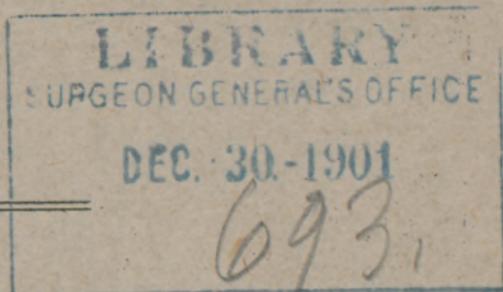


Kelly (H.A.)

ABSTRACT OF A PAPER ON
URINALYSIS IN GYNÆCOLOGY.

BY
HOWARD A. KELLY, M.D.



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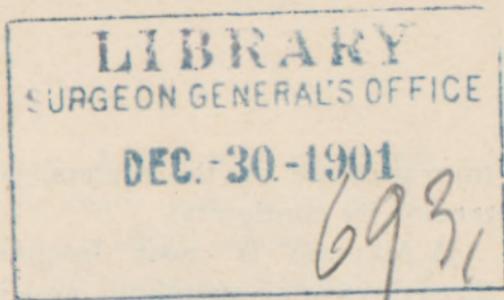
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Address.—P. O. Box, 2535,
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Editor American Medico-Surgical Bulletin.



**ABSTRACT OF A PAPER ON URINALYSIS IN
GYNECOLOGY.***

By HOWARD A. KELLY, M.D.

A CAREFUL analysis of catheterized specimens of urine should be made before and after all gynæcological operations.

HELLER'S and the heat test are the most practical for the qualitative estimation of albumin, while FEHLING'S and NYLANDER'S solutions have proven efficient in testing for sugar.

The results of each analysis should be transferred to a special urinary chart, and filed with the patient's history.

In cases subjected to cœliotomy, the urine should be examined at least three times : the day before, and three days after operation, and during convalescence, about the twentieth day.

From an analysis of two hundred urinary charts, the following conclusions were drawn :

- 1) Albuminuria in pelvic inflammatory cases is usually due to cystitis.
- 2) Secondary changes in the kidneys are due either to absorption of septic products,

* Read before the Obstetric and Gynæcological Section of the ACADEMY OF MEDICINE, New York, May 25, 1893.

from pressure on the ureters, or from extension by contiguity.

3) Albumin is most frequently noted three days after operation, and in the majority of cases disappears during convalescence.

4) Decreased excretion of urine following coeliotomy, averaging 516 c.c. the second day, and gradually reaching normal on the tenth.

5) Increased specific gravity, probably due to decrease in watery constituents, while the solids are normal or increased in amount.

6) To concentration of the urine is probably due the vesical irritation so often observed following operations.

7) The increase in the percentage of cases showing albumin, is also due to vesical irritation.

Albumin was found in 46 (23%) of the 200 cases before operation, and in 66 (33%) after operation.

Casts were observed in 10 (5%) cases before, and in 30 (15%) after operation.

At time of discharge from the hospital, in only 8% of cases were casts still present. Although there is a definite relation between pelvic and kidney diseases, it is seldom that an operation is refused on account of renal changes.

In all cases dying after operation in the Gynæcological Department of the JOHNS

HOPKINS HOSPITAL during the past two years, not a single death was found at the autopsy to be due to kidney disease.

In conclusion, the practical results of this analysis may be summarized as follows :

1) Pelvic disease does not occasion renal disease of serious nature in a very large percentage of cases.

2) All urinary examinations must be made from catheterized specimens.

3) Presence of albumin, even in a large amount, is not significant unless casts are present.

4) The presence of small granular and hyaline casts does not contraindicate operation unless vascular and associated symptoms indicate renal disease.

5) Diminished secretion following operation, as low as 290 c.c. a day, is not unusual and need occasion no alarm as to the possibility of a ureter being ligated or the existence of any serious interference with the renal function.

6) Persistent diminished secretion, associated with elevated temperature and increasing rapidity of pulse, is not due to nephritis, but to septicæmia.

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