

consideration should a person be allowed to suffer pain longer than twenty-four hours. If the pain continues and the drum-head is inflamed and distended, palliative measures are worse than useless, and any attempt to abort the inflammation by means other than surgical is dangerous, and valuable time is lost in so doing. A bulging drumhead should be treated in the same way as a septic formation in any other place. It should be freely incised, rather than simply punctured or allowed to break.—*Monthly Cyclopedia of Practical Medicine*. cine.

Perinephritic Abscess. RAMON GUITERAS (*New York Medical Journal*, January 27, 1906).

The author believes that many more cases of perinephritic abscess are due to suppurative renal disease than is generally supposed, a fact which will be proved with the rapid strides that are now being made in renal surgery. Traumatism, exposure, and similar influences to which primary perinephritis is attributed, are not so important as many observers have claimed. They are often vaguely given as causes, when they are simply coincidences, or the active causes of rupture of already existing abscesses in the kidney or neighboring structures.

It is important, though difficult, to determine the source and course of the pus. Therefore, before the operation, pus should be looked for in the common urine and the separate urine by the ureteral catheter. During the operation the surgeon should try to determine whether the kidney is the source, and if not, what tissue or organ is. It is equally as important to discover the road taken by the pus, as it indicates where a counter-opening should be made, and the further treatment of the case for complications.

The elements of success in operations for perinephritic abscess may be summed up as follows: Early incision and evacuation before the pus has had time to burrow extensively. Thorough exploration, without timidity, opening the kidney and exploring the ureter if need be. Thorough drainage down to the deepest part of the sac by means of large, soft rubber drains or gauze, the drain being kept in place until a well-formed sinus exists down to the deepest part of the cavity. Nephrotomy, nephrostomy, or nephrectomy should be performed if indicated at the time of the operation or later.—*Monthly Cyclopedia of Practical Medicine*.