

Hemorrhages in Eclampsia.—LOBENSTINE (THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES, February, 1905), at the Sloane Maternity Hospital, found, in 12,000 deliveries, 152 cases of eclampsia. Among these 7 had hemorrhages and 5 occurred during the past two years.

In Case 1, on the second day after delivery, the patient was delirious, without convulsions, but had severe abdominal pain and distention. There was great tenderness over the liver. Toward the middle of the day the patient began to vomit coffee-ground material, speedily followed by death.

In Case 2, on the third day of the puerperal period jaundice, pain and tenderness over the liver and vomiting of coffee-ground material occurred. This continued until the fifth day of the puerperal period, after which the patient speedily improved, and finally recovered.

In Case 3, a white primipara, the same symptoms began soon after delivery. The patient died on the fourth day of the puerperal period.

In Case 4 the patient was admitted in an unconscious condition, having had several convulsions. On the first day of the puerperal period she became jaundiced, with distended and painful abdomen and a very high leukocytosis. Her temperature rose to 102.8°. On the second day of the puerperal period her condition suddenly grew much worse. There was marked tenderness over the liver, bloody vomit, and tarry stools. In the early afternoon she vomited bright-red blood and soon after died.

Case 5 was a woman in the second pregnancy, six and a half months advanced, who came into the hospital complaining of headache and dizziness. The uterus was emptied, and on the first day of the puerperal period coffee-ground vomiting, with abdominal pain and distention, occurred. On the second day the patient was delirious, jaundiced, vomited coffee-ground material, and had subcutaneous hemorrhage. She vomited bright-red blood at times, gradually became comatose, had frequent, loose, dark, tarry stools, and died on the eleventh day.

In Case 6 the patient passed through nine days of the same symptoms, and finally made a gradual recovery. The mortality of these cases was 70 per cent. There is no record of autopsies performed upon any one of them, although autopsies are quoted as reported by other observers. Clinically, the significant fact about these cases was the very evident profound toxicity and the severe involvement of the liver. The significance of hemorrhage after eclampsia may be inferred from the fact that the mortality of the general series of eclampsia cases during the past four years at the Sloane Maternity Hospital was 17 per cent., while in the cases associated with hemorrhage the mortality was 70 per cent.

The writer has several times seen hemorrhage in toxæmia and eclampsia. Recently he had occasion to dilate the uterus by Bossi's dilator and terminate an early pregnancy in eclampsia. The patient did well for the first week, the urine becoming almost normal and the temperature remaining normal. At the end of the first week she had a severe uterine hemorrhage. Symptoms of rapid disintegration of the blood developed, and she died within twelve hours of the occurrence of the hemorrhage.

In infants born from eclamptic mothers, hemorrhage is not infrequently observed about the umbilicus or beneath the skin. Dark, tarry stools and profound jaundice accompany these phenomena in fatal cases.