A Case of "Pre-eclampsia" at the Twenty-fourth Week : Cæsarean Section.

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THE following case illustrates a widening of the scope of Cæsarean section as a means of coping with certain cases of acute pregnancy intoxication while still in the pre-eclamptic stage.

The patient was a young lady pregnant with her first child, and under the supervision of Dr. Beauchamp. Up to the 24th week she had been remarkably well. She then went to Buckinghamshire, and soon after arriving there was suddenly seized with vomiting and diarrhoea. Dr. Pocock, of Beaconsfield, who was called in, examined a specimen of her urine, and found it to contain a very large quantity of albumin together with a certain amount of blood. It is important to note that Dr. Beauchamp had examined the urine ten days previously and it was then normal.

The orthodox medical treatment for pregnancy albuminuria was at once resorted to, but in spite of it the patient was by next day much worse. The urine contained a good deal of blood and enough albumin to solidify on boiling, and the quantity passed *per diem* was much reduced. Moreover the vomiting was incessant and she could not see clearly. Dr. Beauchamp and Dr. Pocock met in consultation, and it was decided to bring her up to town as soon as possible. On the next day she arrived, and I was asked to see her. There was some general œdema and well-marked jaundice was present. During the previous twenty-four hours she had only passed 12 oz. of urine, and a specimen showed a large quantity of blood and enough albumin to solidify on boiling. The pulse tension was very high, and her sight was now so much impaired that she could only dimly distinguish the figures of those around her.

On examination, I found the uterus the size of a 24 weeks' pregnancy, the cervix long and the os closed. We decided that in so acute a case of pregnancy intoxication evacuation of the uterus was the only course. Induction of premature labour either by bougies and Champetier's bag or by dilatation of the cervix with Hegar's dilators followed by Champetier's bag, was considered, but all of us agreed that it was fraught with the risk of an eclamptic seizure taking place before the child could be delivered. The alternative of immediate emptying of the uterus by operative means was all therefore that remained. Of the two methods of performing this, abdominal and vaginal Cæsarean section, the former was decided on as being cleaner, quicker and having the least risk.

I carried out the operation, assisted by Dr. Beauchamp and Dr. Pocock. It was of course very easy and only took sixteen minutes to perform. The placenta was situated anteriorly and it and the child were removed together. The latter showed no signs of life, though the fœtal heart had been heard shortly before the operation. The uterus retracted well and the wounds in it and the parietes were closed in the usual way. An extraordinarily rapid improvement in the patient's condition followed. By next day the jaundice and œdema had disappeared, the vomiting had ceased, 25½ oz. of urine were passed containing a much reduced amount of albumin and no blood, and the eyesight was in large measure restored.

On the following day the improvement was continued, and over 44 oz. of urine were passed containing merely a trace of albumin. On the day after this the amount of urine was 66 oz. and the albumin had practically disappeared. From thence onwards convalescence was uninterrupted. She got out of bed on the 14th day, and left the Home at the end of three weeks.

As far as I am aware this is the first time that abdominal delivery has been resorted to in a case of pre-eclampsia before viability. Even as applied to patients in whom eclamptic convulsions are already present, the general attitude towards Cæsarean section is one of grudging acquiescence as a last resort in desperate cases; and custom and current teaching have up to now been against its performance where the child is not viable. I hold, however, that in severe pregnancy intoxication the ovum should be regarded as an acutely malignant neoplasm, the immediate removal of which, before it has inflicted fatal injury on its possessor, is as logical and strongly indicated as is the resort to surgery in acute appendicitis, perforated intestinal ulcer, torsion of an ovarian cyst or any other abdominal catastrophe. Where such removal can be most quickly effected by abdominal section and where the skill and means requisite for the performance of the operation are at hand, I believe it to be the treatment of election not only in eclampsia but also in those cases in which, though no fits have occurred, they may be expected at any moment.