To John Goodsir Esq
with Mr's compts.

# CASE OF LUMBAR ABSCESS,

PROBABLY

# CONNECTED WITH THE KIDNEY.

BY

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Although, so far as my own information extends, no recorded case exists of a lumbar abscess communicating with the kidney, and deriving its origin from a previous morbid action in the renal tissue itself; yet, as it will be found that in the history of the present case, several circumstances exist, which lead to the suspicion of such a state of matters, I trust that the reason why I have bestowed upon it the above designation will be abundantly evident.

Mrs O——, aged 38 years, and of sober and regular habits, states that during the whole of her lifetime, up to the period of the first invasion of her present ailment, she enjoyed the best of health, both before, and after marriage.

About three years ago, she was delivered of her fourth child, after an easy and natural labour. A fortnight after this, however, she was seized with rigors, which were succeeded by severe pain in the small of the back. The medical gentleman by whom she was at this period attended, stated to her that she was labouring under inflammation of the kidney, and pursued his treatment accordingly. She states, that being exceedingly weak, he did not venture upon a general bleeding, but had recourse to the local abstraction of blood by means of leeches, following this up by counter-irritation. Under the use of these remedies, she gradually improved, and was soon so far recovered, as to be able to go about her domestic arrangements. Her own explanation of the cause of this attack was as follows:—She stated, that about six weeks prior to her delivery, fever, which was at the time raging in the district of country which she inhabited, entered her family; that several of the junior members of the household were attacked, and that in the capacity of nurse, she had occa-

sion to lift and turn each in bed several times in the course of the day. So much standing and fatigue in her then condition, coupled with a fright which she got in consequence of her husband having been thrown from a horse, and suddenly brought home to her, she considers the cause of her after ailment. Be that as it may, the lumbar pain, though greatly ameliorated by the practice which was pursued with regard to it, was never wholly removed. Four months after the date of her first convalescence, she experienced a second attack, precisely similar in all respects to the first, and which was likewise in part subdued by appropriate remedies. From this, until about the beginning of May last, she enjoyed comparative health. The only two symptoms which gave her any annoyance at all during her convalescence from both attacks, were her very striking change of colour, and the condition of her urine. The former was very apparent and manifest, for formerly she had been remarkable for a clear fair skin, and healthy ruddy complexion. After the date of her first attack, however, these gave place to a yellow skin and sallow complexion. The change which took place with regard to the state of her urine was no less singular, for during the interval which elapsed between the invasion of her ailment, and the period at which I was first called upon to see her, (May of the present year), the renal secretion was always mixed with an adventitious substance. She herself states, that upon voiding urine, the first few drops resembled *pure pus;* and that after some time had elapsed, more than the one-half of the urine in the chamber pot, was composed of a thick yellow slimy substance, which had subsided to the bottom of the utensil. But to allude to the more immediate history of her case: As before stated, I was asked to visit her about the commencement of May. I then learned that a few days previous to my being sent for, she had taken a walk to the end of Leith Pier, being lightly clothed, at the same time that the weather was bitterly cold. On her way home, she was seized with severe shivering, which continued more or less for three succeeding days. This was followed by a recurrence of the same lumbar pain which she had previously experienced. At this time, the pain followed the course of the ureter on the left side, and extended itself down to the anterior part of the thigh. The renal secretion was almost suppressed, and the little urine which was secreted, was voided with pain, and seemed to be half blood. Under all these circumstances, as the symptoms of this attack seemed most indubitably to indicate the existence of acute nephritis, and as the state of the pulse encouraged me to adopt the depleting system, she was bled from the arm to the extent of about 20 ounces. This she bore well, and, along with other remedial measures, it had the effect of giving considerable temporary benefit. My attention

was at this time particularly directed to the state of the urine; and I was not a little struck, by observing one day that it contained a large quantity of well-formed pus, which had subsided to the bottom of the vessel. A few days subsequent to this, or about three weeks after the period when I first saw her, a very perceptible swelling was detected over the original seat of pain in the back. The tumour occupied a medium situation between the crest of the ilium, and the lower margin of the inferior false rib, and about three inches and a half from the vertebral column. The swelling went gradually on increasing, attended with very distinct sense of fluctuation, until it had obtained a very considerable magnitude, without, however, any redness of the external skin. The state of the patient was at this time very alarming; hectic fever had set in, accompanied with severe diarrhœa. The tongue was foul, the appetite gone, and the general strength so much prostrated, as to require the free and generous use of stimulants. At this stage of the complaint, my friend Dr Combe was so kind as see the patient along with me. At his suggestion the tumour was tapped, notwithstanding the matter was evidently very deeply situated, by which means several ounces of bloody pus were evacuated, and our patient derived a considerable degree of relief. A hard tumour was now detected in the left hypochondriac region, stretching itself over to the epigrastric region. As the external wound discharged, this epigastric tumour seemed gradually to diminish in bulk, until at the present time it is scarcely distinguishable. Let us now look to the state of the urine, whose sp. gr. was 1018, and contained a small amount of albumen, after the subsidence of its purulent contents, and we will find a very interesting occurrence. It was found, that just in proportion to the amount of discharge from the external wound, was the quantity of pus in the urine regulated. That is to say, that provided we had a little discharge from the external wound to-day, so might we expect an abundant amount of pus in the urine, and *vice versa*. As a closing remark or two upon the history of the case, I may just say, that at one time the patient was to all appearance sinking, but that contrary to our expectation she again rallied; that the external wound is still discharging thin pus very freely; that the urine has now almost resumed its natural appearance, as well as the kidneys their healthy function; that the appetite has returned, and the general strength so far improved, as to enable the patient to sit out of bed for two or three hours daily.

