Original Articles.

PERINEPHRITIC ABSCESS.

BY DR. G. H. LYMAN.

THIS case presents features of interest in the mode of origin, the coincident pregnancy, and the complications inducing a fatal result after obliteration of the abscess.

J. H., aged thirty-six, married, entered the City Hospital November 14, 1881. Ten months previously (January 19th) she was in the hospital for a week, with mild diphtheria, from the effects of which she appears never to have fully recovered. She had done little work for several months, and for two weeks before admission was confined to her bed. Eight months ago, that is, two months after the diphtheritic attack, she began to have frequent, sometimes painful, micturition, with "thick, muddy" urine, and frequent attacks of "jaundice" and constipation, these symptoms continuing until two months ago, when pain set in in the right side and back, extending down the leg to the ankle, and accompanied by daily chills morning and evening, followed by fever. For twelve days she has vomited everything taken. Her skin is now somewhat dusky, rather more so than other brunettes, the conjunctivæ clear, and no marked evidence of jaundice in the urine or feces. She has had two children, the last five years ago; no miscarriages. Menses very irregular, varying in occurrence from two weeks to three months, the last period being four months before entrance. Thinks that six weeks ago there was puffiness of the face and eyelids, and œdema of the left leg, but there is nothing of the kind now. The urine is slightly alkaline, contains one fourth per cent. of albumen, much pus, and numerous round epithelial cells; specific gravity 1008. The fundus uteri extends half way to the umbilicus; the abdomen is tympanitic; the breasts enlarged, and the areola dark, with enlarged follicles. Vaginal examination reveals a rupture of the perinæum to the sphincter, with vaginal prolapse and varicose labia. There are evidences of old effusion in the right iliac fossa, but no extensive induration. She has had no cough, and the pulmonary symptoms are negative.

November 18th. Has had the bladder washed out at intervals with relief to the dysuria. The pulse has ranged from 100 to 116, and the temperature from 99° to 101° F. She is sure of the foetal movements, but neither foetal nor placental sounds are audible. Some fullness is now recognized on the right side, between the ribs and the crest of the ilium. Has had no rigors.

November 22d. Has been much the same; rather restless, occasional vomiting, and some dysuria. To-day she complains of a lancinating pain in the right lumbar region, extending down the thigh, and she sweats profusely upon the least exertion.

December 1st. On the right side a hard, obscurely fluctuating mass has developed, extending round from the navel to the spine, and from the crest of the ilium upwards until lost beneath the ribs (see diagram). Flatness, apparently from the displaced liver, extends nearly half way up the chest.

December 3d. The tumor was aspirated between the ribs and crest of the ilium, on a level with the um-

bilicus, but from a defect in the instrument only an ounce of fluid with a foul, faecal odor was withdrawn. This was mostly pus with some blood and granular detritus. The pus corpuscles were small and shriveled. The aspiration was followed by a chill and vomiting. Temperature 103.5° F. The following day, with the exception of some gastric irritability, she was perfectly comfortable, and without pain. On the 7th she had profuse sweats, but no rigor.

December 10th. The swelling was again prominent; sweating profuse; no rigors; ten and one half ounces fetid pus were aspirated, and the next day she expressed herself as much relieved, and perfectly comfortable.

December 16th. Has complained only of sweating and weakness until to-day, when vomiting recurred, and she is now restless and uneasy.

December 17th. Twelve ounces thick pus with faecal odor were withdrawn; the cyst is apparently much diminished.

December 21st. In consultation with Dr. Bowditch it was thought advisable, in view of the repeated refilling of the cyst, to make a free opening, and get permanent drainage, but on visiting her for that purpose to-day she was found to have been suddenly attacked during the night with severe spasmodic pain and excessive tenderness in the region of the tumor, with constant vomiting. Pulse 116; temperature 101.2° F.; no rigors; no general abdominal tenderness; countenance pinched, anxious, and haggard, and voice suppressed; respiration 60, and very shallow; flatness on

percussion extends upwards to about the fifth rib; the fundus uteri is now crowded to the left of the umbilicus. Her condition forbade any operative interference. The following morning her respiration remained unchanged; pulse 126, of fair strength, but in the afternoon her respiration fell to 36; she had dark-green vomitus, and still a good deal of abdominal pain.

December 23d. After incision with bistoury posteriorly, a large trocar and canula were tried without success, but with the longer aspirating needle four

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ounces of greenish material, with faecal odor, was obtained, consisting of fat globules, granular detritus, bits of tissue, stained a bright yellow, and numerous crystals of irregular outline. (It is quite possible that the aspirator may have penetrated the edge of the liver, though there was nothing in the subsequent history to indicate it.)

December 24th. Less pain, swelling, and tympany; countenance better; tongue aphthous; micturition free and painless, but urine unchanged; there is not now, nor has there ever been, pus or blood in the dejections.

