

Clinical Department.

A CASE OF ACUTE INFECTION SIMULATING ACUTE YELLOW ATROPHY OF THE LIVER IN A PREGNANT WOMAN: AUTOPSY.¹

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JAUNDICE and a sudden suppression of urine in a pregnant woman, lasting eight days and ending in death, is the story in a nutshell. We will go into the clinical history of this interesting case, however, more in detail.

Near midnight of November 15, 1893, I was consulted by a husband seeking aid for his wife, who was suffering from pain in the back and stomach. She was a primipara, at about the sixth month, age forty-two. She had always enjoyed the best of health, and had been entirely free from the many ills accompanying pregnancy. She attended a lecture in town that very evening, retired for the night in her usual health, but shortly afterwards began to complain of this pain, which no domestic remedy seemed to relieve.

November 16th. I was sent for in the early evening to see the patient. The quarter-grain of morphine of the night before had relieved the pain, and it had not recurred. The patient was bleeding from the gums, and had been spitting and wiping blood from her lips all the afternoon. The face, eyelids, lips, hands and feet were swollen. Headache, and vomiting of all nourishment taken into the stomach, had existed all day. On inquiry it was found that not a drop of urine had been passed for the twenty-four hours. The patient was about the house doing her work. At my request, she passed four ounces of bloody-looking urine, containing a large amount of albumen, granular and hyaline casts, renal epithelium and a few blood-corpuscles.

November 17th. I saw the patient in the morning by daylight. She was deeply jaundiced. This jaundice I believe to have been present from the first, but just when it appeared it was hard to say, as no one had noticed it, and the gaslight would have hidden its presence the night previous on my visit. She had vomited everything but cream-of-tartar water. The headache was less, she did not complain of it again until twenty-four hours before her death. The skin was moist from the attempts made to sweat her. The bowels had moved slightly from a dose of *ol. Tiglii*, and there was only two ounces of urine to show for the twenty-four hours' excretion of the kidneys.

November 18th. Condition the same; mind clear; no urine for twenty-four hours. Ten grains of calomel had produced one watery discharge.

November 19th. Condition the same; no urine.

November 20th. Condition the same; no urine.

The temperature taken at the time of my visits was generally normal, twice I found it 99°. The pulse ranged about 76 per minute.

November 21st. Condition the same; no urine. In the morning I started up labor with a bougie. The uterus responded, and in the evening I took away a macerated foetus at about the sixth month. The patient's condition was good. There was no flowing connected with the miscarriage and practically no discharge afterward.

November 22d. Condition the same; no urine. I

drew, with the catheter, five ounces from the bladder. In the afternoon a convulsion occurred lasting ten minutes, followed by delirium, requiring two to hold her in bed, and an intense headache and pain through the right eye. The tongue became thick and swollen, and the features expressionless. In the early evening she had a second convulsion of about the same duration. This was followed by delirium alternating with short lucid spells during the night, and ending in death at eight A. M., November 23d, on the eighth day of the disease.

At the autopsy made five hours after death, the heart and lungs were normal. No fluid in the serous cavities. Liver not descended below the ribs. It extended well over to the left side of the body, and seemed somewhat larger than normal. It was firm and smooth. The gall-bladder was not distended.

Specimens were sent to Dr. W. T. Councilman for examination. His report reads:

"There was brought for examination a portion of the liver, one kidney, spleen, a portion of the heart and of the uterus.

"The portion of the uterus brought had about the thickness and consistency of the uterus at the end of pregnancy. It was rather soft and of a pale-yellowish color. On its internal surface there were some adherent clots.

"The liver microscopically was of a dark green color. The bile-duct was not occluded at the autopsy. The kidney was very large, of a pale-yellowish color, with a distinct greenish tinge. The cortex was smooth. No appearance of hæmorrhage. On section, the cortex enlarged and pyramids congested. Markings obscure. On section, the cortex had the same greenish appearance as the surface. Cultures made from the organs gave pure cultures of streptococci in all of the organs. They were most abundant in cultures made from the uterus and spleen. The cultures from the liver and kidneys gave only a few colonies. The streptococcus found belongs to the general type of the streptococcus longus. It grew out in long thin chains, and the opposing surface was flattened.

"Microscopic examination of the tissues was made both in the fresh state and after hardening in various media. At the fresh examination a considerable amount of bile pigment was found in the kidney, with well-marked fatty degeneration, principally confined to the collecting tubules. Sections of the hardened organ showed a considerable degree of acute nephritis. The glomeruli were but little altered. The only change noticed was that the capillaries were somewhat thickened and indistinct. The epithelium of the convoluted tubules was swollen, fatty and in places distinctly necrotic. Accumulations of round cells and leucocytes were found in various parts of the parenchyma. Numerous casts were found in the collecting tubules. The liver showed, both fresh and hardened, an injection of the smaller bile-ducts with inspissated bile. There was marked fatty degeneration of the cells, and in places the cells were necrotic. No change was found in the heart other than a very slight fatty degeneration.

"The case appears to be one of general infection with streptococci proceeding from the uterus. The condition of the kidneys is probably to be referred to this. The jaundice and the lesions in the liver may have been due to other causes."

