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ON THE DIAGNOSIS OF BILATERAL CYSTIC KIDNEY.

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The condition of bilateral cystic kidney is more often recognized at autopsy or discovered by the surgeon than diagnosed during life by the physician. In Montreal and Philadelphia I had dissected four cases of the kind in children or in adults, and it always seemed to me that the cases presented clinical features distinctive enough to enable one to make the diagnosis during life. Yet this, I believe, is very seldom done. Of the two cases which have been in my wards in the Johns Hopkins Hospital, in one the diagnosis was easily made.

CASE I.—A. W. N., male, aged 59, admitted October 3, 1893, with dyspnea. He had been a hard worker, with no history of any special excesses. He had been ill on and off for 10 years, chiefly with dyspnea and recurring attacks of shortness of breath. These had increased of late very rapidly, so that he had become incapacitated for work.

On admission he was orthopneic and cyanosed, with a rapid, feeble pulse. The heart was dilated and the impulse feeble and diffuse. On auscultation there was a gallop rhythm, but no murmur. There was marked sclerosis of the superficial vessels, and the case was thought to be one of general arteriosclerosis with secondary hypertrophy and dilation of the heart. The abdomen was enlarged and tense. The liver was greatly enlarged, reaching nearly to the navel. The spleen could not be felt. There was no note whether or not the kidneys were palpable. The abdomen was so distended and the liver was so large that it is quite possible they might not have been felt. The urine had a specific gravity of 1.016, a slight trace of albumin, and numerous granular casts; no blood. He had no history of hematuria.

For a week he remained in very much the same condition, with a marked gallop rhythm and shortness of breath, and signs of beginning effusion in the chest and abdomen. On the thirteenth he died suddenly.

Autopsy, No. 461.—There were found marked hypertrophy and dilation of the heart, general arteriosclerosis and emphysema. The kidneys were greatly enlarged, measuring 21 by 11 cm. They were universally cystic, the cysts ranging in size from a pea to an egg, containing clear yellow, and in some places turbid, material. There was no dilation in either pelvis, and the ureters were normal.

CASE II.—Florence S., aged 28 (Med. No. 9,479), admitted