Richardson (W. L.)

THE RECURRENCE

OF

NAUSEA AND VOMITING

DURING THE

LATTER MONTHS OF PREGNANCY.

Presented by
the Author

BY

W. L. RICHARDSON, M.D.,

BOSTON.

Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, *Vol. XII., No. I., January*, 1879.

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1879.

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The occurrence of a convulsion, in women suffering from an attack of the acute parenchymatous nephritis of pregnancy, not unfrequently gives the first warning of the presence of a serious renal lesion. There may have been, it is true, some edema of the lower extremities—a condition by no means unusual during gestation, headache, occasional gastric disturbances, or even various obscure nervous symptoms, and yet the patient may not have considered her condition in any way abnormal, or different from what she ought to expect during her pregnancy. This is the less to be wondered at, when it is remembered that primiparæ are far more liable to attacks of puerperal convulsions than multiparæ, and the woman who finds herself pregnant for the first time, has usually been thoroughly schooled by her female associates into believing that with pregnant women all things are not only possible, but probable. The result is, that no medical advice is sought for, and it is only when an actual convulsion occurs that the physician is called upon to assume the then only too grave responsibilities of the case.

Even where the medical attendant has had a general supervision of the patient during her gestation, it not unfrequently happens that symptoms are too often ascribed to the pregnancy alone, which unmistakably point to a serious, if not fatal, diseased condition of the kidneys.

As a rule, however, the group of symptoms which indicate the presence of the acute parenchymatous nephritis of pregnancy are so well marked and so characteristic that the watchful physician can have but little excuse if he fails to recognize the true character of the threatened danger. The gradually increasing edema of the extremities, the puffiness of the face, the headache, disturbances of vision, gastric derangements, symptoms of a general nervous irritation, an alteration in the quality and quantity of the urinary secretion—all these are well known to accompany, in a more or less well-marked degree, this serious complication of pregnancy.

Unfortunately, however, it sometimes happens that the invasion of an attack of acute parenchymatous nephritis during pregnancy is so insidious that no noticeable symptom ushers in or calls attention to the presence of this dangerous disease, or it may be that the affection runs so rapid a course, and the symptoms follow one another so quickly, that a convulsion occurs before the true nature of the local disturbance is recognized.

It is very desirable, therefore, whenever exceptional cases occur—cases in which the grouping of the symptoms is peculiar, or where the marked absence of symptoms usually present is noticed—that such clinical observations should be made the subject of special record, in order that, in other similar cases, the medical practitioner may profit by the experience of those who have been taught at the bedside the significance of some heretofore unnoticed or rare characteristic of the disease under consideration.

In 1871, Dr. Calvin Ellis (Boston) reported[1] three cases of Bright's Disease, in which vomiting was the sole prominent symptom of the disease. These cases were very forcibly brought to my mind while studying up the records of twenty-eight cases of the acute parenchymatous nephritis of pregnancy which I have seen during the last eight years. Among these were three cases which seemed to call attention to the serious nature of nausea and vomiting when recurring in a patient, during the latter months of her pregnancy, who has been free from that distressing symptom for several weeks or even months.

It is well known that the nausea and vomiting, which are so

[1] Boston Medical and Surgical Journal, June 29th, 1871.

characteristic of pregnancy, occur very early, usually during the second month, and last only a few weeks, or occasionally until quickening has taken place. Very rarely are cases met with where these symptoms have lasted through the whole of the gestation. In such cases, of course, from being a symptom, it really comes to be indeed a disease, which at times may even threaten to destroy both the mother and child. It is, however, extremely rare for nausea and vomiting to return after the patient is once fairly free from that symptom, until at the close of pregnancy, when it not unfrequently accompanies or even ushers in the first stage of labor. The following three cases were exceptional as regards the occurrence of this symptom, and as such they are now placed on record.

Case I.—C. M., æt. 23, primipara, was brought to the Boston Lying-in Hospital, April 22d, 1878, at 10.15 P.M., in an almost moribund condition. Her catamenia had ceased about the middle of July, and her confinement had been expected about this time. Seven weeks before, she had been seized with an attack of obstinate vomiting which lasted nearly a week. The physician who then saw her, prescribed bismuth, and she was somewhat relieved, although the nausea and daily vomiting did not entirely cease. About ten days before her death, the same physician was again called, the vomiting having become very distressing and constant. Bismuth was again prescribed, but with no effect. Four days later, she had a convulsion. Sleeplessness, constant vomiting, a slight elevation of the temperature and pulse were recorded at this visit. The next day the urine was examined, and found to contain albumen and casts. Several consultations with other physicians were had; but, although the temperature had risen to a hundred, and all attempts to arrest the vomiting had failed, it was decided not to induce labor, as the patient did not seem exhausted. The next day, however, she began to fail rapidly, and twenty-four hours later was brought into the hospital. The radial pulse was hardly perceptible. Heaters and blankets were applied and stimulants were freely administered. The fetal heart could not be heard. The cervix was soft, the os thin and dilatable. There was no edema of the feet or hands. Early the next morning, I saw the patient for the first time. A very small amount of urine had been secreted since her entrance. This contained a large amount of albumen and a number of granular and hyaline casts. After consultation with Dr. Minot (one of the consulting physicians of the hospital), it was decided to at once induce labor. The os was dilated gradually by the fingers, and the patient delivered by means of the forceps. The child was a male, weighing 4 pounds, and had evidently been dead several days, the epidermis peeling off in large pieces. The time occupied in the delivery was thirty-five minutes. The patient died half an hour later.

