

ISCHURIA RENALIS.

RESTORATION OF THE SECRETION AFTER SEVEN DAYS;
ABSENCE OF ONE KIDNEY, ETC.

By GEORGE PARKER MAY, M.D.

T. M—, aged thirty-nine, a man of spare habit, and delicate and unhealthy appearance, had for some months previous to his death, suffered occasionally from pain in his left side, with shortness of breath. This ailment was not deemed by him of sufficient importance to require medical aid, as he was able to pursue his ordinary avocation, that of a hawker, and was accustomed to walk a good deal in the country. In the month of April of the present year he was seized rather suddenly by acute pain, originating in the left lumbar region, and extending across the abdomen. He was confined to his bed a few days, but shortly recovered so far as to be able to resume his usual employment. At this time there was nothing remarkable either in the quality or quantity of the urinary secretion. On the 15th of August he was again attacked in a similar manner; the pain, as before, extended from the left loin across the left hypochondrium nearly to the umbilicus, and was much aggravated by an attempt to draw a deep inspiration. These regions were very tender and intolerant of pressure. On the 18th, the fourth day of his illness, it was observed that he had passed no urine; he felt no disposition to do so. There was no pubic distension, although there was considerable abdominal uneasiness and tension of the belly. From this date to the 25th, a period of seven days, he passed no urine. A catheter was introduced twice during this time, at an interval of two days; on the first occasion about an ounce of urine was abstracted, on the second, a teaspoonful, containing a few granules of uric acid. There never was any pubic tumour, or any indication of retention. For the first three or four days after the suppression he was cheerful and intelligent when spoken to, after which he became drowsy, and complained of heaviness in the head. When left to himself, he generally fell asleep, in which condition he frequently muttered and talked incoherently, but up to the last day of the suppression he was perfectly rational when roused. A large amount of fluid passed off by perspiration, with which he was almost continually bedewed. During the whole time he suffered more or less from uneasiness in the left side and abdomen.

On the 25th, after dysuria had existed seven days, he felt (to use his own expression) "something give way in his side." Very shortly after this, he passed spontaneously eight ounces of pale-coloured urine. During the day the act of micturition was frequently repeated, and upwards of three pints of urine discharged. The later portions exhibited a reddish-brown tinge, and the sediment contained a proportion of blood-discs, many of them broken down and imperfect, and epithelial scales. On the following day, the urine, though discharged in sufficient quantity, was deeply tinged with blood. This condition obtained, in a greater or less degree, for a day or two, and then almost entirely subsided. His general condition was not at all improved after the restoration of the secretion. He was usually lethargic when left to himself. He became considerably emaciated, and his countenance assumed a worn and haggard aspect. On the 30th he died. He had not been the subject of ague. The treatment adopted in this case consisted principally in cupping on the loins, blisters, successive warm baths, diaphoretics, and anodynes.

Post-mortem Examination.—The liver was much enlarged, being about twice its natural bulk. The spleen, enormously increased in size, encroached largely upon the left cavity of the thorax, and was strongly adherent to the costæ: it weighed four pounds and a half, and it had entirely lost its characteristics in shape, colour, and consistence: it somewhat resembled in shape the larger lobe of the liver when in its normal condition, was of a light mahogany colour, and indurated throughout its substance. The left kidney measured in length nine inches, and in breadth three inches and three-quarters; there was no appearance of mottling or granulation, but the cortical portion was much developed, and encroached somewhat upon the tubular substance. Some white gritty matter was apparent in the calyces and infundibula, which was put aside for investigation, but was unfortunately lost. No lesion could be detected in any portion of the vesico-renal mucous membrane, nor any evidence of pyelitis. No trace whatever of kidney or capsule could be discovered in the right side. The bladder was quite healthy, and contained a little matter similar to that noticed in the kidney.

It is a remarkable feature in this case, that complete restora-

tion of the functions of the kidney should take place, after a suspension existing for so long a period. That the suppression arose from mechanical impediments, rather than from defect in the secreting apparatus itself, appears probable from the following circumstances:

1st. The sudden and copious discharge of urine immediately succeeding the sensation experienced by the patient of "something having given way in his side." 2nd. The presence of calculous matter in the calyces of the kidney and in the bladder. 3rd. The absence of that complete uræmic condition of the system, to which the entire suspension of the function of the kidney for so long a period would give rise. 4th. The condition of the kidney, in a pathological point of view, would not prevent its discharging its peculiar office; such condition might perhaps be considered to be one of hypertrophy rather than of actual disease.

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ON
DISEASES OF THE INTERNAL SURFACE
OF THE WOMB.By WM. CUMMING, M.D., F.R.C.P.E.,
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ON DISEASES OF THE INTERNAL SURFACE OF THE UTERUS.

(Continued from page 365.)

II. ANOTHER form of disease of the body of the womb is that in which the unevenness of its internal surface depends on small, unpediculated excrescences, which are in some cases so numerous as to resemble the interior of what mineralogists used to call a "drusy cavity." When there are only one, or two, or three of them, they are, though very small, yet large enough to be felt distinctly and separately, and are entitled to the name that Dr. Simpson has given them of polypoid bodies; but they are often so minute, and in such numbers, as not to communicate the feeling of being separate and distinct, but rather feel like a racemose or clustered surface. This state of the lining membrane, whether the excrescences be few or many, may probably be found in women of all ages, married and unmarried. The last three cases I have had under my care were, a married woman about forty-five, a widow about thirty-two, and an unmarried person about twenty; but I am inclined to think that they are more frequent at the time of the catamenial cessation, and that in not a few cases repeated and exhausting hæmorrhages at that period are due to this form of disease.

The essential symptom is hæmorrhage. There may, so far as I know, be other signs and indications, but they are masked and overwhelmed by the great, repeated, irregular, and draining discharges of blood. When you hear the patient state her case, you feel satisfied that, on examination, you will discover either polypus, (extra-uterine or intra-uterine,) or a tumour, or a largely ulcerated surface. On examination, however, none of these are discovered. You may, next conclude that the hæmorrhage proceeds from a vesicular polypus, ensconced in the neck of the womb; but after opening up the cervix with a sponge-tent, you fail to discover any. Instead of stopping short here, introduce a small sponge-tent through the os internum, and when it is dilated, you will easily enough feel either one or two small polypoid bodies, or the cluster-like surface to which I have already referred. This being detected, the treatment is sufficiently simple, and, for the time, successful; but the excrescences are apt to grow again, to be followed by the same symptoms, and removed by the same treatment.

If they are entitled to be regarded as polypoid bodies, and they can be reached by the finger-nail, you may detach them with it; but, as is most probable, if you cannot trust to this, introduce a scoop with an edge neither sharp nor blunt, and scrape them away. If they are of the smaller, less distinct, and more numerous kind, scrape the whole surface with the scoop, and then draw the solid nitrate of silver over the still uneven membrane. When I trusted to the scraping process alone, I found that occasionally after a time the operation required to be repeated; but since I added free caustication to it, I have not as yet seen any recurrence of the symptoms.

I shall adduce a few cases in illustration:—

Miss A—, about three years before she came under my observation, had a profuse menorrhagic attack, during which she was attended by an excellent practitioner, who gave her the ordinary general treatment, but apparently without the medication employed having checked the discharge. After having lasted long, drained the patient much, and recurred at the next