

RECORD OF AUTOPSY,

by Dr. W. W. Gannett, March 11, 1887, 10.30 A. M.

Body medium size, well developed, considerably emaciated.

The pericardium contained about 30 cc. slightly cloudy fluid. Both pericardial surfaces covered with a thin, recent, fibrinous false membrane.

The heart showed nothing remarkable as to size, valves, cavities, or muscular substance. The left pleural cavity contained, by estimate, two litres of pus, having a very marked odor of sulphuretted hydrogen. Both pleural surfaces of the left side covered by thick, grayish, shreddy, fibrinous false membranes. The left lung was about the size of the double fist, dense, non-aerated, showing, on section, a dark-red, flesh-like appearance. The right pleural cavity and right lung not remarkable.

Spleen showed nothing unusual.

The urinary tract showed the following appearances: For a distance of one cm. (half-an-inch) above the bladder, the left ureter was of the normal size. Just above this point, was firmly impacted an oblong calculus, about the size of a plum. The ureter, at this point and upwards to the pelvis of the left kidney, was represented by a slightly tortuous tube, three cm. (one-and-one-fourth inches) in diameter. (The ureter, when opened and flattened, measured nine cm. transversely.) This was distended with thin pus. The pelvis of the left kidney was represented by a sac, the size of the fist, distended with thin pus. On section of the left kidney, the calyces were found to be much enlarged, there remaining a layer of renal substance not more than 1.5 cm. in width. The mucosa of calyces showed several grayish-black, circumscribed, shreddy areas, where there was a loss of substance.

In the upper portion of the kidney was a fistulous track, extending from one of the dilated calyces, through the renal substance, to a cavity outside the kidney, to be presently described. The fistula had a diameter of two or three millimeters (one-eighth-inch), the edges being softened, grayish, shreddy, renal tissue. Behind the upper half of the left kidney, occupying the situation of the perinephritic tissue, was a cavity, the size of the fist, with grayish-black, shreddy walls, and filled with a foul-smelling pus. Extending from this cavity upward, through an opening in the cavity, the pus had infiltrated the connective tissue lying to the left of the vertebral column, behind the stomach and pancreas, and reaching the diaphragm. At a point in the diaphragm, a little to the left of the median line, in the posterior third, the tissue was softened, thinned, ragged, with an opening large enough to admit the tip of the little finger. This served as a direct communication between the abscess-cavity below, and the pleural-cavity above.

There was nowhere evidence of peritonitis.

The bladder and right ureter showed no abnormal appearances.

The right kidney was enlarged about one-third, showing, on section, the usual ratio between cortical and pyramidal portions. The renal substance not remarkable.

The gastro-intestinal tract, liver, and aorta showed no appearances worthy of especial note.

Diagnosis. Acute fibrinous pericarditis; acute gangrenous pleurisy, with purulent exudation; carnification of left lung; hydro-pyo-nephrosis; circumscribed

necrosis of left kidney, with fistula; calculus in left ureter; dilatation of left ureter; suppurative perinephritis; suppurative inflammation of tissues along vertebral column; circumscribed necrosis of diaphragm, with perforation; compensatory hypertrophy of right kidney.

Sequence of events, as shown by the autopsy. Obstruction of left ureter by a calculus, leading to dilatation of ureter above, and pelvis of kidney and calyces, with atrophy of kidney; suppurative process in pelvis of kidney; necrosis of mucosa of calyces and of kidney, leading to perforation of kidney and discharge of pus into perinephritic tissue; perinephritic abscess; extension upwards to diaphragm; perforation of diaphragm; gangrenous pleurisy; death.

Clinical Memorandum.

TRANSMISSION OF SCARLATINA BY DISINFECTED CLOTHING.

BY JAMES B. FIELD, M.D., LOWELL, MASS.

ON February 3d, Winnie W., aged ten, was taken sick with scarlatina. For many weeks previous there had been no cases of scarlatina in the section of the city in which she resided, and but few cases in the entire city.

On February 5th, 6th, and 8th, three younger sisters were attacked with the disease, taking it, in all probability, from the same source as did Winnie.

The fifth and remaining daughter was severely sick with scarlatina a year ago while in another city. Upon the cessation of desquamation her clothing and that of her mother were thoroughly disinfected, under a physician's direction, by exposure to sulphur fumes and by prolonged boiling.

The trunk containing this clothing arrived in Lowell ten days before Winnie, the patient first mentioned, was taken sick. Upon opening the trunk all the children played with the clothing, dressing up in their mother's and sister's garments.

Although some unrecognized source of contagion is possible, the fact that four children were taken sick with scarlatina at intervals of from ten to fifteen days after exposure to this disinfected clothing, would seem to show that the ordinary methods of disinfection are not always safeguards against contagion.

Reports of Societies.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. M. GREEN, M.D., SECRETARY.

APRIL 9, 1887, the President, DR. WILLIAM L. RICHARDSON, in the chair.

DR. C. P. STRONG read a paper on

DYSTOCIA CAUSED BY TONIC ANNULAR CONTRACTION OF THE UTERUS.¹

DR. EDWARD REYNOLDS, present by invitation, asked if a distinction should not be made between the cases in which a spasmodic annular or hour-glass

¹ See page 543 of this number of the Journal.