, milk, and eggs.

27th.—Patient slept very well last night. There is to-day some control over the passage of the urine. The power of articulation is much the same as yesterday. In pronouncing her name (maiden) she says "Ididy Dada." The right arm and leg are to-day decidedly weaker than the left corresponding limbs; the latter are stronger than yesterday. The urine was examined; there was no albumen. The lochia are this morning absent, and the temperature a little raised, being about 100° F. The heart was once more examined, but no abnormal sounds heard. The pulse being rather weak, Dr. Sloan ordered five minims of tincture of digitalis and five grains of carbonate of ammonia, to be given every three hours; also that the patient should have cream of tartar water as a drink.

28th.—Temperature 100°; pulse 98. The lochial discharges have reappeared since last night; at midnight the napkin was saturated with a bright-red and slightly fetid discharge. A warm antiseptic vaginal douche was ordered to be used every four hours. Patient takes her food well and sleeps well. The bowels have not acted since the seizure two days ago, and an enema was therefore ordered. The bladder is now under control. Articulation is rather better, but not the power of the arms, and the tongue on protrusion is still much deviated from the middle line.—4 P.M. (note by Dr. Sloan): Pulse 120; temperature 101.8°. The uvula is

drawn slightly to the left side. In pronouncing her name the patient now says, "Idiby Dath." The grasp is stronger in the right hand than yesterday. During the effort of grasping with the hands the face is drawn slightly to the right side. The breasts are firm and tender, but not enlarged. Only a clear fluid exudes on pressure. No milk has been drawn during the last forty-eight hours. The abdomen is somewhat full, but there is no tenderness; the uterus cannot be felt with moderate pressure.—7.30 P.M.: The lochia are no longer fetid. Since the enema was given the bowels have twice acted copiously.

29th.—Pulse 120; temperature 100° F. Patient slept well last night, and continues to take her food well. The arms are decidedly stronger. She was ordered by Dr. Sloan a tablespoonful of the following mixture every four hours: Carbonate of ammonia, one drachm; tincture of nux vomica, thirty-six minims; tincture of cinchona, three drachms; tincture of orange, three drachms; water to six ounces. The previous mixture was stopped.

30th.—There is decided improvement in the power of the affected muscles, and in the distinctness of articulation. Temperature normal.

June 3rd.—The patient continues to improve. The above mixture was stopped, and the following ordered, since she continues anæmic: sixty-four minims of liquor arsenicalis, sixty-four grains of citrate of iron and ammonia, and infusion of calumba to four ounces; two teaspoonfuls thrice daily after food.

7th.—Patient now names herself quite distinctly, "Elizabeth Alston." The paralysis of the right side of the face is still perceptible, although not at all well marked. The tongue is less pale. There is no difference in the grasp of the two hands as regards power. Patient rose last night for the first time. There is in walking no dragging of the right leg to be noticed.

8th.—Patient rose again this morning, and after doing so felt rather fatigued.

11th.—The paralysis of the right side of the face is but slightly marked, and improvement continues. The heart has been again examined several times, by Professor Leishman among others, and no abnormality of the cardiac sounds discovered.

13th (twenty-third day since delivery).—The paralysis has entirely disappeared, and the articulation is perfect. There is no abnormal cardiac sound to be heard even after the patient has exerted herself. She was dismissed to-day.

*Remarks by Dr. SLOAN.*—It may be impossible to decide with certainty whether this was a case of apoplexy or of embolism of the left middle cerebral artery, but the following are reasons for deciding in favour of embolism. There was no convulsion and no unconsciousness; the patient is young, and there is no evidence of disease of the kidneys or of the arteries; the hemiplegia was gradually developed, was never complete, and it speedily passed off; the circulation was sluggish, and the blood, on account of the puerperal state, was in a condition to coagulate readily. Query: Why is embolism on the left side of the heart, without cardiac disease, so uncommon in the puerperal condition, and puerperal embolism on the right side so far from uncommon? If this is, as seems most probable, a real case of cerebral embolism in the puerperal state without cardiac valvular disease, it is, so far as can be ascertained, the first case of the sort reported. The treatment consisted of cardiac tonics and alkalies.