December 27th. Has been nourished mostly by injections; she now bears pressure over the tumor, the singular lateral prolongation of which towards the navel has disappeared; the abdomen is softer; the outline of the tumor in front is no longer recognizable to the eye, and only slightly so on the side, but is more visible behind; her countenance is brighter, and general condition much more hopeful; two ounces of pus aspirated.

December 28th. Has had four dejections of hard faecal masses, with profuse sweating, but the stomach retains nourishment and stimulants, and in every way she looks more promising; the uterus is less displaced, extending now three inches to the right of the navel.

December 29th. After a comfortable night the waters came at five this morning, and in an hour were followed by child and placenta. The child (a male, fourteen inches, hair and nails developed) lived but a few minutes. There has been no vomiting; the lochia are free and natural, and she says she feels well.

January 1st. Improves steadily; pulse 100, and strong; temperature normal; aphthæ which have covered tongue and lips have disappeared; the skin is clearer; she has had no more sweating; she likes and retains her nourishment; has had a natural faecal dejection; there is no tumor perceptible to the eye or discoverable by palpation and moderate pressure, and she lies upon either side without pain; the abdomen is reduced not only to its normal size, but is flattened, the iliac bones projecting.

January 5th. The improvement continued until today, when the stomach again became irritable, the pulse feeble and irregular, the face flushed, and sweating profuse.

January 9th. Has steadily lost ground; is now unable to retain anything by the stomach; the aphthæ have returned, and she is slightly wandering; complains only of weakness; no change noticed in abdomen. On the 10th she vomited blood freely, and clots were found in the dejections.

January 12th. Passed blood again by the rectum; she is greatly emaciated; no swelling or tenderness in epigastrium or elsewhere.

January 15th. Passed more blood yesterday, but to-day there is an improvement noted in her symptoms, which continued until the 18th, when she finally relapsed again, and died the 19th.

Though unusual efforts were made, it was impossible to verify the diagnosis in this case by an autopsy. At first the probabilities seemed to lie between an old pelvic cellulitis, resulting in suppuration extending upwards, cœcal abscess, hepatic abscess, hydatid cyst, and suppurating kidney with perinephritic abscess.

The first vaginal examination, to be sure, revealed the evidences of old cellulitis on the right side, but there was neither pelvic heat, tenderness, nor swelling, and externally the outline of the tumor, after it be-

came perceptible, was not traceable downwards towards the pelvis, but distinctly upwards and laterally.

The locality, and especially the faecal odor of the pus obtained by the various aspirations, suggested the possibility of cœcal abscess, but here, again, the evolution of the tumor was upwards and lateral, there was no history of typhlitis or intestinal obstruction, and no discharge of pus or blood by the rectum until long after the disappearance of the tumor and apparent convalescence. The faecal odor may well have arisen from contact of the mass with the intestines.

The attacks of jaundice, asserted by the patient to have existed in the early history of the case, suggested the liver as the possible seat of the disease, but there being no other symptom of hepatic derangement traceable, either at first or subsequently, than could rationally be accounted for by adjacent pressure, interfering with its blood supply or its excretory ducts, the inference seemed at least improbable.

During the earlier stages a fremitus, resembling that from hydatids, was felt at times in front, but its site was always resonant, and no hooklets were ever found in the pus obtained, though repeatedly sought for. The first fluid aspirated was not clear,—as would have been probable with an hydatid cyst,—but distinctly purulent.

The patient had, ten months previously, suffered from an attack of diphtheria, from the effects of which she had never fully recovered. Two months later she began to have thick, muddy urine with dysuria, and after another interval of six months, during which time pregnancy occurred, lumbar pains, extending down the leg, supervened, with daily chills and fever. When two to three months pregnant she had œdema, though lasting, apparently, but a short time. From first to last there was abundant pus in the urine. I suppose the case, therefore, to have been one of suppurating kidney, with perinephritic abscess, rapidly enlarging, and pushing the liver upward, displacing the lung, the whole influenced more or less by the pressure of an enlarging uterus. The abscess seems to have been entirely obliterated by the aspirations (in all forty-two and one half ounces of pus), it being lost sight of, and never refilling after the last operation, three weeks before death. Pus continued to discharge from the remaining sac of the kidney or its pelvis through the ureter, delivery took place, the tumor disappeared, and there was fair hope of recovery until, from some septic ulceration into stomach or intestines, a vessel was opened, and fatal exhaustion from hæmorrhage ensued.

It would be interesting to trace, if possible, the connection between the antecedent diphtheria in this case and the primary renal symptoms which supervened two months later. Renal congestion and desquamative interstitial nephritis have been long sufficiently well established as common results of diphtheria, scarlatina, etc., but although tonsillar and post-pharyngeal abscesses do occur as sequelæ of diphtheria, I am not aware of any well authenticated evidence of an actual suppurative process in the kidney traceable to such causes. Why it should be exempt from such results of pyæmic or septic blood changes as occur in other localities is not so clear.

—Dr. John Brown, of Edinburgh, died on May 11th. He was perhaps best known as the author of *Rab and His Friends*.