

A CASE OF ECLAMPSIA.

BY MAJOR R. J. BLACKHAM.

Royal Army Medical Corps.

CASES of eclampsia are so rare in military practice that the following seems worthy of record.

Mrs. R., wife of a sergeant in the Royal Garrison Artillery, was sent into the Military Families' Hospital, Devonport, at 4 p.m. on December 7th, 1906. She had been seen during the afternoon by Lieutenant-Colonel Dundon, R.A.M.C., Medical Officer in charge of Troops at Plymouth Citadel, who directed her relatives to bring her to hospital without delay. On arrival there the patient, who was in the seventh month of pregnancy, was found to be very seriously ill. She was in the condition described as the *status eclampticus*, in which the subject passes rapidly from one severe convulsive seizure to another without any return of consciousness. She was placed under chloroform to control the eclamptic attacks, and her urine was drawn off with a catheter. It was found to become almost solid on heating. The os uteri was not dilated at all. After consultation it was decided to empty the uterus as recommended by the International Congress at Geneva, 1896, and the operation of *accouchement forcé* was accordingly undertaken. The cervix was dilated by means of Hegar's dilators, and the manual method of Harris and version having been performed, the foetus was rapidly extracted, which was asphyxiated. The uterus contracted down fairly well, and the placenta was removed without trouble. Ergotinine citrate, $\frac{1}{50}$ grain, was injected hypodermically. The patient recovered from the anæsthetic without any untoward symptoms, but did not regain complete consciousness for nearly forty-eight hours. The infant was induced to breathe, after prolonged efforts, and lived for seventy-two hours. After the evacuation of the uterus the patient had no return of convulsions and made an uninterrupted recovery. The urine two days after the operation was one-fifth albumen, but when Mrs. R. was discharged from hospital on December 27th, 1906, there was merely a definite haze on heating, while on examination a month later the urine was found to be quite free from albumen.

The teaching of Charpentier of France, and Winckel of Germany, is that "the eclamptic uterus should not be disturbed till after the os is fully dilated, since the irritation on inducing labour or artificially dilating the cervix brings on convulsive seizures." If the continental procedure had been adopted in this case, there does not appear to be any doubt that the woman would have died, as she had passed into a very severe stage of eclampsia before the onset of labour or the slightest dilation of the os uteri.
