

Wilks and Moxon,* also apply the term polypi to *anti-mortem* coagula.

The patient died suddenly, and in all probability from a displacement of the polypus, which completely occluded the auriculo-ventricular orifice.

Walsh† mentions several cases of sudden death from the formation of coagula in the pulmonary artery; and Dr. Goodridge‡ notes three cases in which death occurred with a greater or less degree of suddenness from the formation of cardiac thrombi in acute disease, but I have been unable to find any record in the literature at my disposal where instant death resulted from the displacement of a thoroughly organized pediculated fibrinous coagulum.

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PYÆMIA WITH PYELO-NEPHRITIS: A CASE.

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Mrs. S. S. W., aged 24 years, the wife of a physician of this city; family and personal history good. She complained of feeling depressed and not very well, with chilly sensations, on Monday, August 13th last. She was about the same on Tuesday, and on Wednesday, 15th, not being so well, I was asked to see her in the evening. Her temperature was then 101.3°; pulse, 90; skin somewhat hot and dry; there was some pain with tenderness in the region of the cæcum. The bowels not having moved that day, a purgative was given; hot fomentations applied to the cæcal region and small doses of quinine and acid given. She was pregnant, and within two or three weeks of term.

On 16th there was no material change; urine, normal on examination. Her husband had repeatedly examined the urine during her pregnancy, finding nothing abnormal. Tempera-

ture, 100.3° a.m. and 102° p.m.; bowels had moved well.

On 17th, temperature, 101° a.m. and 103.2° p.m.; no chills; no pain in cæcal region, but some about hepatic flexure of colon—the whole colon was considerably distended with flatus. No tenderness in the lumbar region. There was some occasional headache. It was thought the case might prove to be one of irregular typhoid.

On 18th, the morning temperature was normal and continued so till noon, but in the evening it rose again to 103°. The urine was examined, and found now to contain a few pus corpuscles and a trace of albumen. She was very cheerful taking nourishment very well, mostly koumyss and broth. Her nights were somewhat restless, sleep being broken.

On 19th, her condition continued about the same. Antipyrin, grs. 9, was given to relieve some headache and general pains, and to reduce a temperature of 103°. She had vomited a few times. Pus and albumen in urine increased.

On 20th, she was somewhat better all day, though restless at times and vomiting occasionally. At 10.30 p.m. she was awakened out of sleep by a most severe chill. I was hastily summoned, and found her extremely restless; face, anxious; skin, hot and pungent; thirst, great; thermometer in axilla registered 106.2°. Towels wrung out of iced water were at once applied all over front of body and thighs, being changed constantly. Relief was most prompt and gratifying. In half an hour the temperature was reduced to 103.2°; shortly afterwards the cold applications were dispensed with. The temperature continued to fall all night. Urine was drawn by catheter, and contained largely increased pus deposit, which was found, on microscopical examination by Dr. G. A. Peters, to contain epithelium from the pelvis of the kidney, but no casts. In some samples of urine the urea was much reduced, below one per cent.; in others, nearly a normal amount was present. Dr. I. H. Cameron was called in consultation, and was thereafter associated with me in the treatment of the case.

21st. Temperature continued to fall from midnight till noon, when 96.1° was registered in the axilla and 96.4° in the rectum; pulse,

* Lectures on Pathological Anatomy.

† A Practical Treatise on Diseases of the Heart, 1862.

‡ New York Medical Journal, October 20th, 1883.