A CASE
OF
SUPPURATING TRAUMATIC HÆMATOMA
CONNECTED WITH THE LEFT KIDNEY,
TREATED BY
PUNCTURE AND ANTISEPTIC DRAINAGE.

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IN March, 1882, A. M—, a girl, æt. 13, was knocked down by a spring cart, one of the wheels being said to have passed over her abdomen; she was then unable to stand, and complained of severe pain in the left flank, passing inwards towards the umbilicus, and also affecting the lumbar spine. She was carried home and remained in bed a month, during which period the pain became less, though it did not disappear entirely and was increased by movement. At the end of a month the patient left her bed, but was only able during the next month to walk about the house. The pain continued nearly as severe

until August, five months after the accident, when it diminished, so as to allow of the child going to school. In December, that is nine months after the receipt of the injury, the pain returned in all its former severity, and the patient was admitted into the University College Hospital.

There was no history of hæmaturia or other urinary trouble at any time.

On examination (Dec. 22nd), the patient was found lying on her right side with her legs drawn up, looking pale and anæmic; she had a suffering and very anxious expression, and was considerably emaciated; she complained of great pain in the left lumbar region extending inwards to the umbilicus, and made worse by movement. The abdomen was distended, especially on the left side, by a swelling, which occupied the left lumbar region and left half of the abdomen. The abdominal muscles were very tense and resisted palpation; the tumour was so excessively tender that the patient could not bear to be examined. The tongue was slightly furred; the temp. was 103° F.; the pulse 128, rather compressible; the urine scanty and high-colored.

On the third day after her admission (Dec. 26th), the temperature having then fallen to 99·6°, the patient was put under chloroform and examined, when the tumour was found to completely fill the left lumbar region, extending *downwards* to the anterior superior iliac spine, *inwards* 1½ inches to the right of the middle line level with the umbilicus, and *upwards* to the margin of the thorax. There was no interval behind, between the tumour and the mass of the erector spinæ, and no connection with the pelvis. Distinct fluctuation was obtainable across the tumour, which was dull on percussion, a band of resonance, however, crossing it in front and above.

An aspirator needle being introduced into the most prominent part of the tumour, a little to the left of the umbilicus, five fluid-ounces of a yellow-brown odourless fluid were drawn off. When heated this liquid emitted a

strong urinous odour, and yielded a heavy flocculent albuminous precipitate. It was found to contain '55 per cent of urea. Pettenkofer's test gave no bile-reaction.

Great relief followed the aspiration; there was scarcely any pain; the temperature was normal; there was no urinary trouble. Eight days later, however, the pain returned; the temperature rose to $103\cdot2^{\circ}$; the pulse, which was compressible, to 124; and the respirations to 40. There was great tenderness over the tumour, which was more tense than before. Accordingly on January 12th, 1883, the patient being under ether, a large trocar with cannula, one-third of an inch in diameter, was introduced at the site of the former puncture, and thirty-six fluid-ounces of a chocolate-coloured fluid, similar in character to that before obtained, were drawn off. This cannula was left in, and a small drainage-tube, rather more than six inches long, was introduced through it. The whole operation was conducted under carbolic spray, and a dressing of carbolic gauze and waterproof was applied. On the following day the temperature fell to the normal standard, and the pain almost entirely ceased. There ensued a profuse discharge of a brownish-red colour, having the appearance of broken down blood-clot. During the next seven days, the wound being dressed antiseptically at intervals, the discharge consisted of pus mixed with a brownish-red fluid. The cannula was then removed and the drainage tube only left in. On the tenth day, while the dressing was being renewed, there was a gush of about two fluid-ounces of clear fluid resembling urine, followed by a small quantity of pus. No more clear fluid subsequently escaped from the wound, and from this time the recovery was slow but uninterrupted. The patient was discharged cured on April 16th, 1883, about thirteen months after the accident, and five months after the consecutive suppuration had led to her admission into the Hospital. The patient appeared and felt well; the area of dulness was exceedingly small; the wound was quite superficial and almost closed.

From the time of the operation onwards the patient passed from twenty to forty ounces of urine daily, the urea varying from 2·4 to 3·6 per cent.

The diagnosis made in this case was that of a large, tense, fluctuating tumour in close relation with the left kidney, which tumour, from the history of the accident, and of the severe consecutive local and general symptoms, was probably a *traumatic hæmatoma*, which had undergone incomplete absorption, and had ultimately *suppurated*. The alternative suggestions of a cyst, or of a soft sarcoma of the kidney were considered, but for obvious reasons were thought to be less tenable.

The sanguineo-purulent character of the chocolate-coloured fluid drawn off from the tumour, confirmed the notion of its being a suppurating blood-tumour; whilst the urinous odour detected on boiling that fluid, the fact of its containing ·55 per cent. of urea, and the curious gush of clear fluid which escaped during one of the dressings, pointed to a superficial laceration of the kidney itself, unless indeed the injury gave rise to a sub-capsular hæmorrhage, or again unless the bleeding had occurred outside the kidney and the urea had passed into the sac of the tumour by a process of osmosis.

The complete recovery of the patient, after a simple, but wide puncture and persevering antiseptic drainage, gives special interest to this case.