The autopsy is of great value to us in making the

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diagnosis, though it does not throw all the light we want; it fails to explain the jaundice. Without its assistance one would not be far out of the way in making a diagnosis of acute yellow atrophy of the liver, brought about by the general infection from the uterus, and especially aided in its development by the kidneys, except that percussion of liver dulness was too great.

Jaundice in pregnancy is of rare occurrence, and should always be looked upon as a grave complication, threatening the life of both mother and child, especially the life of the child, even where the jaundice is of benign origin.

Acute yellow atrophy of the liver is considered to be the cause of jaundice in a large proportion of the cases, though jaundice may be produced by the same causes as in the non-gravid state.

It is also stated that the pressure of the gravid uterus upon the liver is a cause of jaundice. This theory seems to me hardly tenable, when one considers the innumerable pregnancies where the liver must be greatly pressed upon without jaundice, and the few cases where it occurs are in those months of pregnancy before the uterus has attained sufficient size to cause pressure.

A CASE OF MYXŒDEMA TREATED BY THYROID EXTRACT.¹

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In view of the prevailing interest in the subject of myxœdema and allied affections, I have prepared a report of the following case:

Mrs. S., aged forty-two years, is the oldest of a family of five children. Her mother, a brother, and three sisters are living and in good health. Her father died two years ago at the age of sixty-six years, after a long illness accompanied by gangrene of one foot. For many years previous to his death his eyes presented a bulging, staring expression, so marked as to attract the attention of all who saw him. He was of an excitable disposition, and his ability to work was limited by what his family called "nervousness and heart disease." His family physician says he had an excitable heart. There is no history of thyroid enlargement. A photograph of this man taken just before his last illness shows the characteristic facies of Graves's disease.

My patient, Mrs. S., has always been well until her present trouble began. Menstruation has always been regular except when interrupted by pregnancy. She is the mother of five children, three of whom are living. About seven years ago, soon after the birth of her youngest child, the patient noticed that she was getting bulky in body and awkward and weak in her movements. The trouble increased at a variable rate until July, 1893, when her condition was as follows:

The body bulky; the face, hands and feet distinctly swollen, the swollen surface not pitting on pressure. The skin was dry, harsh, thick, and always cold to the touch. There was a pale-yellow tint of the surface, suggestive of slight jaundice. Scaling of the epidermis was noticeable over the greater part of the body. The skin of the ends of the fingers was thick and cracked, and the nails seamed and brittle. The hair had a dry and broken appearance. The tongue was unusually broad and thick. Speech was slow and thick, as if the

tongue were too large for the mouth. There was apparent mental sluggishness, with an inclination to melancholy ideas. The temperature was always subnormal, 96° to 97° F. in the mouth. The thoracic and abdominal viscera appeared to be normal. The thyroid gland could not be felt. The patient complained of great weakness, of being easily tired, of shortness of breath on exertion, and of a constant feeling of coldness. She had noticed a lack of perspiration, even in hot weather. The urine collected for several days in succession in July, 1893, amounted to about two pints in twenty-four hours. Specific gravity, 1,024 to 1,026; color, pale; reaction, acid; sediment, normal; no albumen or sugar found.

On September 8th, Mrs. S. began taking dessicated sheep's thyroids, in doses of one-third of a gramme, three times a day.

Her condition at the time was practically the same as in July. Weight, 204 pounds; temperature, 96.4° F.

After three or four days of treatment the patient complained of severe pain in the lower extremities.

September 18th, the patient's weight was 192 pounds, the temperature 96.5° F. The amount of the remedy administered was reduced one-half, on account of severe pain in the lower extremities.

September 26th, weight, 190 pounds; temperature, 96.5° F.; no pain or discomfort of any kind. The remedy was increased to one gramme daily.

October 2d, weight, 186 pounds; temperature, 97.5° F. Severe pain in head and left shoulder. Dose of the extract again reduced to half a gramme daily.

October 7th, weight, 188 pounds; temperature, 98.2° F. The dose of dessicated thyroids was again increased to one gramme daily, and continued at that amount without further discomfort.

October 14th, weight, 182 pounds; temperature, 98.4° F.

November 12th, weight, 172 pounds; temperature, 98.6° F.

December 20th, no further change in weight. The patient's appearance has wonderfully changed. The swelling of the face, hands and feet has literally melted away. During the first six weeks of treatment there was marked anæmia, as shown by pallor of the mucous membrane. That condition is gradually giving place to a ruddy, healthy appearance. There has been a considerable desquamation of the skin, especially upon the hands and feet. The surface is warm to the touch. The yellow color has disappeared. The perspiration has returned. The condition of the nails and hair has improved, but is not yet normal.

A record of a number of urinary examinations made during the first two months of treatment shows an increase in amount to about four pints in twenty-four hours; specific gravity, 1,018 to 1,022, with no marked departure from a normal quality.

Quick movements, rapid speech, and an animated manner have taken the place of former slowness of speech and action, and stupid appearance.

This case appears to be especially interesting on account of the probable occurrence of exophthalmic goitre in the father of the myxœdematous patient, Mrs. S.

A MEMBER of Sorosis says that every young girl should read Naphey's "Physical Life of Woman," a book called "Tokology," and Cook's "Mothers and Daughters."

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