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DISEASE OF THE KIDNEY.

Mr. D. T. Hamilton showed microscopic preparations illustrative of diseases of the kidney, and, among others, that accompanying scarlet fever. In all the cases which he had examined, the change had been essentially that of an acute interstitial affection, characterised by the production of large depots of inflammatory cells between the convoluted tubules of the cortex, sometimes distributed diffusely, but much more frequently in and around the glomeruli themselves. The lesion, which was most typical, corresponded to what has been described by Klebs as "glomerulo-nephritis." In one instance, the appearances, both to the naked eye and microscopically, were quite characteristic. The organs were taken from a child who had suffered from postscarlatinal dropsy, and died with uræmic symptoms. They were about twice the natural size; the capsule was non-adherent, and, on stripping it off, an extremely pale yellow mottled surface was left, with, here and there, congested venous radicles. On cutting into the organ, the cortex was found to be enormously enlarged, of a pale yellow colour, and had a mottled appearance very much like, at first sight, the mottling seen in parenchymatous nephritis. On closer inspection, however, the pale spots producing the mottling were seen to be rounded, and corresponded to the situation of the Malpighian bodies. The microscopic examination confirmed this opinion. The first thing that seemed to take place was a proliferation of the connective tissue nuclei within the

Malpighian tuft, giving rise to great constriction of its blood-vessels. The Malpighian capsule then participated in the same process, becoming much thickened. Finally, for a short distance around the Malpighian body, there was very considerable inflammatory exudation of a similar nature, but limited to this neighbourhood. The epithelium in most of the convoluted tubules seemed comparatively normal. There was no blocking up of the tubules, and it was only here and there the epithelium appeared to be at all fatty. The lesion was entirely different from that met with in acute tubular nephritis, any alteration which might exist in the epithelium of the tubes being undoubtedly secondary to the much more evident and much further developed acute interstitial change. The medulla, further, was deeply congested, apparently from the obstruction to the circulation in the Malpighian tufts. The lesion seemed to be a very fatal one, and was usually accompanied by coma and convulsions. In other cases of scarlet fever which Mr. Hamilton had examined, the lesion was always markedly interstitial, affecting the cortex chiefly, and characterised by the deposition of inflammatory material between the convoluted tubules. In those cases where there was a tendency to resolution, it was apparently brought about by the inflammatory cells becoming fatty, instead of organizing; they broke down after a time, and were absorbed. The other specimens were illustrative of different forms of Bright's disease, with more special reference to chronic interstitial nephritis, which, in all respects, was a truly inflammatory process, and similar in its different aspects to