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On a Case of Suppression of Urine from Obstruction
of the Ureters.

By P. H. MACGILLIVRAY, A.M., M.R.C.S.E.,

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Eliza B., a widow, about fifty years of age, was admitted into the hospital on 8th July.

She was said to have passed no urine from the 28th June until the night previous to admission, when she voided a small quantity. She had been ailing for about two years, chiefly suffering from irregular dyspeptic symptoms and general debility. The catamenia had ceased some years, but lately there had been a little reddish discharge from the uterus.

She seemed dull, listless, semi-comatose, and complained of nothing but slight pain in the loins. There was no distension of the bladder, and no pain or tenderness anywhere in the abdomen, which, however, contained a small quantity of ascitic fluid. No disease could be detected in the heart or lungs. There was no œdema of any part of the body.

A turpentine epithem was applied to the loins, and a diuretic mixture prescribed. Two hours afterwards she passed about four ounces of clear urine, which was inadvertently thrown away without examination. From this time she passed no more. Early next morning she was attacked with severe epileptiform convulsions, which recurred at irregular intervals during the day. The bladder was ascertained by the catheter to be perfectly empty. She died early next morning (10th), thirty hours after the last voidance of urine.

On post-mortem examination, the kidneys were found to be extensively diseased, the left being reduced to little more than a cyst, the calyces being enormously distended, and the secretory substance very much atrophied; the right was larger, but here also the calyces were much enlarged, and the kidney atrophied. Both ureters were enormously dilated, resembling intestines, except that their walls were thin. They and the calyces of the kidneys were filled with a limpid serous fluid. In the pelvis, the uterus was found large, hard, and drawn to the left side. Connected with it and taking the place of the left ovary, was an irregular nodulated mass of scirrhus, extending to the walls of the pelvis and involving the base of the bladder,

embracing in its substance the terminations of both ureters. The cavity of the uterus was large, its surface ulcerated and covered with a thin reddish discharge. Its walls were very much thickened. The upper and anterior parts of the bladder were sound, the base only being implicated in the disease. A small probe could be with difficulty passed along the right ureter, about half an inch of which was inclosed in the cancer; the left was quite occluded for about an inch. The rectum was free from disease, as was also the right ovary.

Examined microscopically the walls of the uterus were found to be thickly infiltrated with cancer cells. Various portions of the tumour, from the situation of the left ovary and base of the bladder, presented the characteristic appearance of scirrhus.

Notes of Dissections of Colonial Fever.

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Resident Surgeon of the Bendigo Hospital.

I am not aware that any notices of the post-mortem appearances presented by our so-called Colonial Fever have been published. The following notes may, therefore, be interesting to those who have not the opportunities which an hospital practice affords of studying the pathology of this disease. They comprise the records of all the dissections made by me of fatal cases of continued fever occurring in this hospital during the last two years. There were several other deaths during the same period, from the same disease, in which no post-mortem examinations were made.

There can, I think, be no doubt that our Colonial Fever is identical with the Typhoid, Enteric, or Pythogenic of Europe. The post-mortem appearances are precisely the same, and such as are quite characteristic of the disease. The symptoms during life also differ in no important particular, except in the general absence of the peculiar rose-coloured typhoid eruption. This, however, is by no means constant in the Enteric Fever of Europe, and certainly exists in some cases, though exceedingly rarely, in this colony.

CASE 1.—Robert R., aged twenty-three, native of England, miner, admitted 12th February, 1863; died 3rd March, from intestinal hæmorrhage.

Head.—Membranes of brain slightly congested.

Thorax.—Heart flabby, exsanguine; lungs slightly congested posteriorly.

Abdomen.—Mucous membrane of stomach congested in patches. Lower part of ileum and part of colon intensely congested, of a deep

purple colour. In the ileum numerous irregular, deep ulcers, and the whole mucous membrane covered with blood; the ulcers extended in most instances through the entire thickness of the mucous membrane. In the upper part of the colon were several ulcers similar to those of the ileum, and numerous smaller, roundish, sharply defined, deep ulcers; the upper part was full of fluid blood; the lower part of the large intestine was comparatively sound. Liver enlarged. Spleen much enlarged. Kidneys healthy. Mesenteric glands enlarged.

CASE 2.—Frederick S., aged twenty-five, native of England, miner, admitted 11th May, 1863; died 12th May, fourteen hours after admission; was said to have been ill only a few days, and was moribund when admitted.

Head.—Membranes slightly congested, slight thickening of the arachnoid; brain healthy.

Thorax.—Heart normal; slight pleuritic adhesions on right side; a good deal of congestion in lungs posteriorly.

