

A CASE OF CESAREAN SECTION FOR ECLAMPSIA.

By James W. Markoe, M. D., Attending Surgeon.

The following case is reported because the section was done for the sole purpose of saving the child. The patient, S. C., primiparae, aged 24, applied for attendance during her confinement, on March 14, 1905. The personal and family history contained nothing of moment. The woman's height was 159 cm., and her weight 62 kilos. She appeared to be in good health and at the time of application was in the eighth month of her pregnancy. The measurement of the pelvis revealed a fair amount of contraction. Analysis of the urine showed the latter to be normal.

On April 18th, word was sent to the hospital that the patient was in labor. On being visited it was found that she had had three convulsions during that day. She was at once sent to the hospital, where an examination showed that labor was in progress, the cervix admitting three fingers. The woman remained unconscious and further convulsions were warded off with chloroform. The urine boiled solid. Her general condition was very bad and she failed to react to the usual manner of treatment. The child was alive and the operation of cesarean section was elected solely in its interest,

although it was believed that the operative hemorrhage would also benefit the mother's condition. The shock of a section as against accouchement force, seemed about equal, and the true conjugate diameter being only 7 1-2 cm., no hope of extracting the child alive by any other method was deemed feasible.

Preparations for operation were at once made. Under chloroform anaesthesia pushed to the surgical degree, the abdomen was opened in the median line, the incision extending 10 cm. above and 2 cm. below the umbilicus. After walling off the peritoneal cavity, the uterus was opened by a median incision about 10 cm. long. The child was extracted by the feet and in delivering the after coming head, the uterus was torn downward towards the cervix another 2 cm. After removing the placenta and membranes, the rent in the muscular wall of the uterus was closed with ten interrupted sutures of number three chromic cat gut. The peritoneum was brought together over these deep sutures with a continuous suture of finer cat gut. The abdominal wall was sutured in layers and the entire time occupied by the operation was about forty minutes.

After the operation, the stomach was washed out and three ounces of magnesium sulphate left in situ. Irrigations of hot normal saline solution were given every four hours, ten gallons at a time. During the night and early morning, the patient had several slight convulsions, and at 10 A. M., a very severe one. She was bled and also given a venous infusion, but in spite of all efforts she died about noon. The pulse had gone up steadily and the temperature rose gradually to 105 degrees before death.

The child weighed 3,250 grams, measured 49 cm., and after being resuscitated, cried vigorously. It nursed well and was discharged from the hospital on the eleventh day in excellent normal condition.

The following record of the autopsy showed that the case was a hopeless one from the start. It is interesting to note that the child showed no symptoms of toxemia during its stay in the hospital, presenting even fewer complications than the ordinary run of children from otherwise normal mothers.

The post-mortem was made three hours after death. On opening the abdomen it was found to contain a large quantity of sero-sanguinous fluid, but no fibrinous exudate. The liver was slightly increased in size, with multiple subcapsular hemorrhages over both lobes and on section showed a diffuse pale gray appearance. Microscopically the capsule was found to be slightly thickened from increase in the fibrous tissue. Here and there are areas showing edema and diapedesis of red cells, and this was also seen in the portal spaces. The branches of the portal vein show dilatation, some of the hepatic likewise, although others of the latter are compressed. The hepatic arteries show cloudy swelling of their muscular elements. The parenchyma shows marked universal cloudy swelling, varying in intensity in different areas. In many areas the cells are almost entirely occupied by fine globules of fat. Some of the cells are disintegrating and occasionally the nucleus alone remains

to show the site of a former cell. In some areas the cells are crowded closely together, in others considerable space exists in which are serum, leucocytes and a few red cells. A small amount of bile pigment is deposited in places.

The pancreas is congested and shows pin point hemorrhages on the surface. Microscopically there is a diffuse cloudiness of the cells. The islands of Langerhans are granular. The interstitial tissue is congested and shows some edema and diapedesis of red cells.

The spleen is somewhat enlarged and congested. Microscopical examination shows the pulp spaces very much congested. There is slight hemolysis and pigmentation. The Malpighian bodies are much enlarged from a hyperplasia of their cells. There is some deposit of amyloid through them and their vessels.

Both kidneys show the same condition. Slightly enlarged, of a yellowish gray color, capsule stripping readily, cortex swollen and the glomeruli pale. Microscopically the organ shows a normal amount of connective tissue. The vessels of the medulla and the cortex show congestion. The spaces between the convoluted tubules are compressed and bloodless. The glomeruli are congested, the loops are thickened and present a hyaline appearance. There is universal disintegration of the renal epithelium. Throughout the greater part of the organs, only a small part of the bases of the epithelial cells, which hold the nuclei, remain as a lining to the tubules. Some tubules are represented by basement membrane only. The lumina of the tubules all contain debris of broken down epithelium, a few of them also enclosing casts. There is no exudate in the interstitial tissue.

The uterus and bladder showed nothing abnormal. The pathological diagnosis reads,—death from acute parenchymatous degeneration due to acute toxemia.