SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class.)

I.

Two Cases of Uræmia during Pregnancy: Complete Suppression of Urine in One (Fatal), and Partial Suppression in the other—Cases of Eclampsia without Fits (?).

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CASE I. Mrs. McA., primigravida, æt. 22, about 7 months pregnant, was admitted to the Glasgow Maternity Hospital on March 14th, 1906, at 9-20 p.m., transferred from the Royal Infirmary after being there only for a few hours.

On admission the patient was conscious, but very restless, and frequently asked for a drink. Her right arm was quite limp; the pupils were equal, active, and normal in size. The pulse was 132, and very weak; the heart sounds were pure. There was some œdema of the legs, and also of the lungs. The uterus was about the size of a 7 months' pregnancy, and was firm. The os admitted a finger, and the breech could be felt. No foetal heart sounds could be heard.

The patient was not able to give an account of her condition previous to admission, but her husband stated that for three months there had been swelling of the legs, and the patient had not been fit for her housework. During the past two weeks she had complained of headache and dizziness at times. There had not been any convulsions, but the husband stated that he had noticed twitchings of the face just before the patient had been taken to the Royal Infirmary.

A pint of saline infusion was at once given under the breast; a dose of sulphate of magnesia and 3 minims of croton oil were given by the mouth; $\frac{1}{30}$ gr. of strychnine was administered hypodermically,

and $\frac{1}{2}$ a fluid ounce of brandy was ordered to be given by the mouth every three hours. There was a fluid motion of the bowels, but no urine was passed, nor could any be obtained by catheter, with the exception of half a fluid ounce at the time of admission. This contained a few granular casts, and was heavily loaded with albumen. The œdema of the lungs became more marked, and, in spite of free stimulation, the pulse grew weaker and became very irregular. The patient died ten hours after admission. No post mortem examination could be obtained. We were unable to ascertain how long the suppression of urine had lasted.

CASE II. Mrs. P., primigravida, æt. 37, about six and a half months pregnant.

This patient was seen by me in consultation with Dr. Clow, to whom I am indebted for the following careful notes:—

There had been nothing unusual in the early months of the pregnancy, but on the 7th of April, 1906, slight bleeding had commenced. The patient was kept in bed for three weeks, and there was a slight "show" of blood all this time. About May 1st swelling of the legs began, and slight swelling of the hands and face. By May 5th the swelling had increased, but a careful examination of the urine gave no trace of albumen. Seven days later, when the urine was again examined, it was found to be loaded with albumen, and to contain abundant tube-casts but no blood. The swelling of the legs had somewhat increased. The patient had vomited once during the week, and there had been occasional headaches. On May 14th the albumen amounted to twelve per 1000, Esbach, and on the 16th to nine. The patient was taking a diuretic, and the bowels were being kept open.

May 16th. After interviewing a new maid the patient became very excited and complained of violent headache. About 8 p.m. she became delirious, and apparently quite blind. Dr. Clow at once opened a vein in her arm, and withdrew 20 fluid ounces of blood. There was immediate improvement of the sight and of the mental condition, and lessening of the headache.

May 17th. During the night there was much wandering, and the patient vomited seven times. In the morning she was still wandering, and did not know anybody. No urine had been passed since 10 p.m. on the 16th. The patient vomited about 11 a.m. She was put into a hot pack in the afternoon. I saw her about 5 p.m. She was very restless, and continually muttering words which I could not understand. She repeated the same words again and again, and would not reply when spoken to. Her pulse was quick,

but of good volume though somewhat tense. No urine had been passed for 17 hours.

We decided to give a saline infusion, and then deliver her by accouchement forcé. Thirty fluid ounces of saline solution (acetate and chloride of sodium) were injected under the right breast. Twelve fluid ounces of urine were obtained by catheter. The os was quite closed, but I was able to force one finger through, and I then found we had to deal with a case of lateral placenta prævia, as the edge of the placenta was at the internal os. Bossi's 4-pronged dilator was used, first without, and finally with the caps on. In half an hour the os was half dilated. I then did bipolar version and brought a foot down. The body of the child came through readily, but the head was gripped by the cervix. The child was alive, but too premature to live. Its movements soon ceased, and to save time and lessen the risk of tearing the cervix, I perforated the after-coming head, and delivered quickly. The placenta came away at once, and the uterus retracted well. An intra-uterine douche was then given. There was not much blood lost, and the cervix was not torn. The patient took the chloroform well, and did not seem to suffer from shock. Three hours later she was still wandering, and her temperature was 100°F. A dose of sulphate of magnesia was administered.

May 18th. Twenty-four fluid ounces of urine were drawn off by catheter in the morning. During the night 3 ounces of sulphate of magnesia and about 4 pints of fluid had been given, but the bowels did not act until an enema was administered. The patient had rested fairly well, but had rambled at times. In the evening 36 fluid ounces of urine were drawn off by catheter, and some had been passed involuntarily. The patient was much quieter, and had ceased to ramble, but apparently did not know anybody.

May 19th. Ninety-one fluid ounces of urine were drawn off. The albumen had markedly decreased. The mental condition had almost cleared up, but there was still a slight hesitancy in pronouncing some words. The sight was still impaired. The dropsy of the legs had gone. The patient was passing her urine naturally.

May 20th. Sixty-nine fluid ounces of urine were passed. An ophthalmoscopic examination of the eyes showed that the discs were rather obscured and redder than normal, and there was a suspicion of slight optic neuritis. The patient was feeling well.

May 31st. The patient has steadily improved, and there is only a trace of albumen in the urine.

Objective $\frac{1}{2}$.
Ocular 6.

FIG. VIII.

Masses of flat epithelial cells with
ill-defined cell walls.

K = Karyokinetic figures.

These two cases had very much in common. In both the kidneys were at fault; in the first there was complete suppression of urine for the ten hours the patient was in the Hospital, and for how much longer it is impossible to say; in the second the suppression was only partial, as 12 fluid ounces of urine were excreted in 17 hours. In both the urine was heavily loaded with albumen, and tube-casts were present. In the first there was considerable œdema of the lungs, but none in the second. Undoubtedly there was uræmic poisoning in both. To all intents and purposes the cases were typical instances of eclampsia without any fits—the play of “Hamlet” with Hamlet left out. The absence of fits is a very remarkable feature and one which I am quite unable to explain.

I think that Dr. Clow's promptness in bleeding his patient had a good deal to do with the final happy result, but I am also firmly convinced that the emptying of the uterus was the proper line of treatment. In the first case the patient was too far gone for this to have been done with any hope of success.