Clinical Department.

A CASE OF PULMONARY ŒDEMA SECONDARY TO NEPHRITIS, COMPLICATING PREGNANCY.

BY FRANCIS W. ANTHONY, M.D., BRADFORD, MASS.

On May 29th, 1891, I first saw Mrs. A. P. W., pregnant for the third time, a period of thirteen years having intervened since a miscarriage had followed soon after the birth of her first child. During the present pregnancy she had been troubled with shortness of breath, and of late had suffered from several attacks of what she supposed to be asthma; her hands, feet and legs had been swollen, her hands so much so that she had been unable to close the fingers.

I found the patient cyanotic, with great dyspnoea, breathing sixty-five times a minute. Coarse râles could be heard across the room, and a hasty examination of the chest showed an alarming œdema of both lungs. The pulse was 150 and weak. Cardiac examination was negative—a decision that was subsequently confirmed. Legs, feet, hands and face were swollen and œdematous.

Dr. M. D. Clarke, and later Dr. William Cogswell, saw her in consultation. They agreed with me that the trouble was in all probability nephritic in origin, and that the prognosis was bad. I remained all night, using counter-irritation over the chest and to the lower extremities, alcoholic stimulation and hypodermic injections of sulphate of atropia and of nitro-glycerine. Twice in the course of the night, the patient appeared moribund, becoming semi-comatose, and the pulse very rapid and irregular; but at five in the morning she became easier and obtained a little natural sleep.

At ten, my previous consultants, with Dr. L. S. Smith, endorsed the treatment I had determined upon as soon as the condition improved—manual dilatation and delivery. I had in the course of the night obtained a small specimen of urine, and found that it was opaque with albumen, and that the sediment contained finely granular casts.

With the valued assistance of Drs. Clarke and Smith I began dilatation at 10.20, the patient being placed across the bed in an almost upright position, the orthopnoea preventing any other. The os was unusually firm and resistant. I learned afterwards that her first labor extended from Thursday morning to Saturday night, and also that the os had been subjected to the cautery for some time within a few years. The patient had good pluck, and dilatation without anaesthesia was continued until, at 11.45, the tips of three fingers could be introduced. Anaesthesia was now necessary, and a more unpromising subject is rarely seen. Both the patient and her husband being fully informed of the circumstances of the case, chloroform was administered and the dilatation advanced as rapidly as possible, hypodermic injections of nitro-glycerine and of ether being administered meanwhile. At 12.40, after version, the child was delivered, some delay being caused in getting the arms as they went up above the head. The child, a female weighing four pounds, breathed after a little encouragement. Hot bottles were placed around the mother and hypodermic stimulation continued. She rallied well from the anaesthetic; and was left two hours later in the hands of a trained nurse.

The subsequent history of the case is uneventful. Several attacks of slight œdema rendered anxious the

first few days, and cardiac failure threatened twice. Inhalations of oxygen improved the color when cyanosis became marked, but the hypodermic injections of nitro-glycerine proved all the way to give the quickest and most lasting aid. Elixerium and saline cathartics, as well as diuretics, were brought into service, and the respirations decreased in frequency and became of better quality while the amount of albumen in the urine gradually diminished. The child, while weak, still lives and takes Rotch's mixture with increasing strength.

On June 19th, no albumen could be detected, and a careful examination of several slides June 21st failed to bring into view any casts. The patient is about the house, and calls herself well.

NOTE.—The child lived twenty-nine days, and died of exhaustion. The mother is to-day (October 1st) still in excellent health.

Reports of Societies.

AMERICAN ORTHOPEDIC ASSOCIATION.

THE Fifth Annual Meeting of the American Orthopedic Association was held at the Arlington Hotel, September 22–25, 1891. DR. A. B. JUDSON, President; DR. JOHN RIDLON, Secretary.

FIRST DAY.

THE PRESIDENT'S ADDRESS.¹

The President in his opening address, in referring to the limitation of the specialty, placed this as entirely voluntary, with an almost inexhaustible amount of work within these limits. He considered it well to recognize the lack of popular qualities of this department, not embracing brilliant and capital operations, and in a way, uninviting, inasmuch as the patients do not, as a rule, make perfect recoveries, but leave a residuum of disability.

It has its attractive features in dealing with realities, that is, with objective signs rather than in subjective symptoms, and in the following and aiding nature in her attempt to repair disease and give useful results.

He alluded to the death of Mr. Thomas, of Liverpool, and introduced Dr. A. J. STEELE, of St. Louis, who spoke of the

ORTHOPEDIC WORK OF THE LATE MR. THOMAS.

Dr. W. R. TOWNSEND, of New York, presented a paper on

UNIFORM NOMENCLATURE IN ORTHOPEDIC SURGERY,

in which he stated that in view of the success of the American Orthopedic Association, and the lead taken by America in this department, it seemed fitting for this Association to take the lead in defining what is Orthopedic Surgery, and establishing a uniform nomenclature. The aim of the latter is particularly to promote accuracy in properly classifying cases, which cannot be done by calling cases of synovitis, arthritis, or osteitis simply knee-joint disease, and this uniform division should be adopted by all hospitals. The pathology and symptoms of these various diseases are well enough understood, and there is no reason why, if these symptoms confuse, that some terms should not be agreed upon and adopted. We must all recognize one fault in not thoroughly recording our cases, and

¹ See page 318 of the Journal.