

THE IMPROVED PROPHYLACTIC METHOD OF TREATING
ECLAMPSIA, WITH COMMENTS ON THE VARIATIONS SUG-
GESTED BY WILLIAMS, STANDER, SPEIDEL, AND KING

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THE improved prophylactic method, which for twenty-eight years has been giving the best results, is used at the present time, in its exact form, by very few. Schiller (Germany) and Speidel (U. S. A.) correctly state that this procedure was the first definite plan offered for the conservative treatment of eclampsia in this century. But, notwithstanding the fact that many thousands of cases have been treated successfully by this method and its variations, the incredulous attitude of physicians toward it has not changed, as is proved by the following comments:

1. Zweifel claims that the best results in the treatment of eclampsia are found in the clinic at Leipzig, where the mortality of the mothers is recorded as 8.5 per cent. I showed (*Arch. f. Gynäk.*, exvi, part 2) that the maternal mortality in our clinic (Petrograd) was 1.4 per cent. It is as though Zweifel were trying to prove that 8.5 is better than 1.4.

2. Prof. Whitridge Williams, in his excellent book, notes our mortality as 10.3 per cent (pp. 620-621, fifth edition), yet on page 626 he asserts that the Dublin method gives equally good results, which is likewise a statement to the effect that 1.7 equals 10.3.*

3. Dr. Speidel writes,—“His (Stroganoff’s) latest statistics are even better and in a considerable number of cases conducted by himself there has been no mortality.” Later on he continues, “The method does not seem to have met with great favor in this country and reports upon its use indicate that the same results have not been duplicated here.” And again, “The Rotunda (Dublin) method offers the best results at present.” Now, as a matter of fact, nobody in the United States, so far as I know, has applied the prophylactic method systematically in a sufficient number of cases; and likewise, no one in Great Britain (outside of Dublin) and in the United States has applied the Dublin method in a sufficient number of cases to obtain reliable statistics for the results of either method. Dr. Speidel himself has used a variation of the Dublin method in eleven cases, and has lost two patients, a mortality of 18.2 per cent.

The above facts are difficult to reconcile. Why is it that a method giving results three to ten times better than the average (1.27-2.6 against 20-25) is accurately applied by almost no one? In King’s

Editor’s Note: It has been found necessary to subject Professor Stroganoff’s article to a considerable degree of correction and revision in order to adapt it to English readers, but it is hoped that changes in the context or the author’s opinions have been avoided.

*This assertion is not in accord with the original reference.

In 1918 I was able to collect from the literature, which is far from complete, 2208 cases of eclampsia treated by the old method and its variations, with a total maternal mortality of 9.8 per cent. Among 878 children, born of eclamptic mothers whose history is recorded, the mortality after treatment by this method was about 12 per cent less than in cases treated by other methods in the same clinics. A further search of the literature by Prof. Hinselmann revealed 1094 additional cases treated by the old method, up to 1924, which increases the number of cases to 3302, of which 357 (10.8 per cent) terminated fatally.

On the basis of my papers and after studying the literature, Prof. Hinselmann writes: "Ten and eight-tenths per cent and even 2.6 per cent mortality and 60 per cent of cases with repeated convulsions are not satisfactory figures." Our results demonstrate that the first figure can be diminished very considerably but it is more difficult to lower the second. The number of convulsions can undoubtedly be reduced. However, mortality can be diminished only if patients are hospitalized at an earlier period of the disease.

II. DEMONSTRATIONS OF THE PROPHYLACTIC METHOD IN FOREIGN CLINICS

Treatment of cases in foreign clinics has shown excellent results, although the number is unfortunately small. In 7 cases of eclampsia which I treated in Heidelberg, Vienna, Berlin, and Austria, all patients recovered. Of these, 4 did not have a single convulsion after beginning the treatment. The fifth had one, the sixth two before delivery, with a relapse of one during labor after sixty-three hours, and with one more fit nineteen hours after delivery. Only one patient had six fits. Thus, in 57 per cent the convulsions stopped immediately after beginning the treatment, in 28.7 per cent they were observed once or twice, and in 14.3 per cent there were more than three fits. These figures would have been of no value had they not coincided with, or more properly speaking, exceeded the results obtained in Leningrad in hundreds of cases, which have previously been published.

A more convincing experiment was that of treating eclampsias in different hospitals of Leningrad, partly by personal attendance and partly by telephone consultation. Since March, 1925, I have been called in consultation on 21 cases of eclampsia in Prof. Snegiereff's hospital. All of these patients recovered, and most of them had no fits after the beginning of my treatment. Only one patient, in whom the treatment was incorrectly carried out, had a severe course (16 fits). When this 100 per cent of recoveries is compared to the former death of one in every six cases of eclampsia in this hospital, the experiment must be considered successful. Four other cases were treated successfully in other hospitals, making a total of 25 patients. Formerly I had often used the telephone for consultation treatments

ately after the paroxysm. Asphyxia is a kind of toxemia and should be overcome as quickly and completely as possible. In describing the prophylactic method, Dr. Speidel states that I give narcotics "until the fits are controlled." This is not quite so, and this is a very important point in which my method differs from others. I give narcotics not until the convulsions are controlled, but until there no longer exist symptoms of an impending fit. As a rule, I recommend narcotics in mild cases of eclampsia postpartum, until at least twelve hours after the time of the last convulsion. In cases of eclampsia during or before labor the time must be prolonged to twenty-four hours. If symptoms of an impending attack are seen on the second day, treatment is to be continued (1 to 1.5 gm. of chloral hydrate, three times daily). Light in the patient's room should be enough only for the nurse's attendance. Sleep is necessary. Bowel lavage is to be applied only in cases signally demanding it. Eclamptic patients rarely require stomach lavage, as they are not inclined to overeat, because of premonitory symptoms. Further, stomach lavage is not free from danger; Prof. Lichtenstein describes two fatal cases. Saline injections are dangerous on account of a nephritis; injections of glucose solution are also (perhaps a little less) dangerous. Venesection (about 700 c.c.) not only lowers blood pressure and removes toxins but favorably affects the heart and pulmonary circulation.

Dr. Speidel recommends placing the patient on her left side; I prefer the right side, in order to avoid extra pressure on the heart. It is highly desirable to change the posture of the patient in bed four to six times daily to avoid hypostatic pneumonia. I protest most emphatically against failure to use narcotics in comatose patients, for, although not conscious, they undoubtedly preserve an unconscious sensibility.

In regard to the criticism of the improved prophylactic method, Dr. Stander indicates that 10.5 to 15 gm. of chloroform is to be considered as a maximum dose. As a matter of fact, we generally use 3 or 4 gm. In London, for instance, I used 28 gm. of chloroform in twenty-four hours' time, but in this case I was obliged to give narcotics in larger quantities than in Russia, because of the greater noise from the street. Dr. Stander includes among the cases of eclampsia observed during 1914-1924, one patient that died apparently of apoplexy and sepsis. I do not consider this case as one of eclampsia, as there were no convulsions, and I do not recommend my method for such cases. I may remark parenthetically, that I have never seen a case of eclampsia without convulsions, and I do not know how such cases should be treated. I have regarded the above case from the autopsy findings as one of cerebral hemorrhage. Dr. Stander makes the curious affirmation that he found among our patients many cases

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