

*Family History.*—Good.

*Present Illness.*—Five weeks ago to-day (15th September) went to Muskoka; came home three weeks ago, starting out on a very cold morning and riding in an open stage till noon of the same day, when he attempted to make his water, but found that he could not pass any; he continued his journey from the place the stage stopped till he arrived in Toronto without having the bladder emptied, thus going from Monday morning till Wednesday evening in this condition. After reaching the city he had his water drawn off, and afterwards it was drawn once a day till he entered the Hospital. On admission, the urine was examined, and found to contain large quantities of pus. He complained of very great pain and tenderness over the left kidney. The temperature ranged from 100° to 103°. The limb was very slightly flexed on the pelvis, about as much as you usually find in cases of pyonephrosis, but not to so great an extent as I have observed in cases of perinephric abscess. I diagnosed the case as pyonephrosis, and had arranged to open into the kidney through lumbar region, but in this I was disappointed, as the day before that arranged for the operation he suddenly commenced coughing and expectorating, the sputa consisting of very dark and offensive pus. The quantity was so great that the patient had to sit up in the bed in order to keep from choking. He was removed from the Hospital on Sunday, the 12th of Oct., and died on the following Tuesday.

I was unable to get a post-mortem. In this case I did not suspect perinephric abscess till it opened into the lung. I was led to make this mistake by the absence of the usual symptoms I had observed in the other cases; but the termination of the case fully convinced me that in addition to the pyonephrosis there was perinephric abscess; the probable location of the abscess at the upper part of the kidney, and its tendency to point in the direction of the chest, thus removing the pressure from the lumbar nerves, obscured the symptoms that I had noted in the other cases.

Is it not possible that the abscess in the lung was secondary to the pyonephrosis, and that I was in error as to the existence of perinephric abscess? I do not think so, for the following

reasons: The temperature chart did not indicate the onset of pyæmia. 2nd. The appearance of the pus was so sudden. 3rd. The patient expressed himself as being relieved of pain almost immediately after the abscess began to discharge through the lung. 4th. The limb that was slightly flexed, and gave great pain by any attempt to straighten it, could now be moved in any direction without causing any pain.

I will not trouble the Society with the reports of two other cases that came under my care recently, but will endeavour to briefly point out the causes of some of the symptoms in the cases here reported, as well as the diagnosis and treatment. The kidneys are placed behind the peritoneum, resting on the quadratus lumborum and psoas muscles, and extending from the last rib to the crest of the ilium. They are surrounded with a quantity of loose cellular tissue, in any part of which an abscess may form; consequently the symptoms in any individual case will depend upon the location of the abscess and the direction in which it tends to point.

In the first three cases reported it will be observed that there were several symptoms common to all, viz., flexion and adduction of limb, with greatly increased pain by any attempt to straighten or abduct. In the two male patients there was retraction of the testicle on the side affected. The temperature in all the cases was high during the course of the disease, ranging from 99° in the morning to 103° or 104° in the evening.

In the second, third, and fourth cases there was very great tenderness on pressure over the kidney both in front and behind. In the first there was no tenderness on pressure.

Dr. John B. Roberts, of Philadelphia, says that perinephric inflammation about the lower portion of the kidney gives rise to an effect which is much more noticeable than any other consecutive symptom of perinephritis—this is flexion of the hip-joint on account of involvement of the anterior crural nerve. At the same time there may be anæsthesia or neuralgia of varying areas of the inner, anterior or outer surfaces of the thigh from involvement of the sensory fibres of the genito-crural, external cutaneous and anterior crural nerves. Retraction of the testicle will probably be present