ON A CASE OF PLACENTA PRÆVIA WITH THREATENED PUERPERAL ECLAMPSIA, TREATED BY CÆSAREAN SECTION.

BY J. B. HELLIER, M.D. LOND.,

PROFESSOR OF OBSTETRICS IN THE UNIVERSITY OF LEEDS; HONORARY
OBSTETRIC PHYSICIAN TO THE LEEDS INFIRMARY; EXAMINER IN
MIDWIFERY AND DISEASES OF WOMEN TO THE JOINT
BOARD, R.O.P. & R.C.S. ENGLAND.

To anyone who is accustomed to abdominal surgery on the one hand and to the problems of practical obstetrics on the other, Cæsarean section presents itself as a method of cutting the Gordian knot of difficulty in some of the worst cases. Undertaken at a sufficiently early moment and with an uninfected parturient canal it is neither difficult nor dangerous, and is a welcome alternative to some of the older and more risky procedures. The following is a case in point.

Mrs. A—, aged 32, primigravida, was brought to me on March 24th, 1915, by her husband, who is a medical man. She was in the thirty-third week of pregnancy and was suffering from oedema of the face, hands, and feet, with much albumin in the urine. She had experienced good previous health except that she had scarlet fever at 21 without kidney complications, and this was followed ten months later by a severe attack of enteric fever, which kept her in bed for 16 weeks owing to the development of thrombosis in the left leg, which she dragged more or less for two years afterwards. Recovering completely, she trained as a nurse for four years without a day's illness. She married in January, 1914, and became pregnant in August, but had no vomiting or troublesome symptom in early pregnancy. She quickened on Dec. 14th. About Feb. 19th of the present year she found that her face and hands and feet were swollen. After a few days her husband found that albumin was appearing in the urine.

When I saw her on March 24th she had no headache or vomiting or symptom of importance beyond oedema, but the urine contained about 3 degrees of albumin on Esbach's scale with the picric acid test, and there were found hyaline, granular and epithelial casts with some leucocytes, and the amount of urine for a few days had been below normal. We agreed that she should be treated by rest in bed, with milk diet, purgatives, diuretics, and diaphoretics. Under this treatment the amount of albumin diminished to about 0.5 degree Esbach, but it subsequently rose again to 3.5 degrees, and she had some headache and vertigo, with itching of the skin, aching in the limbs, salivation, and curious attacks of coryza in eyes and nose coming on suddenly. The pulse grew hard and later on the vision became dim.

On April 25th she had an attack of severe uterine hæmorrhage. I saw her at home on the 26th. The hæmorrhage had nearly but not quite ceased, but she was somewhat blanched. There was no dilatation of the cervix, and I did not reach any presenting part on digital examination. The child lay with the head below in the left occipito-anterior position, and the foetal heart-rate was 135. The same day she was brought to a nursing home in Leeds, a journey of some 20 miles. At night the vision was so dim that she could not distinguish any object. On the next morning (April 27th) there was practically no hæmorrhage. I performed Cæsarean section, assisted by Mr. E. R. Flint, of the Leeds Infirmary. Dr. S. T. Rowling anaesthetised her with a mixture of chloroform and ether. The child was delivered alive and breathed readily, and was a female weighing 4½ lb. The placenta occupied the lower two-thirds of the uterine wall on its antero-lateral aspect, and a tongue of placenta extended down as far as the orificium internum. An elongated blood clot was attached to the placenta at this point. It was quite easy to peel all placental attachment from the uterus by using a gauze swab, and this involved almost no hæmorrhage. There was not more bleeding than in an ordinary Cæsarean section with normally placed placenta. The uterus retracted well and was sutured with iodised catgut.

The patient stood the operation very well. There were no signs of shock. In my experience, extending now to about 40 cases, Cæsarean section causes very little shock, far less, in fact, than any form of accouchement forcé. The wound healed without any suppuration; there was no rise of temperature and no offensiveness of the lochia. She suckled her child from the fourth day onwards. In four days she could read clearly. The albumin rapidly diminished in quantity, but it was three weeks before it had quite disappeared. She made an excellent recovery and the baby steadily gained in weight. Mother and child left the nursing home quite well on May 21st, and have continued well up to date.

Can so-called *unavoidable hæmorrhage* be avoided? When the first gush has drawn attention to the malposition of the placenta further ante-partum hæmorrhage can be prevented by abdominal Cæsarean section. If labour has begun and the cervix is dilating the ordinary methods of treatment may be indicated rather than Cæsarean section, each case being judged on its merits. When hæmorrhage occurs before labour the indications are for terminating pregnancy. There is danger in waiting, for the hæmorrhage as a rule recurs again and again, and to wait may have fatal results. Some years ago a medical man met me and said that he had a case of placenta prævia who had had severe hæmorrhage which had ceased, but that if it recurred he would send for me. A week later I was sent for and arrived to find the patient *in extremis* on account of a violent recurrence of flooding. I have always this case in mind when one hæmorrhage has occurred, and this was one of the considerations which made me propose operation in the present case. True, I had not actually diagnosed the placental misplacement, but if it had proved to be a case of detachment of a normally placed placenta, the so-called "accidental" hæmorrhage, Cæsarean section would have been quite as much indicated.

In the above case it seems to me that for the threatened eclampsia as well as for the placental misplacement Cæsarean section was very good treatment. It terminated the pregnancy, it avoided the whole process of labour with the dilatation of the soft parts which is such a potent provocative of convulsions, and it saved the child's life, which is so seriously threatened in such cases; and the rapid disappearance of the albumin, the restoration of the full function of the kidneys, and the relief of the eye symptoms were most satisfactory. All vaginal interference was avoided, and with this the danger of infecting the parturient canal. I am not pretending on the strength of this case to settle the vexed question of the operative as opposed to the expectant treatment of eclampsia, but contend that this was the best treatment for this case. I published another case of puerperal convulsions in a young primipara successfully treated by hysterotomy,¹ and I have recently had another successful case in the Leeds Infirmary which will be recorded in due course.²

Leeds.

¹ Brit. Med. Jour., Oct. 3rd, 1914.

² See a very interesting discussion of the treatment of eclampsia by Cæsarean section by Petersen, American Journal of Obstetrics, June, 1914.

NORTH DEVON INFIRMARY, BARNSTAPLE.—At the annual meeting of the subscribers to this infirmary, which was held on July 28th, it was stated that Dr. Vermynen, a Belgian medical man, who had been appointed house surgeon to the institution in February last, had performed his duties to the entire satisfaction of the medical staff and the committee.