negative. A blood picture showed a normocytic anaemia with thrombocytopenia. The haemoglobin was 56%, the red blood cells numbered 2,800,000, and the platelets 66,000 (chamber count). On May 2 a transfusion of 1 pint (570 ml.) of fresh blood was given and labour was induced by rupture of the membranes so that delivery might take place when the benefit of the transfusion was at its optimum. Labour lasted 38 hours and ended with the spontaneous delivery of a live male infant weighing 7 lb. (3.2 kg.). The loss following delivery was 8 oz. (230 ml.). The infant showed no evidence of purpura, and progressed satisfactorily. On May 8 a further blood picture showed that the platelets had risen to 140,000 per c.mm. There was now no clinical evidence of purpura. She was discharged on May 16 in good health. No further manifestation of purpura occurred until her second pregnancy in 1951.

Second Pregnancy.—On June 19, when she was five months pregnant, purpuric spots appeared over the right shoulder and she was admitted to Guy's Hospital. The spleen was not palpable, and Hiss's test was again negative. A blood picture showed the platelets to be reduced to 80,000 per c.mm. and morphologically normal. After a week the rash faded and she had no further attacks before delivery on October 11. The delivery was spontaneous and a live female child weighing 7 lb. 11 oz. (3.5 kg.) was delivered. The loss was 8 oz. (230 ml.). Three days later she developed purpuric spots over the shoulders and bruises appeared over the left forearm and left leg. A blood picture showed the platelets to be 90,000 per c.mm. and some giant forms were seen; haemoglobin, 83%; red cells, 4,200,000. The infant was healthy and showed no signs of purpura or haemorrhages. On November 27 the platelets had risen to 180,000 per c.mm. and she was discharged in good health.

COMMENT

In thrombocytopenic purpura the danger of haemorrhage from the placental site or from lacerations of the birth canal has been discussed by previous authors, and there can be little doubt that the precaution of giving fresh blood before labour in all cases is justified. A transfusion was given in the first pregnancy of the present case, but not in the second. On reflection it would seem that its omission in this second pregnancy cannot be logically defended despite the uneventful delivery.

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Successful Caesarean Section after Death from Miliary Tuberculosis

In this century post-mortem caesarean section has been reported in some 80 cases. About 15 were pulmonary tuberculosis (Kronick, 1950); the remainder were due to toxæmia (Dobbs, 1948), rupture of an aneurysm (Johnson and Frank, 1946), cerebral haemorrhage, pneumonia, heart failure, poliomyelitis, and spinal analgesia (Walker and Matthews, 1950). The following report shows that the operation is worth doing and also how deceptive a case of miliary tuberculosis can be during pregnancy.

CASE REPORT

A pregnant woman aged 21 was admitted to hospital on March 20, 1951. She complained of severe headaches, increasing in intensity for about a week. There was a history of vomiting for a week and of inability to pass urine for the last two days. She had not attended her

antenatal clinic or called in her own doctor, and the expected date of delivery was in four weeks' time. In 1949 she was normally delivered of a full-term infant in the same hospital, although she was very hysterical. There had been no past illnesses.

On examination she was pale, afebrile, restless, and unco-operative. Abdominal palpation showed a bladder enlarged to the umbilicus. After the bladder had been emptied by catheter a pregnancy of about 36 weeks was palpable, presenting by the breech. The foetal heart was heard. The blood pressure was 140/96, the heart was normal, and there was no oedema. Respiratory system: equal air entry; no abnormal signs detected. Central nervous system: fundi, N.A.D.; cranial nerves were normal; all reflexes were present, equal and normal. There was no neck rigidity. The blood count was within normal limits. The blood Wassermann reaction and Kahn test were negative. A catheter specimen of urine was normal.

Treatment and Progress.—In view of the hypertension the patient was treated as a case of pregnancy toxæmia. The retention of urine, which continued, was thought to be a hysterical manifestation. Nevertheless the patient became more irrational. Her temperature rose to 99° F. (37.2° C.) on March 21. At 1.20 p.m. the next day coma began suddenly, with cyanosis and shallow respirations. Her blood pressure was 180/110, with a bounding pulse. There was irregular dilatation of the left pupil, which was larger than the right. Neither pupil reacted to light. All limbs were flaccid, and reflexes were absent. The foetal heart was heard. At 2 p.m. the patient died, and approximately five minutes afterwards a living male child weighing 5 lb. 1 oz. (2.3 kg.) was delivered by caesarean section. Until a pathological examination was made it was presumed that the patient died from an intracranial catastrophe such as cerebral haemorrhage.

Post-mortem Report.—Spare woman with numerous bruises on shins. Respiratory system: a few adhesions were present on the left side. There were generalized miliary tubercles in both lungs, with a primary Ghon lesion in the left lung. Tubercles were seen on the pleural coverings of the lungs. The cardiovascular system was normal. The mouth, tongue, oesophagus, and intestines were normal. Tubercles were present on the peritoneal surface of the liver. The spleen showed numerous tubercles. The endocrine glands were normal, as were the ureters and bladder. The uterus was enlarged to the post-parturient size and contained the placenta, which was easily removed and which contained two pale areas that were probably infarcts but might have been tubercles; these were sent for section. Brain: there was noticeable flattening of the convolutions, and round the base was a greenish gelatinous exudate typical of tuberculous meningitis; adhesions in the Sylvian fissure and between the frontal lobes were present; sections revealed a moderate degree of hydrocephalus. On microscopical section of the placenta a single indubitable tubercle was seen.

Progress of Infant.—The infant's weight on discharge on April 9 was 6 lb. 2 oz. (2.8 kg.). The Mantoux test was negative at 1:10,000. On November 17 an x-ray film of the chest was reported to be normal. The infant's weight on January 31, 1952, was 18 lb. 7 oz. (8.4 kg.).

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