with loss of appetite, aching pains all over the body, headache, sore throat, difficulty of swallowing, and sickness without vomiting. A scarlet rash was observed by the patient on the second day of his illness; and, on admission, an abundant eruption was present on the trunk and limbs. The throat was slightly affected, but there was difficulty of swallowing. On the day of admission, the temperature was 101.8 deg. in the axilla. After admission, the patient was exceedingly restless, delirious at night, and only half conscious. The eruption is noted as still present on the abdomen on October 4th, and on that day the temperature was 103.4. He died on October 5th, or five days after admission, being the tenth day of the disease.

A *post mortem* examination was made about twenty-seven hours after death. Both liver and spleen were considerably enlarged, the liver weighing close on five pounds, and the spleen twenty-one ounces. The mesenteric glands were also enlarged, and red on section, and there was redness of Peyer's patches and enlargement of the solitary follicles in the large intestine. Both kidneys were much enlarged, weighing together twenty-two ounces. They presented to the naked eye very much the appearances of the large white kidney, the cortical substance being very pale and much increased in thickness.

The microscopic characters in this case were quite unequivocal. The enlargement and paleness of the kidney were due to an infiltration of the cortical substance in almost every part by multitudinous round cells. These were packed in between the tubules, separating them, but not to any great extent destroying their epithelium. The cells were about the size of white blood-corpuscles, and had a plump full appearance. A thin transverse section shows the appearance described exceedingly well, especially where the epithelium has dropped out; and such is the number of the round cells, that the section has a very close resemblance to one in my possession, taken from a leucæmic nodule in the kidney, there being a similar close infiltration of the interstices between the tubules. Of course there is the essential difference, that, in the present case, the condition is generally diffused throughout the cortex. The epithelium of the renal tubules was very little changed, perhaps slightly enlarged and granular. The section, it may be remarked, very closely resembles a wood-cut in Rindfleisch's *Pathological Histology* (New Sydenham Society translation, fig. 159, vol. ii, p. 162).

We have here, therefore, an acute interstitial nephritis, generally diffused through both kidneys, occurring in a case of scarlet fever, which proved fatal on the tenth day. I am not aware that any similar case has hitherto been recorded, but, of itself, it certainly demonstrates the existence of an acute interstitial inflammation of the kidneys.

ON THE DIAGNOSTIC VALUE OF VOMITING AND PAIN IN HEPATIC SUPPURATION.

By J. FAYRER, C.S.I., M.D., F.R.C.P.

DR. MACLEAN, in an interesting communication to the BRITISH MEDICAL JOURNAL of August 1st, 1874, on the subject of the Diagnostic Value of Uncontrollable Vomiting in certain Forms of Hepatic Abscess, alludes to the untrustworthiness of "the absence of pain as a sign of hepatic abscess", and illustrates this by the case of an officer who had served in the recent expedition to the Gold Coast.

The insidious mode in which the liver will pass into a state of suppuration is so frequently observed, not only in India, but after leaving the country, that the justice of Dr. Maclean's remarks would be confirmed by most medical officers of even a few years' experience in the East. But I would add that, in certain cases of liver-abscess, there is not only absence of pain, but sometimes also of vomiting, and of other symptoms, such as cough and pain in the shoulder, that are so frequently present in this disease. For, as pain, when it does occur, is chiefly due to implication of the capsule of the liver in the inflammatory action, and nausea or vomiting either to direct pressure by the swollen liver or to irritation of the vagus, so, when the peritoneal covering is not involved, and the pressure, owing to the small size of the abscess, is not great, these symptoms may be wanting. Nay, more: the liver may suppurate without any more marked symptom than such as may be seen in ordinary malarious poisoning, in which the general deterioration of health is expressed by feverish attacks attended by some hepatic congestion; and the first evidence of the formation of matter may be the sudden and unexpected evacuation, through the stomach, bowels, or lung, of the contents of the abscess; or perhaps sudden collapse and speedy death from rupture into the peritoneal cavity. In such cases, before the above catastrophe happens, diagnosis is most uncertain, and often attended with great difficulty, from the absence of well marked diagnostic symptoms. In others, again, where all the most character-

