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A Report of Cæsarean Section for Exaggerated Case of Pernicious Vomiting of Pregnancy.

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A REPORT OF CÆSAREAN SECTION FOR EXAGGERATED CASE OF PERNICIOUS VOMITING

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The following case is reported as a clinical contribution to the study of toxæmia of pregnancy, particularly the malignancy of the fulminating type that is occasionally encountered.

Mrs. J. R. W., aged 34, American; married seven years. She had always been well except for frequent attacks of tonsillitis during childhood. Her father had died of apoplexy and her mother of uræmic poisoning following some kidney lesion.

Her menstruation began at 12½ years; irregular in type, from five to six weeks, lasting four to five days; normal in character, painless, with occasional frontal headache. She became pregnant soon after marriage, and was delivered of twin girls, weighing 6½ and 5 pounds, respectively. The history of the labor showed that it must have been a very protracted and difficult one. It was an instrumental delivery; albuminuria developed and convulsions followed the delivery of the first child. There were lacerations followed by immediate repair. There was a very slow convalescence, and she was not able to walk for five weeks. She was unable to nurse the children.

The patient first presented herself at my gynæcological clinic July 5, 1909, having just recovered from an acute attack of appendicitis. She had had two previous attacks in 1907 and 1908. The last attack had been the most severe, and she was still suffering from abdominal tenderness and soreness, right-sided pain and constipation. Operative measures were advised and accepted, and on July 19, 1909, appendectomy was performed. Extensive omental, cæcal and intestinal adhesions were found, and the appendix was very much swollen and œdematous. The abdominal wound was closed and drainage maintained by a cigarette drain through a stab wound to the right of the incision. The patient made a good recovery and report from time to time at the clinic. Her health became excellent, and she became rosy-cheeked, well nourished and had quite regained her normal degree of good health.

In the latter part of October, 1910, she began to complain of nausea, particularly after the morning meal. The date of her last menstruation was September 19, 1910. Pelvic examination confirmed the suspicion of a pregnancy. The nausea continued

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and gradually assumed the type of the vomiting of the early weeks of pregnancy. She continued her usual household duties for a time, but in site of regulation of diet and medical treatment the vomiting became more intense, and by December almost nothing could be retained on her stomach. Her strength failed, emaciation became marked and she was unable to leave her bed. The vomitus consisted of bile in large quantities and undigested food.

Frequent urinary examinations showed negative renal conditions; at no time were there albumin or casts. The vomiting gradually became more pernicious, with occasional ameliorations when solid food could be taken and retained. During the last twelve days of January she passed through a very bad interval, scarcely any food could be retained, and such large quantities of bile would be vomited as to seem almost incredible.

On January 30th the family moved to another home, and as the result of exposure incident to the moving she contracted a cold and developed abscesses of both middle ears. On February 6, 1911, she was sent to the Memorial Sanatorium. Her pulse ranged from 90 to 120, temperature 99.8°, and she was suffering with severe pain in both ears, profuse purulent discharge. She was weak and emaciated, and the gastric irritability was marked. The ear condition was cared for by Dr. Wm. F. Blake.

The patient was placed at absolute rest, all nourishment by mouth was stopped and rectal feeding inaugurated. Improvement was very gradual but steady, and by February 11th all nausea and vomiting had ceased, and she was retaining and digesting good quantities of food. By February 18th she was sitting up out of bed, and continued to gain until February 27th, when, without any appreciable cause, the vomiting began again, and it increased until March 1, 1911. The urinary examination for the first time showed pathological changes. There were albumen, casts and a little acetone. The vomiting of bile increased in severity and quantity, the vomitus gradually changing to large amounts of thick brownish fluid, with intense restlessness and nervousness, notwithstanding every measure instituted to check it. The pulse was small, 110; temperature, 97.4°.

During the forenoon of March 1st she seemed much better, but suddenly, without warning, the patient collapsed, no radial pulse was perceptible, the respiration became shallow, irregular and gasping, the breath cold, the body icy, the extremities, lips and fingers blue, and the eyes sunken. Immediate stimulating treatment was inaugurated, strychnia, external heat, coffee per rectum, subcutaneous salines 200 c.c. every two hours and nutritive enemas every four hours.

Although the patient rallied from the collapse, her condition

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was so precarious as to be almost hopeless; the pulse thready, from 120 to 130. The clinical picture presented was that of extreme distress, the constant nausea and attempts at retching, the restlessness and nervousness, all showed the profound degree of toxæmia existing. The last and only measure left to be considered was the emptying of the uterus, but the patient's condition was so precarious it hardly seemed possible that she could survive the procedure. Dr. A. B. Spalding was called in consultation the morning of March 2d, and agreed that emptying the uterus gave her the one remote chance for life. At the request of the family Dr. Herrington was called in consultation, and likwise agreed in the verdict of immediate operation.

The question as to the method of emptying the uterus was discussed, and abdominal Cæsarean section was decided upon as offering the quickest and most direct method. It was certain that she could not survive the trauma and the time required to dilate the cervix and deliver the six months' fœtus through the vagina. The patient was prepared for operation by the administration of strychnia, hypodermically, but no morphine was given, and ether anæsthesia by Dr. Goss was most lightly and guardedly administered.