*Remarks.*—The case now described, is certainly one of extreme interest, in whatever point of view we may regard it;—whether we look upon it as connected with many anomalous symptoms, which did not however derive their origin from a primary morbid action going on in the substance of the kidney; or consider

these symptoms as associated or connected with the various stages of inflammatory action going on within this organ. The question just comes to this: Are the symptoms detailed, to be ascribed *primarily* to the kidney, as the seat of suppuration? or, are they to be connected with some irritation going on external to this organ? By placing the question in this light, I conceive we will more easily arrive at correct deductions, than by attempting its solution in any other way. Let us then look to the probability of the first supposition—that of ascribing the symptoms primarily to the kidney. Carrying along with us for the most part, what has been already stated, it will perhaps be unnecessary to recapitulate all those symptoms which more immediately and directly bear upon the truth of the first proposition. Suffice it to say, that we had a deep-seated pain, more or less severe and constant during a period of three years, situated in the region of the kidney, supposed to be the seat of the disease. Along with this, we had as an attendant symptom, an important alteration occurring in the apparent constitution of the urine. So far we may connect, or refer the lumbar pain to the kidney itself. Farther, and as if more pointedly to implicate the kidney, we had the superinduction of a well-marked attack of nephritis, upon exposure to an exciting cause, as evidenced by the premonitory rigors, lumbar pain darting down the thigh, suppressed urine, and the little which was voided being bloody. Then we had the second stage of inflammatory action, as evidenced by pus, its product, being found in the renal secretion. Subsequent to this, we witness the appearance of a lumbar abscess, as if the neighbouring parts by contiguity had become affected with inflammatory action, or the kidney had by ulceration given exit to part of its contents into a cavity previously prepared, as it were, by the process of adhesive inflammatory action. To go on a little farther,—we had the opening of the abscess, and the corresponding changes induced in the appearance of the urine, by its retention or free escape, almost incontestibly proving, that at least a communication had been established with the urinary bladder, and external lumbar abscess. I perhaps ought to have mentioned before this, that during the formation of the lumbar tumour, a considerable quantity of pus and blood, (as described by the patient herself,) was expectorated, as well as some of the latter passed from the bowels. This, however, occurred but once. What, then, are we to make of the *hypochondrial tumour?* Its existence and progress in no degree militate against the probability of the first proposition, which I am now attempting to establish. Morgagni mentions in reference to the kidney, that augmentation of bulk, accompanied with disease in its structure, has more than once occasioned a tumour or pain in the corresponding hypochondrium. And even looking for a solution of the probable

causes of the purulent and bloody expectoration, we may still revert to the tumour, in connection with the kidney; for Rayer says, "that he has seen the basis of the left lung adhering to the diaphragm, and the latter to the left kidney, distended by pus, and that in consequence of a communication being established between the purulent collection and the lungs, a purulent and urinous expectoration took place from the respiratory passages.[1] With regard to *the second supposition*, or the referring of the symptoms of the detailed case to some irritation going on external to the kidney, we can just say, that though it is perfectly possible, yet in this present instance, it appears to us to be more than problematical. Doubtless we may suppose that a chronic abscess had been in existence in the neighbourhood of the kidney—that adhesion had taken place between its walls and the parietes of the kidney, and that by slow ulcerative absorption, a communication had at length been established between its cavity and that of the kidney, just as we sometimes see in regard to the liver and diaphragm, where an abscess of the former sometimes finds for itself a communication with the chest, by ulceration of the diaphragm. But then this will scarcely satisfactorily explain the want of a more definable local pain, or reconcile the existence of a *lumbar pain* with the previous state of the patient's urine, which could readily enough be accounted for, by supposing the existence of a latent or subacute state of inflammatory action going on within the substance of the kidney itself.

Upon a review of the case, I am therefore disposed, upon the whole, to regard its symptoms rather as connected with a primary alteration occurring within the kidney itself, than as the result of any primary change going on external to this organ. The want of recorded cases of this nature, does not prove the fact of their non-existence; for I am aware of another instance of a similar lesion, which occurred in the person of a gentleman who is still alive, where perhaps the symptoms were less equivocal, which case was attended by gentlemen of the highest professional authority, both in Edinburgh and Leith, and regarded by them as dependent on some lesion of the kidney.

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[1] Rayer, Maladies des Reins. Vol. i. p. 51.