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PERINEPHRIC ABSCESS.

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(Read before Toronto Medical Society, Jan. 29th, 1885.)

CASE I.

A. J., aged 24; occupation, commercial traveller; born in Canada.

Family History.—Father alive; state of health good; mother died at the age of 42, from cancer of the uterus; brothers and sisters all living and in good health.

Previous History.—Always healthy up to the time of present illness. About the first of February, 1883, while travelling in the neighbourhood of Essex Centre, in trying to keep ahead of a fellow-traveller, he made trips of five or six miles on foot at different times, often walking across the ties of the railroad, taking a single tie at each step with left foot and two with right. One day after walking in the rain about twelve miles he got very wet and cold; the following morning he was seized with chills, followed by high temperature. About the same time he noticed a small lump in the right groin below poupart's ligament, which subsequently formed pus and had to be opened. Two days after getting the severe wetting he drove several miles; the day being cold, he got a second severe chill, and felt much worse; however, he pressed on the following day to London, where he was compelled to take to bed for two weeks. He

entered the Toronto General Hospital on the 17th of February.

Condition on Entering.—He was suffering from a low form of fever; the temperature ranging from 101° in the morning to 103° or 104° in the evening; pulse about eighty; tongue coated; bowels obstinately constipated; urine scanty and of a very dark color. On examining the urine, a small amount of albumen was found, also a few granular corpuscles. The temperature continued high for several weeks after admission to the Hospital. He had no tenderness on pressure over the kidneys, although he complained of a feeling of fulness and tension on the right side. The right testicle was retracted, and at times he complained of pain in it and in the penis. He lost flesh rapidly. About three weeks after coming into the Hospital, flexion of the thigh on the pelvis, with slight adduction of the limb, took place. Incontinence of urine and frequent and painful micturition were observed from time to time during the course of the disease, also distressing flatulency and constipation of the bowels. About the end of March a painful swelling appeared above poupart's ligament. The patient was put under chloroform, and a free incision made into it, when a large quantity of pus escaped. Upwards of a pint and a half of carbolic water was thrown into the abscess cavity after it was opened. The patient was subsequently treated with tonics, and the cavity washed out three or four times a day with a weak solution of carbolic acid. Rapid recovery took place after the opening of the abscess.