The post-mortem appearance of the kidney, as described by Dr. R. H. Fitz, was as follows: Kidney small, dark red, of normal density; capsule readily detached; surface beneath not unusual. On section, the relative volume of the cortical and medullary portions unaltered. The pyramids were more injected than usual. The cortex gray, not unusually opaque; Malpighian bodies indistinct. Region of convoluted tubes indicated by delicate opaque dots and lines. On microscopic examination, the renal epithelium was found unusually granular and opaque; the nuclei being indistinct. On adding acetic acid, many granules were dissolved, and those remaining were large, round, glistening; presenting the appearance of fat drops. These changes were found diffused throughout the kidney, both convoluted and straight tubes being affected. Numerous large and small hyaline casts were seen, of a yellowish tint, with but little lustre, their surfaces delicately marked with fine lines. The outline of the casts was often scalloped. Abnormal appearances were not observed in the glomeruli or in the interstitial tissue. The appearances were those of acute parenchymatous nephritis. Only one kidney was examined, and that had to be removed per rectum, no autopsy being allowed.

CASE II.—Mrs. A. C., æt. 27, primipara, came under my care September 26th, 1876, when eight months pregnant. During the second and third months of her pregnancy she had suffered somewhat from morning sickness, but not enough to cause her to seek medical advice. Early in August, she began to be troubled with nausea and vomiting, which, it was noticed, was not confined to any particular time of the day, but which became more and more troublesome until I saw her. At the time of my visit, she stated that the past week she had been unable to retain anything on her stomach. Otherwise she complained of nothing. She was, of course, considerably weakened by the vomiting, and her general manner was one of increasing nervousness. There was no headache, disturbance of vision, or edema of the extremities, although her friends thought her face slightly swollen. The urine contained a large amount of albumen and numerous granular casts. Three days later, she was suddenly seized with an attack of dyspnea, accompanied by a very disagreeable feeling in the back of the head. The amount of urine passed in twenty-four hours was far below the normal amount. The os uteri was two-thirds dilated. Her manner was drowsy. The membranes were ruptured, and the labor terminated as soon as possible with forceps. The convalescence was normal. The gastric disturbance ceased after the delivery. The albumen had disappeared from the urine on the ninth day.

CASE III.—Mrs. S. A. P., æt. 23, primipara, first came under my care when three months pregnant, April 13th, 1875. When about five weeks pregnant, she began to be troubled with more or less nausea and vomiting. Although worse in the morning, this symptom had continued during the greater part of the day until a week before I saw her, since which time she had complained of it only on rising, and even then it was but slight. This symptom of the preg-

nancy ceased altogether without any treatment about ten days after her first visit to me. She was naturally a nervous and hysterical woman, and the history of the four following months was such as might be expected with such a patient. August 2d, a return of the nausea and vomiting, from which she had for many weeks been entirely free, caused me to re-examine the urine which an examination made two weeks before had shown to be normal. The specific gravity was 1024, and it contained a small amount of albumen, and two granular casts were found after a careful examination of a number of slides. The nausea and vomiting increased, and she was scarcely able to retain any nourishment, liquid or solid. Her health otherwise was apparently good. There was no other symptom complained of Such was her condition for the next three weeks. August 23d, she began to complain of headache. The urine now contained a very large amount of albumen, and numerous granular casts. The amount of urine daily passed became greatly diminished, notwithstanding the constant use of various diuretics, and a consultation was asked for, with a view to induce premature labor. It being insisted upon that the consultant should be a homeopathic physician, I withdrew from the case. I learned subsequently that, about ten days later, she had convulsions, and died thirty-six hours after giving birth to a child which lived only two days.

It will be observed that, in these three cases, the patients complained only of a return of the nausea and vomiting, from which they had been free for weeks or even months, and that for some time this symptom alone continued, and was the only indication of the presence of a serious acute renal lesion. An examination of the urine showed in the two cases (II. and III.) which were under my care the true condition of things, and gave the indication for the treatment. These cases have seemed worthy of being placed on record as calling the attention of the profession to the significance of the recurrence of nausea and vomiting in the latter months of pregnancy as indicative, in some cases at least, of the presence of an acute parenchymatous nephritis, and the necessity in all such cases of first examining the urine before attempting to treat the symptom as only a return of the simple nausea and vomiting due to the pregnancy.