

A CASE OF URINARY DEPOSIT IN BOTH KIDNEYS.

By G. P. NEWBOLT, LIVERPOOL.

I first saw Mr. C. W., aged 28, on Dec. 3, 1912. He was then suffering from acute abdominal pain.

In May, 1912, he met with a severe accident, in which his right femur and tibia were broken. The tibia remained ununited, and there was mal-union of the femur; for this trouble he came under the care of Mr. Robert Jones five months later. The limb was refractured and elongated, and fixed in a suitable splint.

On December 3, 1912, he was allowed out of bed, and it was after getting up that the pain in his right side commenced. At this time he had been lying on his back for nearly eight months. Prior to his accident he had been in the habit of taking a good deal of exercise, and was in perfect health.

Dec. 3, 1912.—On examination, he complained of pain in the right iliac region, and there was a very definite tender area over McBurney's spot. There was slight pyrexia, with a pulse of 92. The bowels were constipated, and the patient was in a rather nervous condition. On keeping him in bed, the symptoms gradually cleared up, but seven days later he had an acute attack of bladder pain, and this was followed by pain in the left loin. At this time his urine was normal. On Dec. 18 several radiographs were taken by Mr. Thurstan Holland, and these showed definite shadows in both kidneys, with a very marked shadow in the left ureter. The outline of these shadows was not



FIG. 205.—Showing stones in right kidney (A).

as well marked as that of an oxalate calculus usually is, but there was a deposit about an inch long in the left ureter, and this gave a clue to the nature of the deposit in the kidneys.

Obstinate constipation still continued, and on one occasion a large amount of mucus and some blood were passed per anum.

He was allowed up, but the attacks of pain came on each evening when he returned to bed, and were so severe that he had to have injections of morphia; there was also some sickness. On December 23, albumin appeared in his urine, with an occasional trace of blood and a few pus cells. On December 27, 1912,

he returned home to Chester, and came under the care of Dr. H. Dobie. After his journey in a motor car to Chester, he had an acute attack of pain, which required a large dose of morphia before he was relieved. He also suffered from sickness, which may have been partly due to the morphia. He was put on nitro-hydrochloric acid, aerated water, and sour milk, together with the juice of four lemons daily.

Early in January, he passed some calculous débris, which was sent up to the Clinical Research Association. The report was as follows: Urine acid, sp. gr. 1015, a small amount of albumin. Microscopical examination of the centrifugalized deposit of the urine revealed the presence of several red blood corpuscles, together with a slight excess of mucin, some scattered leucocytes, and a few epithelial cells derived from the bladder and the tract above. In addition, there were many irregularly-shaped crystalline masses which, after special treatment with hydrochloric acid, were found to be composed of aggregations of calcium oxalate crystals held together by some organic matter. These constituted the gravel present. No tube casts were detected.

January 21, 1913.—I visited him at Chester. He seemed better, and was getting about, but still had attacks of pain, though he had passed no more calculous material.

March 25, 1913.—He had had no pain for three weeks, no more débris had passed, his urine was acid and contained no albumin. His weight was up to normal, and his leg much better. Radiograms taken then showed no deposit whatever in either kidney, ureter, or bladder.

When first I saw Mr. W. I thought he had an attack of appendicitis, but it was evidently mild, and as he had already gone through a good deal of suffering and was in poor condition, I determined to see if it would not clear up. The acute bladder-pain was peculiar, for though frequency of micturition and bladder pain often accompany an attack of appendicitis, yet this pain was very acute, and when it was followed by discomfort in the left lumbar region it was evident that an x-ray examination was demanded. At this time his urine was normal as stated above, except for its neutral reaction.

The x-ray examination was most interesting, for it showed definite masses



FIG. 206.—A, Stones in left kidney. B, Calcareous material in left ureter.

of calcareous material in both kidneys and down the left ureter. I have no doubt that the deposit formed whilst he was lying on his back, for he was quite healthy before his accident, and took a good deal of exercise. Directly he began to get up the pain commenced, and his first attack started on the first day on which he was allowed to get up after his accident, wearing a calliper splint.

Soon after his return to Chester he passed grit and organic matter, probably set free by the motor ride, for this was followed by acute agonizing pain and sickness. His treatment consisted in exercise, in spite of his pain, together with acids, morphia and sedatives being given when required.

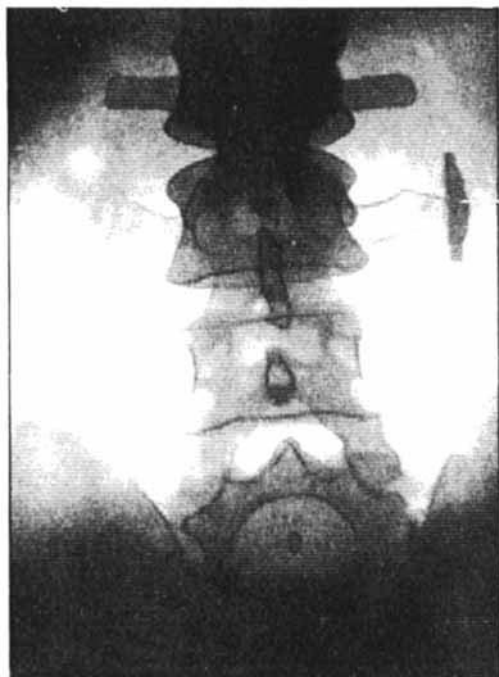


FIG. 207.—Showing (A) Calcareous matter in left ureter.

The complete disappearance of the shadows from the kidneys in three months' time is most extraordinary.

That the shadows were not those of scybala was shown by the fact that the attacks were definitely those of renal colic. After his motor ride to Chester, half a grain of morphia was administered before the pain was relieved. In addition to this, the shape of the ureteric deposit, the passage of the calcareous débris, together with the presence of blood and pus cells in the urine, negative this diagnosis.

At present he is in good health, his urine is normal. The albumin disappeared on Mar. 18th.

I am indebted to Mr. Robert Jones for sending the patient to me in the first place, to Dr. H. Dobie, of Chester, for the later notes of the case, and to Dr. Holland for the radiographs.

The radiographs show : (*Fig.* 205) Deposits in right kidney, (*Fig.* 206) Deposits in left kidney, (*Fig.* 207) Deposit in left ureter, and later ones show a complete disappearance of all these deposits.

A CASE OF AMASTIA.

By GRAHAM SIMPSON, SHEFFIELD.

Congenital absence of one or both breasts must be very rare ; I have seen only the present case, and several surgeons, physicians, and gynaecologists of whom I have enquired, tell me that they have never seen an example. Sampson Handley in one of the latest text-books of surgery calls it "very rare," and gives no illustration of the condition.