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ACUTE HEPATITIS DURING PREGNANCY?—REPORT OF A CASE.

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JAUNDICE during pregnancy is rare and while it may exist in its simple form, disappearing without any serious result to mother or child, it may also be the initial manifestation of Acute Yellow Atrophy of the Liver. Nearly all authors are agreed that when pregnant woman is attacked with the grave form of jaundice, abortion is almost certain to follow and that it is rare for the mother to survive.

It was my misfortune to be called upon to treat a case

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purporting to be a case of this kind. Many of the patient's symptoms during her illness were a contradiction to the symtoms usually recorded for non-obstructive jaundice, and I consequently found myself asking, did the patient attempt criminal abortion by taking poisonous drugs, or take poison with suicidal intent or die from malignant jaundice? I have no answer to these questions in absence of a post-mortem and a suspicion taking in the first of her illness.

Oct, 9th 1897, about midnight I was called to see Mrs N, P, an American, age twenty-four years, married four years, said she had never been pregnant and expressed herself as strongly opposed to assuming motherhood. On my arrival at the patients bedside, I found her vomiting a greenish fluid, temperature normal and pulse normal, bowels constipated but no abdominal tenderness. Patient stated that menstruation had been regular, a pelvic examination was not made and I considered the case as one of acute gastric trouble. I returned to my home but was recalled in about a half hour afterward; at my first visit I avoided the administration of an opiate, it was not indicated. At this, my second visit the patient was complaining bitterly, and begged for a dose of morphine. The neighbors had been called in to assist and offer their spmpathy; the husband begged of me "to save his wife". The appearance of the patient,and her symptoms seemed to me opposed to actual and intense suffering, but I gave the morphine ¼ grain to quiet the household and to avoid another call before morning. In less than five minutes, too soon for actual suffering to be relieved, the patient declared she felt free from pain. I ordered a large enema to unload the lower bowel, and gave calomel in two grain doses until the bowels moved freely. Patient attended to her household affairs on the next day. Oct 22nd patient called at my office for the relief of nausea. Oct 25 I was called to her house to prescribe for the nausea that continued troublesome, patient was up and dressed, complained of nothing but the nausea. At this visit I made a pelvic examination and found the uterus enlarged and the cervex softened. I pronounced the patient pregnant, she received my information with evident displeasure and incredulity. Bowels were sluggish, for which I prescribed a simple laxative and milk of magnesia for the nausea. Two days later, Oct 27th, the patient called at my office for a second pelvic examination and requested

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me to insert "an instrument into the womb to see if it was not displaced," but this I refused to do being sure of an existing pregnancy and equally sure of her desire for its termination. I did not again see her until February 1898. During the interval she was reported as being low spirited, and could scarcely be induced to leave the house. On the 19th of February a disagreement between herself and husband occurred, with a threat to commit suicide on her part as a result.

A few hours later she was taken ill and a little after midnight I was called to her bedside, but was kept in ignorance of the family jar and threat of suicide.

The patient was vomiting large quantities of a bright green fluid and complained of severe pain in the right hypochondriac region. Vaginal examination revealed a threatened abortion. There was no hemmorrage but os was dilating and strong uterine contractions occured every five minutes. Temperature and pulse normal, tongue heavily coated, breath offensive and bowels contipated, as a rule they had moved freely that day, (statement of patient). I gave ¼ grain morphia which arrested the uterine pains and the patient rested the remainder of the night. The husband's anxiety was extreme and did not abate in the least, though assured that his wife's case was not serious, which I at this time fully believed. He insisted upon almost constant attendance upon his wife. On Tuesday evening Feb 22nd patient's temperature had run up to 103° F. and the os uteri, I found completely dilated but no hemorrhage. The abortion was now inevitable and delivery was soon effected under chloroform anesthesia. Breech presented and a six months foetus was born alive. Very little blood was lost and no subsequent disturbances arose referable to the genital tract. Temperature fell to 102° F. Bowels responded to laxatives. Thirty-six hours after delivery the patient became suddenly jaundiced over the upper half of the body, temperature remained about 102° F. nausea and vomiting continued, tongue heavily coated, breath very offensive. Gave Calomel grs ij every two hours for three doses, to be followed by a saline. Urine was normal in amount. The only pathological findings from a clinical and microscopic examination was a small per cent of bile pigment. Patient continued irritable and Thursday Feb 24th accused

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her husband of lack of attention, a groundless charge. Friday morning Feb 25th I was informed that the patient was "crazy," that she would not remain in bed, that she climbed upon the table and chairs and would jump from them to the floor. I still believed that her conduct was accountable to hysterical manifestations intensified by the irritation sustained by the abortion and the existing gastro intestinal trouble. The latter I held responsible for the jaundice. The patient refused to talk and followed with her eyes those moving about the room. She would also attempt to bite her husband when he came near her, and locked her mouth upon any attempt being made to open it. Patient still would leave her bed and kept up a continual screaming, to quiet her I administered a ¼ grain of morphia and left the house. Two hours later I was recalled with the statement that the patient was "suffering from" morphine poisoning and I must see her at once.

I found the patient apparently unconscious and breathing slowly. Pupils were not contracted. Not knowing if the patient knew the effect of an overdose of an opiate upon respiration or not, I gave a hypodermic injection of water and applied ice to the face, which relieved the embarrased respiration. The woman in charge as nurse knew nothing about nursing, was unfriendly to myself, and a gossip. Believing that the diagnosis of "morphine poisoning" emenated from her, and realizing t this time, that the case might be something more serious than a hysteria, I called for counsel. Dr. Brown, a man of wide experience, who, after carefully examining the patient, assured the husband that he did not consider his wife's condition serious; that the the nervous manifestations were due to a hysterical condition. The husband now told us, for the first time of the quarrel and threat of suicide, which only strengthened our diagnosis as we did not believe the patient had taken poison. But the patient's condition continued to grow worse. If the catheter was not used quite often, urine was voided in the bed; enemas and cathartics failed to again move the bowels. Dr. Brown saw the case several times during the day with me. Two other physicians saw the case with us, and agreed with the diagnosis, and gave a favorable prognosis. At three p. m., after an illness of one week, the patient had a convulsion and died.

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I asked for a post-mortem examination and was refused The real cause of death still remains something of a mystery to myself and colleague. But the nurse and other gossips of the town have explained it clearly to those who cared to listen, and were ready to believe that I had "attempted a criminal abortion and finally killed the woman with an overdose of morphine."

While there are several symptoms that point to non-obstructive and possibly obstructive jaundice there are others that are contradictory to symptoms laid down by most authors as diagnostic of Acute Yellow Atrophy of the Liver.

First, the absence of Albumenuria, which is usually present, and second, the late appearance of the jaundice. Most authors state that it always precedes the abortion; in this case it did not appear until nearly thirtysix hours after the abortion. The foetus born alive, and not stained with the bile. Liquor Amnii was also unstained.

In this case I learned a few lessons; first, to refuse to care for a case in charge of unfriendly and ignorant nurse, ready with a diagnosis and her own views of the case. Second, in the of the serious charge laid at my door, and where moral elements of a questionable character emanating from the patient herself and the husband, enter into the case, to insist upon a post-mortem examination.

The physician is helpless before the public under such circumstances as this case offers.

It is a serious question. What measures should be taken and how far is it best to carry them to secure the vindication desired?

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