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SUPPRESSION AND RETENTION OF URINE.*

BY

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It is necessary in the first place to define exactly what we mean when we speak of suppression and of retention of urine—suppression or anuria are synonymous terms used when there is a failure, temporary or otherwise, of the kidneys to secrete any urine, whereas retention of urine implies the inability of the patient to void urine which has been normally secreted by the kidneys. Both conditions come under the term of "Surgical Emergencies," and it is my intention to spend a short time on the consideration of the various causes which may give rise to these emergencies and later to briefly discuss the treatment necessary.

SUPPRESSION OF URINE.

Suppression of urine or anuria is a serious condition and demands early recognition so that appropriate treatment can be commenced, for the gravity of the case increases as time goes on and until renal function is again established. It most frequently occurs in patients in whom the kidneys are already diseased, even though slightly, though it may arise when there has been no clinical evidence of impairment of function. It may be accompanied by pyrexia, headache, vomiting, dyspnoea, or by the muscular twitching seen in the uræmia of the advanced stages of medical renal diseases, but one of the remarkable features of anuria, especially in the obstructive form of which I shall speak in a few moments, is that it may go on for several days without any of the above-mentioned symptoms; in one case under my

care anuria remained complete for 17 days before death occurred without the onset of headache or vomiting until the twelfth day, and the mental condition remained clear almost until the end.

Causes of Anuria.

Anuria may occur from a *variety of causes*, which for convenience may be divided into (a) obstructive and (b) non-obstructive. In the former group obstruction may be due to calculous disease, to vesical growths involving both ureteric orifices, to the spread of uterine carcinoma into the broad ligaments causing pressure on the lower ends of the ureters, or to large pelvic or abdominal tumours. In the absence of disease causing obstruction in the urinary passages, anuria may be due to the reflex inhibition of urinary secretion following traumatism to any part of the urinary apparatus, even to the passage of a catheter along the urethra; it may accompany infection of the kidneys, either from hæmatogenous causes or from ascending infection from the bladder. It may be due to increasing renal disease, such as tuberculous disease, polycystic disease or suppurative pyelonephritis, and in the case of impairment of the renal function by old-standing back pressure anuria is particularly liable to follow the sudden emptying of an over-distended bladder by catheterisation. Again, suppression of urine may follow an operation, due either to the low blood pressure of shock or to the effect of the anæsthetic on the renal function. It may be present in any form of severe collapse and occasionally as a manifestation in hysteria. It is probable that in many cases more than one cause may coexist, perhaps most frequently when an operation has been undertaken on a patient in whom the renal function is already impaired either by infection or by back pressure.

Let us study the causes of anuria a little more in detail. The obstructive form naturally implies a simultaneous blockage of both ureters, causing first increased intrarenal tension quickly followed by failure of secretion. This is not wholly true, for in calculous disease one kidney may be partially

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