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PUERPERAL ALBUMINURIA.*

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The frequency of puerperal albuminuria, as well as the importance of early recognizing it, will neither be questioned nor denied. I venture to say that the great majority here present have had times of anxiety in connection with such cases, and as their anxiety grew they have scanned all the literature on the subject, classical and journalistic, and, unless their experience differs from mine, with no alleviation of the unrest. The shortness of our time renders it impossible for me to touch upon all the points in immediate connection with this interesting subject. I take it for granted that there is a dividing line between the physiological and pathological conditions incident to utero-gestation. I do not say that we can always see the line of demarcation and determine without doubt that disease is or is not present. But in a certain number of cases a time will arrive when one readily determines that pathological conditions are present. I propose, briefly, to allude to some of those physiological changes consequent upon the pregnant condition, and then seek for explanation of, and development of, pathological changes, more especially those changes which result in albuminuria. But before doing so let us refresh our memories on the

structure and function of the kidney. It is pure and simple an eliminating organ. The naked eye readily recognizes the cortical and the pyramidal portions; the cortical occupying all that portion between the bases of the pyramids and the capsule, and also sending down prolongations between the pyramids. Its granular appearance is also apparent to the naked eye, and is dependent upon the presence of the Malpighian bodies. It is composed entirely of blood-vessels and tubes (convoluted and collecting), lymphatics and nerves, all held together by light connective tissue. The vast number of convoluted tubes have a blind origin—the Malpighian capsule—and these tubes interlace with each other inextricably in every direction. The pyramidal portion, whose striated condition is also noticeable by the naked eye, is frequently spoken of as the tubular portion. It is largely composed of straight tubes (which are spoken of as the tubes of Bellini), which are portions of the collective tubules, and the looped tubes of Henle, which are portions of the convoluted arrangement of tubes found in the cortical portion, and which dip down into the pyramids and pass up again into the cortical portion, and which are much smaller in diameter than any other portion of the tubes.

The Malpighian capsule which surrounds the Malpighian body is but a flask-like dilatation and commencement of a urinary tubule which eventually after a long series of windings terminates in the apex of one of the papillæ. The flask-like dilatation and cæcal origin of the uriniferous tubule surrounds a congeries of

*Read at the meeting of the Ontario Medical Association, Toronto, 1886.