

serious one. It is very rare, and it can be controlled by pressure on the artery, local tampon, or in extreme cases by ligature of the carotid. It is most dangerous in children who do not know enough to assist the operator.

THE LOCALIZATION OF PERINEPHRIC LESIONS BY MEANS OF CLINICO-ANATOMICAL STUDY.*

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The author stated that his paper was suggestive rather than demonstrative or conclusive; and that he hoped the Fellows of the Association would investigate all cases of perinephric disease, which they met, with a view to definite localization.

The lesions liable to involve this region primarily or secondarily, are inflammation, abscess, cancer of the kidneys, cystic degeneration, renal calculi, hydronephrosis, etc. The early recognition of the exact seat of such lesions can only be attained by study of anatomical relations and clinical histories. The importance of such localizing knowledge will not be gainsaid in these days of nephrotomy, nephrectomy and kindred operations. As the study of cerebral localization has now advanced beyond the stage of speculative physiology, and has become of practical value to the physician and surgeon, so will the study that leads to localization of perinephric lesions become of future value. The symptoms and signs which must guide us in fixing the exact site are those due to extension of inflammation to adjacent structures, and those caused by increase of bulk and consequent pressure at the seat of disease. These may be termed the localizing symptoms as discriminated from the inherent symptoms of the lesion itself.

Although there are no dividing lines separating the perinephric area into tracts, it is convenient to speak of upper, middle, and lower anterior, and upper, middle, and lower posterior tracts.

The speaker then discussed the various symptoms likely to be produced by lesions in these different tracts; and from the clinical histories of cases reported by himself and others, and from anatomical study deduced the following conclusions:—

A table of symptoms of probable and possible value in localizing perinephritis and perinephric lesions. All anterior regions.—Pain, tenderness, swelling, œdema, pointing, etc., in front and side of abdomen. All posterior regions.—Pain, tenderness, swelling, œdema, pointing, etc., in loin. Upper tracts.—Pleuritic friction, pleural effusion, empyema, expectoration of pus, dyspnoea, suprarenal involvement, solar plexus involvement. If on right side, bilateral œdema of legs, jaundice, fatty stools, persistent vomiting, rapid emaciation, ascites. Middle tracts.—Albuminuria and casts; suprapubic, scrotal or vulvar pain or anæsthesia, suppression of urine, uræmia, pus in the urine, œdema of scrotum or varicocele; especially on left side. Lower tracts.—Flexion of hip, pain or anæsthesia of front, inside or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pain or anæsthesia, without accompanying albuminuria, unilateral œdema of legs, abscess or sinus near Poupart's ligament, constipation (if left side), involvement of chyle receptacle (if right side).

Correspondence.

THE PUBLIC HEALTH BUREAU.

To the Editor of the CANADA LANCET.

SIR,—In the May number of the LANCET, in an article on "Public Health," it is stated that, the meeting of the profession which was held here in March to consider the Dominion Health Bureau question, ignored (though not intentionally) "the body that had hitherto conducted such work," referring, I suppose, to a special committee, which had been appointed for two or three years, previous to last year's meeting of the Canada Medical Association at Kingston, but which at the last meeting was not re-appointed; hence there was no such committee as that to which you allude to "conduct the work." Besides, the medical men in the House being legislators and representatives, considered that with them might most properly originate any such movement as the one upon which action was taken. It was the intention to fully consult the *public health* committee of the Association in reference to the proceedings before any legislation took place. Furthermore, at that meeting there were about twenty-five medical men, while at the latter meeting to which you refer, when the resolution

* Read before the American Surgical Association at Washington, D. C., May 2nd, 1884.