istic indications have been present, including rigors or chills, fevers, sweats, high temperature, pain, and vomiting, they occasionally pass away, and health is restored, without any proof that pus has really formed. It is to be borne in mind that an abscess may have undergone absorption, or that it may have opened into the intestine, and the contents have drained away so gradually, in combination with the fluid excretions of diarrhoea, as to have escaped notice. Therefore, although the diagnosis of hepatic abscess in many cases is easy enough, it is certain that in some it is very difficult, and may escape detection even by the most careful observer. Probably in no case does the knowledge that results from long experience prove of more service than in this.

The following case illustrates the value of Dr. Maclean's remarks on the absence of pain. It also shows that even vomiting and other symptoms, generally regarded as significant of its presence, may also be absent when liver-abscess has occurred.

A young Englishman, aged about 21, of fair complexion, healthy constitution, and of active and vigorous frame, who had been two or three years in India, and occupied in a merchant's office, complained of failing health, loss of appetite, feverish attacks, tenderness and fulness in the hepatic region, inability to rest at night, a general sense of *malaise*, and disordered bowels. He looked anæmic, and the conjunctivæ were tinged with bile. His tongue was coated, and his pulse quicker than natural. The temperature was not taken. There had been no rigors, though probably he may have had chills. Neither vomiting, severe pain, nor cough, had occurred. He was continuing to attend office, and up to that time, I believe, had not been absent from his work. On examining the hepatic region, I found that there was considerable enlargement of the liver, but it was unaccompanied by any marked tenderness. I prescribed such remedies as appeared necessary, and recommended change to sea or to the Sand-heads.

I did not see him again for some time; he had gone to reside in the vicinity, out of Calcutta. When I saw him, some weeks later, he was looking thin and pale, but in good spirits. He was at his work as usual, and, I believe, had not been absent more than a day or two. He said he felt weak, but was rapidly regaining strength. He informed me that one day, after dinner with some friends, one of them, in play, accidentally gave him a blow in the region of the liver. This produced immediate symptoms of collapse, attended by coughing and vomiting of a large quantity of purulent matter. The blow had evidently ruptured a liver-abscess which opened into the stomach, and was thus evacuated. On recovery from the shock and depression caused by this accident, he soon began to regain strength and to improve in health. He returned within two or three days to his duty, and ultimately regained his former health, and is, I believe, still alive and well. The absence of any pulmonary symptom shows that the abscess did not open into the lung.

The freedom from any marked symptom in this case illustrates the insidious mode in which liver-abscess will sometimes form, how difficult the diagnosis may be, and how cautious one should be in framing it.

A CASE OF INTERMITTING HYDRONEPHROSIS.*

By THOMAS COLE, M.D., M.R.C.P., Physician to the Royal United Hospital, Bath.

ALTHOUGH the subject of my paper has not yet succumbed to his disease—and I hope the day is far distant when he will render his case pathologically complete—yet I trust that the meeting will not be uninterested in the notes I have ventured to bring under consideration tonight.

Mr. S., aged 23, of medium height, well-made but spare, living in a healthy village about twelve miles from Bath, consulted me in March, 1873. He had enjoyed fair health up to 1870, when, one day, a pain seized him in the left lumbar region, accompanied by sickness. It lasted a few hours, and then left him. After a month's interval it came again, and molested him, after the second attack, at intervals of one or two months. Latterly the intervals had been much shortened, being about a fortnight. The attacks lasted from a few hours to several days. The pain never affected the back, nor did it extend down the legs, testicle, or penis. He expectorated a large quantity of slimy matter during the paroxysms, but none during the intervals. The appetite, always good when he was free, became very bad. He was never jaundiced. The bowels were generally confined. He never noticed anything wrong with the urine. The tongue was red, with raised papillæ, and slightly furred. On physical examination not the slightest trace of disease could be discovered. Urine passed at the time of his visit was found free from any abnormality, except a super-

* Read before the Bath and Bristol Branch.