COMMENT.

Five cases recorded by Arden Jones and Leo Pollak [2] showed respiratory tract infection associated with the swelling. In the above two cases, the second case had signs of bronchopneumonia but the first case had no signs of respiratory tract infection at the time of admission. The first case had 21 grams of sulphanilamide for his impetigo but it made no difference to the size of the swelling.

Thanks are due to Major R. V. Facey, R.A.M.C., and Major W. M. Forster, R.A.M.C., for pathological and radiological examinations.

REFERENCES.


A CASE OF PYONEPHROSIS IN A PELVIC KIDNEY.

By Captain G. St. J. Hallett,
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The patient, a P.O.W., aged 32, was admitted to —— General Hospital from a P.O.W. Hospital on March 9, 1943.

Past History.—August, 1941, developed pains in the left side of the abdomen and burning pain on micturition. This cleared up but recurred in March, 1942, when he was admitted to the Security Hospital. His urine contained: Albumin + +. Pus Cells + + +. Gonococci + +. No T.B. seen. Culture—no T.B. grown.

He was treated with permanganate bladder wash-outs, citrates, and sulphonamide but the urine remained the same.

On admission to General Hospital his general condition was fair. T. 98.4°. Tongue furred. Abdomen tender on left side. Kidneys not felt. P.R. N.A.D.


Blood Urea: 44 mgs. per cent.

Chest X-ray: Lungs normal.

Intravenous pyelogram: Right kidney concentrates well; normal form and position. Left kidney no concentration. No calculi seen. Cystoscopy—generalized cystitis, mucosa congested. Right ureteric orifice normal. Right ureter catheterized and clear urine obtained. Thick pus in region of left ureteric orifice. A thread of pus appeared to be issuing from the left ureter but the catheter persistently buckled and could not be introduced more than a few millimetres. A diagnosis of left pyonephrosis was made and, although a retrograde pyelogram had not been possible, it was decided to operate.

Operation.—April 3, 1943, under G. and O. and E.; via a left lumbar incision. A search failed to reveal any signs of a kidney above the level of the pelvic brim. The wound was closed without drainage.

It was assumed that the man had a congenitally non-ascended kidney which was lying infected in the pelvis.

He made a good recovery from the operation but two further attempts at retrograde pyelography met with the same result as the first. The man's condition slowly deteriorated and in July he complained of more pain in the pelvis and bouts of pyrexia were more frequent. A tender mass was palpable on the left side above the pelvic brim. P.R.—N.A.D. It was decided that a further attempt to locate and drain the kidney was necessary.

Operation.—August 10, 1943, under G. and O. and E.; preceded by transfusion of 1 pint of blood. Lower left paramedian incision, peritoneal. Peritoneum reflected to pelvic wall. The peritoneum stripped easily until a tense fluctuant mass the size of an orange was encountered in the left side of the pelvis. The peritoneum was densely adherent to the front of this. The mass was first aspirated and then incised and some 8 ounces of thick muco-pus evacuated.
The condition was evidently a thin-walled pyonephrosis and a piece of the wall was removed for microscopy. The patient's condition was poor and nothing more radical than drainage was considered justifiable. A large drainage tube was introduced into the kidney retroperitoneally via a counter-incision in the iliac fossa. The para-median incision was closed with a small tube in the cave of Retzius. He was given a pint of blood and 9 pints of intravenous saline in the course of the next forty-eight hours and has made a good recovery.

If his general condition improves and a fistula persists, it may be possible to undertake a subcapsular nephrectomy at a later date.

AN ENTERIC-LIKE INFECTION DUE TO B. FÆCALIS ALKALIGENES.

By Major C. RAEBURN,
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B. Fæcalis alkaligenes is an organism commonly found in human feces and has in the past been held responsible for infections of enteric type. (Petruschky [1] (1896), Hirst [2] (1917), Khaled [3] (1932). In 1935 Nyberg [4], doubting whether there was such a bacterial entity, carefully analysed a large number of strains and gave data for two main groups, the first a bacillus and the second a vibrio. The bacillus possessed flagellae but was either feebly motile or non-motile. It gave no fermentation reactions, produced no indol and did not alter milk. The vibrio was actively motile and slightly alkalinized dextrose media. This advance in classification unfortunately provided no clue as to which, if either, of these organisms was responsible for the infections recorded in the literature. The textbook description is still that of a bacillus fermenting no sugar and alkalinizing litmus milk—an organism of doubtful pathogenicity.

This paper describes three cases occurring in Egypt which are adequately proved to be due to an organism very like Nyberg's Bacterium alkaligenes.

CLINICAL ASPECT.

Case 1.—An R.A.M.C. Officer. He complained one morning of intense headache, nausea and general malaise. The symptoms and previous experience of my colleague suggested alcoholic sequelæ but as his temperature was 99.2° F. he was admitted. The prominent symptoms were the very severe headache, not relieved by salicylates, marked anorexia and a remarkably furred tongue resembling chamois leather in appearance. There were no physical signs. By the third day of the illness the temperature had risen slightly and remained near 100° F. The headache improved but general malaise persisted. The general appearance suggested a mild typhoid fever. The white cell count on the third day was 6,400, polymorphs 68 per cent, lymphocytes 30 per cent, urine no abnormality, faces a high proportion of B. fæcalis alkaligenes. Blood culture on the third day yielded B. fæcalis alkaligenes. This was considered to be a contaminant but a repeat on the sixth day was also positive. The patient's serum was tested against this organism and agglutinated it to 1 : 25. Although the Widal reaction has practically been abandoned it was tried as a matter of interest and was negative. The spleen was just palpable on the sixth day. The temperature was normal on the seventh day and recovery uneventful.

Case 2.—A British private. This case was also characterized by a fairly sudden onset of headache, furred tongue, malaise and mild pyrexia. It was of longer duration, fifteen days, and no physical signs developed. White cell count fifth day 7,600. Normal differential. Blood culture seventh day, B. fæcalis alkaligenes. Blood culture tenth day, B. fæcalis alkaligenes. Widal tenth day negative.

Urine negative. Fæces, a high proportion of the same organism. Agglutination of the organism by the patient's serum to 1 : 10 only.

Case 3.—A Sister. The onset was more insidious but still characterized by headache and a "wash leather" tongue. The temperature rose gradually to 103° F. and declined slowly, the duration of pyrexia being twenty-two days. The spleen was just palpable.