Abdomen.—Mucous membrane of stomach congested in patches. Lower part of jejunum somewhat reddened. The lower part of the ileum was very much congested, almost purple, and in the cœcum and appendix the vessels became beautifully distinct, beyond which the engorgement ceased. In the ileum, Peyer's patches were affected throughout, in the upper part being elevated, farther on, forming distinct ulcers; in many cases these ulcers were filled with ragged sloughs, and many of them were shown externally as distinct, elevated red patches. The ulcers were linear or elliptical in shape, one to two inches long, and quarter of an inch to an inch wide; the lower part of the ileum, close to the cœcum, was one mass of ulceration. Liver enlarged. Spleen enlarged. Kidneys congested. Mesenteric glands enlarged.

CASE 3.—Lorenzo M., aged forty, native of Italy, miner, admitted 21st May, 1863; died 23rd May. Was unconscious on admission and was said to have been a week ill. Was said to be forty years' old, but had the appearance of a man ten years younger. Had slight diarrhœa. Small rose-coloured spots scattered over abdomen and breast.

The head was not examined.

Thorax.—Lungs with slight hypostatic congestion.

Abdomen.—Stomach with patches of inflammation in its mucous membrane. Ileum with Peyer's patches in some cases filled with deposit and projecting, in others ulcerated or with partially separated sloughs; more affected towards the lower part; mucous membrane softened throughout. Large intestine normal. Liver enlarged; gall-bladder gorged with bile. Spleen enlarged, soft. Kidneys congested, right much larger than left. Mesenteric glands enlarged.

CASE 4.—Thomas McC., aged thirty-two, native of Ireland, miner, admitted 8th June, 1863; died 24th June. Violently delirious for several day before his death.

Head.—A little thickening of arachnoid and sub-arachnoid effusion on posterior lobes of cerebrum; otherwise nothing unusual about the brain or its membranes.

Thorax.—Heart rather flabby. Right lung congested, with incipient pneumonia posteriorly and inferiorly; left congested throughout, its lower lobe in an advanced state of pneumonia.

Abdomen.—Stomach with patches of congestion. Small intestine congested in parts. Mucous membrane much softened, especially in ileum, with scattered ulcers and thickened patches of Peyer's glands; the inflammation was most advanced about 12-30 inches from the ileo-cæcal valve, and the lower eight or ten inches of the ileum were entirely free from ulceration, and comparatively sound. Large intestine normal. Liver natural. Spleen enlarged, soft. Kidneys congested. Mesenteric glands congested, but not very much affected.

CASE 5.—Catherine C., aged twenty-eight, married, native of England, admitted 21st April, 1864; died 23rd April. Insensible on admission. Said to have been ill about four weeks.

Head.—Slight congestion on surface; brain otherwise healthy.

Thorax.—Large quantity of serum in pericardium; heart rather flabby. Lungs congested posteriorly.

Abdomen.—Peritonitis on right side above cæcum; colon, stomach, and liver being matted together by adhesions, and with a considerable quantity of pus. Mucous membrane of stomach soft and thin. Jejunum with patches of congestion in various parts, but no ulceration. Ileum with vessels enlarged, and towards the lower part a few scattered ulcers, about a third of an inch in diameter, the whole thickness of intestine, except the peritoneum, being eaten away, edges sharply defined; the lowest part, close to the cæcum, was a mass of ulcerations of the same character, this part being involved in the adhesions glueing together the large intestine, stomach, and liver, but no perforation could be detected. The mucous membrane of the large intestine was normal throughout, except that there were melanotic patches; no ulcers. Liver enlarged, flabby. Spleen very large, soft. Kidneys enlarged, purple-mottled, and congested. Uterus and ovaries normal.

CASE 6.—Alfred N., aged thirty-seven, miner, admitted 10th May, 1864; died 14th May. Had been ill for three weeks previous to admission, with considerable diarrhœa and hæmorrhage from the bowels, which was stopped by acetate of lead. On admission there was slight diarrhœa, two or three loose stools daily, but no hæmorrhage. Slight tenderness in abdomen, and ileo-cæcal gurgling. The

febrile symptoms were so slight and he felt so much better, that he could hardly be persuaded that all danger was not over. He was very anxious to be allowed to get out of bed and move about, saying that he felt quite strong. This, however, was not allowed. On the 13th May, about eleven a.m., he felt a sudden pain in the abdomen, which rapidly increased in severity. Towards afternoon the pain was very severe, extending over the whole abdomen; there was vomiting and shivering; the skin became covered with a cold, clammy perspiration, and he rapidly fell into a state of extreme collapse. Opium was freely administered, with the effect of slightly alleviating the pain. He died at two a.m. of the 14th.

Post-mortem ten hours after death.