While the operation was being performed Dr. Spalding, assisted by Dr. Herrington and Dr. Glover, administered 850 c.c. of normal saline solution with adrenalin intravenously. I was assisted in the operation by Drs. Cameron and Boldemann. The fœtus was delivered in two minutes, and the abdominal closure was completed in twenty-seven minutes. There was some delay in the abdominal stage of the operation by reason of the many adhesions remaining from the previous attacks of appendicitis. The details of the operation are as follows:

OPERATION.

10:13 A. M.—Median incision from level of umbilicus to pubes just to right of former laparotomy scar. Parietal peritoneum entered and omental adhesions found attached to it. Pregnant uterus immediately presented, rising to umbilicus. Incision in median line of anterior surface of uterus from fundus down 3½ inches, membranes directly under it, membranes incised; immediate escape of large quantity of liquor amnii. Child in L. O. A. Feet grasped.

10:15 A. M.—Fœtus extracted. Operator's hand swept within uterus, effecting a quick extraction of placenta and membranes. Slight gush of dark blood followed delivery of placenta. No evidence of fœtal beat, no pulsation of cord, no fœtal movements,

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no gasp nor respiratory efforts. Uterus delivered. Intravenous saline of 825 c.c. normal saline solution with adrenalin 15 min.

10:16½ A. M.—Uterine closure begun. Heavy linen interrupted sutures through peritoneum and muscle tissue. Second suture of linen in peritoneum, continuous Lambert. Uterus sponged, dropped back into abdomen. Omental adhesions to peritoneum tied short and cut, omental adhesions to colon freed. Omentum very short, barely covering colon, omentum brought down. Many adhesions in lower right abdominal quadrant at site of former appendectomy.

10:40 A. M.—Usual abdominal closure completed.

PLACENTA.—Weight, 165 grams. Oval in shape, measuring in cross diameters 10 and 12 cm. Cord was 1 cm. thick, 30 cm. long and attached marginally and markedly spiral. Placenta varied from 1 to 2 cm. in thickness, was soft and mushy with few very small areas of calcareous degeneration. It was of dark uniform normal color.

FŒTUS.—Male, weighing 342 grams. Length from vertex to coccyx, 15 cm. Total length, 36 cm. The fœtus was perfect, well developed, skin was smooth, only slightly transparent, with considerable subcutaneous fat and no vernix caseosa. Head was comparatively large. Distinct eyelashes, eyebrows and hair. Cord was attached exactly at the midpoint between the xiphoid and symphysis.

MEASUREMENTS.—Biparietal, 5 cm.; bitemporal, 4 cm.; suboccipito-bregmatic, 5.5 cm.; bisachromoical, 5.5 cm.; bimastoid, 4 cm.; occipito-frontal, 6.5 cm.; occipito-mental, 6 cm.; bitrochanteric, 4 cm.

Extremities seemed relatively long, arms to finger tips were 11.5 cm., and to wrists 8.5 cm., legs to toes were 12.5 cm., and to heel 10.5 cm.

Immediately following the operation an enema of coffee and brandy was given and the patient returned to bed in better condition than before the operation, with a pulse of 120.

POST-OPERATIVE RECORD.—The post-operative course was most satisfactory; the nausea, vomiting and retching ceased entirely after the operation. She was sustained for the first forty-eight hours by nutritive enemas. Every effort was made to flush the system of the toxins, and soda solution was given freely by rectum. The restlessness ceased and the patient slept quietly in naps. The first liquid by mouth was the soda solution, two drams hourly, which was retained without discomfort. Nourishment was administered by mouth and retained by the third day. Her pulse gradually dropped to normal, her temperature remained normal throughout her convalescence; the urine cleared rapidly.

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The stitches were removed in ten days, and her recovery was satisfactory and uneventful.

Conclusions.—The study of the case was of considerable clinical value as illustrating one type of the toxæmias that is found in pregnancy. This was undoubtedly primarily of the hepatic variety, an hepatic insufficiency that, later in the case, showed by the urinary examination the kidney involvement. Another clinical point of interest was that notwithstanding the profound and long continued irritation upon the hepatic cells and the kidney still they had not been destroyed, and as soon as the exciting cause was removed, namely, the uterus emptied, the liver and kidneys had the power of again resuming their function.

This case illustrated one point in the treatment of these pernicious cases of vomiting of pregnancy that becomes more impressive the more we study them, namely, when a patient gives a history of hepatic or kidney inability to endure a pregnancy as shown by disasters in previous pregnancies, and, if the same train of symptoms are manifest to a serious degree on the inauguration of another pregnancy, then it is best in the interest of the mother to terminate the pregnancy early. It must be remembered that there is an instability in the metabolic processes to such a degree that at any time under slight irritative influences the equilibrium may be destroyed and a fulminating attack such as took place in this case may be inaugurated to such severity as to overwhelm the patient before measures can be instituted for her relief.

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