

Hematuria of obscure origin has been recognized since the earliest days of renal surgery and has constituted a puzzling problem in which physician and surgeon alike have been interested. Obscurity in pathology at all times adds interest to clinical investigation, and this must be particularly true of a condition which is frequently revealed only in its real character at an operation undertaken for the removal of stone or the ablation of a supposedly tuberculous or otherwise diseased kidney." These cases have been classified or reported under such designations as "Renal Hematuria" (Senator, Broca, Groszlik), "Hematuria from Healthy Kidneys" (Klemperer), "Mysterious Hematuria" (Rovsing), "Renal Epistaxis," "Renal Hemophilia," "Angio-Neurotic Hematuria," "Hematuria of Unexplained Origin" (Schenck), and "Essential Renal Hematuria."

This latter term has been especially used to classify a group of cases which are free from demonstrable lesion and possess two features in common, viz., unilateral renal hematuria and an obscure pathology. The tendency is, however, Elliott maintains, to incline to the view that every such case, if carefully studied, will show some pathologic condition, usually a chronic nephritis. The nephritis, as I have said, may be confined to one kidney, and even to localized areas of the renal tissue. Nevertheless quite a number of cases of renal hematuria of unexplained origin are reported when the kidney has been incised and carefully examined, but not studied microscopically. Schenck, however, in his above-mentioned paper, reports finding only two cases in literature in which the whole kidney has been examined microscopically and found normal; the one case reported by Klemperer, the other by Schede. In chronic Bright's disease, too, when both kidneys are diseased, the hematuria, if severe in character, Elliott says, is usually unilateral and almost always without symptoms.

The patient, Miss K., aged 28, whose case I wish to present to you to-day, called at my office, September 18, 1906, bringing with her a sample of urine of a bright red color, which she handed to me and asked what it meant. Unfortunately, I could not explain to her offhand what it did mean, nor, as you will learn, was I able to explain to my own satisfaction the real cause for some time afterwards. She stated that three days previously, viz., on September 15th, upon passing urine she noticed that the urine was of a red color. She had experienced no pain or frequency in urinating, felt well in every way, and looked the picture of health. Family history was negative. No history of tuberculosis, excepting two uncles. No history of hemophilia. Pulse 70. Temperature normal.