Head.—Not examined.

Thorax.—Heart and lungs healthy; no pleuritic adhesions.

Abdomen.—Contained a considerable quantity of pus; universal peritonitis, most intense about the cœcum. The mucous membrane of the stomach was congested and softened. There were numerous patches of inflammation and ulceration in the lower part of the small intestine—throughout the whole of the ileum towards the lower part of which were numerous ragged sloughs the removal of which showed ulcers which had destroyed the whole thickness of the intestine except the serous coat; in several places a large grey sphacelous part involved this also. In the neighbourhood of the ileo-cœcal valve, the ileum was a complete mass of sloughs and ulcers, and presented a perforation about two lines in diameter through one of the latter. The cœcum was extensively ulcerated; the remainder of the large intestine was healthy. Liver, capsule blackened over greater part of surface. Spleen enlarged. Kidneys normal.

CASE 7.—Matthew S., aged twenty-six, native of Ireland, railway labourer, admitted 3rd May, 1864; died 19th May. Had been ill about a week previous to admission. In the commencement of the attack had slight diarrhœa, which was speedily followed by constipation, the bowels only acting every second or third day. The chief symptoms were great prostration, abdominal tenderness, thirst, and delirium. The tongue was dry and transversely fissured; the mouth was loaded with sordes; the bladder generally required to be emptied by the catheter; the pupils were dilated. At times he would be dull and lethargic, being roused with difficulty to show his tongue or answer a question; at other times he would be violently delirious. Sometimes, however, he was quite sensible and talked rationally.

Post-mortem nine hours after death.

Head.—The membranes of the brain were considerably congested, the substance being also congested, but not so markedly. The ventricles contained a large quantity of serum.

Thorax.—The pericardium contained a considerable quantity of serum; left side of heart empty; right side occupied by a large

colourless clot. The pleura on the left side was united by soft recent adhesions. The left lung was intensely congested posteriorly, full of a bloody exudation; the right was also very much congested posteriorly. The bronchial mucous membrane was congested throughout. The bronchial glands were enlarged.

Abdomen.—No peritonitis. The mucous membrane of the stomach was soft, injected, and in many parts eroded. Throughout the small intestine the mucous membrane was softened. The duodenum was congested. The lower part of the jejunum and upper part of the ileum were very much inflamed, externally and internally purple with the distended vessels. In this part were found several superficial ulcers, and some deeper ones with the muscular coat quite bare, the edges distinct and ragged, mostly of a circular or oval shape. In several parts Peyer's patches were elevated and filled with a dark deposit. The middle of the ileum was natural (with the exception of the mucous membrane being softened), and presented no ulcers; in this part was a congenital contraction of the gut about an inch and a-half long. The lower part of the ileum was intensely congested, purple, with numerous large ulcers about an inch in diameter, especially abundant towards the ileo-cæcal valve. Cæcum congested slightly; the rest of the large intestine presented nothing unusual. Liver very much enlarged, capsule easily separated. Spleen large, friable. Kidneys congested.

CASE 8.—Quong Chong, aged thirty-five, native of China, miner, admitted 24th May; died 26th May, 1864. Said to have been ill about a week. Complained of thirst and weakness; the pulse was tolerably strong; the tongue dry, slightly fissured, and the teeth covered with sordes. Tenderness over the cæcum on pressure. Had diarrhoea previously to admission, but passed no blood. On the evening of the 25th, when seen by me at eight o'clock, he did not complain, and there was nothing to indicate perforation or any immediate danger. He was seen several times during the night by the wardsman, and at four a.m. took the medicine prescribed as usual. A little before six, the wardsman found that he was dead.

Post-mortem thirty-four hours after death.

Head.—Brain and membranes much congested; arachnoid over summit of middle cerebral lobes opaque and elevated by effused serum.

Thorax.—Heart and lungs normal; a few old pleuritic adhesions.

Abdomen.—On opening the abdomen, a small quantity (probably about an ounce) of pus was found lying over and about the cæcum, and a small perforation was seen in the ileum, about an inch from the cæcum. The intestinal peritoneum was inflamed in patches, as was also the parietal on the right side. The stomach presented nothing unusual. The middle and lower part of the ileum and the first portion of the colon were intensely congested and purple. The mucous membrane of the ileum was softened throughout, with

numerous ulcers towards the lower part ; for two or three inches from the valve it was a mass of ulceration, and presented a perforation (seen on opening the abdomen), about one line in diameter. The cœcum and adjacent part of the colon were also extensively ulcerated. The rest of the large intestine was tolerably healthy. Liver enlarged. Spleen scarcely, if at all, larger than natural. Kidneys normal. Mesenteric glands normal.

