A CASE OF PUERPERAL ECLAMPSIA.

By ROBERT McDOWELL, M.B. (R.U.I.),

Belfast.

With Remarks by PROFESSOR BYERS, M.D.

History.—Mrs. M., a strong muscular woman, pregnant for the first time, and expecting her confinement in the middle of June, 1903, was seen by me early in March, when she was in good general health, and her urine free from albumen. Her health continued good till the end of the first week in April, when she first noticed some swelling in her hands, ankles, and eyelids. She then began to be troubled with headache, occasional vomiting, and on the evening of April 14th she could not see to read distinctly. She attributed all these symptoms to the effects of a cold, and did not trouble to consult any one. Next morning she could not see objects in front of her, and was troubled with severe vomiting. Her friends now became alarmed, and were about to send for me, when she was seized with a violent convulsion.

State on Examination.—I saw her at 10.30 a.m. She was then lying completely unconscious, her face congested and swollen, pupils dilated and equal, limbs oedematous, the breathing stertorous, and the pulse full, bounding, and of high tension. She had passed about 2 oz. of dark, smoky urine, which was loaded with albumen. She had five convulsions at intervals of ten to fifteen minutes previous to my arrival. A few minutes later a sixth seizure ensued. Her eyes became fixed and staring, the muscles rigid, breathing arrested, the veins of the neck distended, and the face livid. Then followed clonic spasms affecting the whole body, the breathing started again, and the livid colour of the face disappeared. After the fit the patient remained unconscious.

Treatment.—During the convulsion a piece of wood was placed between the teeth and chloroform given to control the spasms. Sulphate of morphine, $\frac{1}{4}$ gr., was given hypodermically and two drops of croton oil mixed in a little butter placed in the mouth. The patient was then put into a hot pack, and in a short time was sweating profusely. At 11.30 a.m., as the fits were returning every fifteen minutes, another $\frac{1}{4}$ gr. of morphine was given; she was now wrapped up in warm blankets and a diaphoretic mixture administered. There was no return of the convulsions till 2 p.m., when she had another severe seizure. Dr. Austin kindly saw the case with me at 3 p.m., and as the patient was very plethoric, with congested face and full and hard pulse, venesection was done, some 30 oz. of blood being drawn off, and immediately afterwards nearly two pints of normal saline solution were injected. About ten minutes later she showed some slight return of consciousness, opened her eyes, and spoke for the first time since the onset of the fits. As the purgative had for so far failed to act 10 gr. of calomel and 3 ss of compound jalap powder were given. She remained partly conscious for about an hour and a-half, then lapsed gradually into a state of complete unconsciousness, accompanied with stertorous breathing. At 7.30 p.m. she had her thirteenth convulsion, which was again controlled by chloroform. At 9.30 p.m. Professor Byers kindly saw the case in consultation with Dr. Austin and myself. The patient had passed no urine all day, and the bladder was empty. The cervix was now beginning to dilate, and as the condition of the patient was not improving it was decided to end the pregnancy. Professor Byers dilated with Bossi's dilator, and delivered a feeble 7-months child with forceps. The child lived for a few minutes. The patient had no return of the convulsions after delivery. Next day, though feeling dazed, she was quite conscious, could see a little better, and was passing water freely. The puerperium thereafter was normal, and on April 23rd, though the urine still contained a little albumen, the patient felt quite well, could see distinctly, and was apparently nothing the worse for the loss of blood.

REMARKS BY PROFESSOR BYERS.

The above case, the details of which have been carefully recorded by Dr. McDowell, illustrates well a type of puerperal eclampsia very difficult to deal with; that is, one in which the convulsions begin before the onset of labour, and in which, in spite of every care and attention, the patient gets worse. She had been treated with purgatives (croton oil, calomel, and compound powder of jalap), diaphoresis (hot pack, and a diaphoretic mixture), morphine, chloro-

form, venesection (30 oz.), and saline transfusion (nearly 2 pints); and when I saw her she had gone through thirteen convulsions, and was lying in a comatose condition with a quick pulse of 120. Under anaesthesia, I found that the head had not entered the pelvic inlet, and the os, which was soft and dilatable, would only allow the introduction of one forefinger. We decided, under the circumstances, that our best course was to induce labour, which I did by dilating the cervix with Bossi's four-bladed steel instrument. This was done under chloroform anaesthesia, and only twenty minutes elapsed from the time I introduced the instrument until the os and cervix were sufficiently enlarged to allow the use of the axis traction forceps. Within less than an hour from the time I saw the patient the child was delivered. The above case adds another to those already recorded in the BRITISH MEDICAL JOURNAL in which Bossi's dilator has been of the greatest service in rapidly and safely inducing labour in a case of eclampsia eminently calling for this plan of treatment.

ON INFLUENZAL ORCHITIS:

WITH THREE CASES.*

By R. CLEMENT LUCAS, B.S., M.B. LOND., F.R.C.S.,

Senior Surgeon to and Lecturer on Surgery at Guy's Hospital; Consulting Surgeon to the Evelina Hospital for Children.

ALTHOUGH cases of orchitis have been reported from time to time as dependent upon influenza, I do not think the relation of inflammation of the testis to this widespread epidemic, influenza, is very generally recognized or understood. It is possible that as different epidemics appear to assume special types, so at one time the testis may be more prone to be attacked than at another, according to the tendency of a special epidemic. As in the case of mumps, the severity of the original disease may bear no special relation to the subsequent sequelae, and therefore this relation is liable to be overlooked in endeavouring to trace the course of an orchitis. When an epidemic of mumps is raging boys may be attacked with orchitis without showing any signs of parotitis, and as influenza has few characteristic features save its sudden and short-lived fever, the relation of an orchitis to an influenza becomes more difficult to trace than the dependence of a similar inflammation upon mumps. By some curious coincidence three cases of orchitis, two of which were certainly and the third was almost certainly, caused by influenza came under my care in Lazarus Ward, Guy's Hospital, in November and December of last year.

The first case was that of a married man who had a severe inflammation attacking each testicle in succession following upon an attack of influenza. The other two cases were in boys, one aged 8, and the other $3\frac{1}{2}$ years.

These three cases, all occurring within a few weeks during the severe autumn epidemic, led me to suggest that perhaps in certain epidemics the tendency to testicular complications may be more common than in others, just as in certain other phases the catarrhal, nervous, or intestinal symptoms may predominate.

I have spoken of the inflammation as an orchitis, and though the body of the testis was certainly enlarged and tender, the epididymis in each case appeared to be more severely attacked, was greatly enlarged and excessively tender. The scrotum in two of these cases shared in the inflammation, being thickened and brawny, intensely red and also tender. A certain amount of fluid also was noticed in the tunica vaginalis. The acuteness of the symptoms was the same in these two cases, being at once obvious from the redness and infiltration of the scrotal tissues, thus differing from those cases of subacute epididymitis often noticed during catheterism or gleet, when the epididymis enlarges without implicating the subcutaneous cellular tissue. In the other case the scrotal tissues were not inflamed. So severe was the inflammation in the man's case that one can well imagine, if such a complication were to attack a person suffering from some serious general condition as diabetes or Bright's disease, supervening upon the depressing influence of the influenzal fever, suppuration or sloughing of the scrotal tissues might take place. This actually took place in the case of an old gentleman aged 70, residing in the West of England, concerning whose condition I was consulted last year, and for whom I recommended a consultant from Bath. He had both glucose and albumen in his urine, and after

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