

again, he injected sixteen ounces which produced very severe headache but was followed by reaction and improvement for another day or two, and in this way the injections were repeated five or six times in smaller quantities, each time the patient improving for a while, till finally they failed, the vital powers gave way and death ensued. During the course of the case about two pints of blood were removed from the abdominal cavity, and at the autopsy a pint was still found there and a large portion of the peritoneum and colon were found in a state of gangrene.

This case was, before the operation, considered a very bad one for success, and although it terminated fatally, as feared from the beginning, yet it demonstrated the power of the milk injections to *prolong* life and is therefore none the less valuable.

A CASE OF GRANULAR KIDNEY.

BY WILLIAM OLDRIGHT, M.A., M.D.

SIR,—Believing that cases of granular kidneys in young persons are rare I send you the following notes:—

On the 19th February, Mr. — asked me to call and see his wife, aged thirty. He stated that having gone a couple of weeks “over her time” they had thought there was a “little obstruction” and had first given some domestic homœopathic treatment, and then called in homœopathic advisers.

On calling I was at once struck with the expression of countenance: I had attended the patient in her last confinement two years ago, and had met her frequently since. Her countenance naturally intelligent and expressive, was now quite altered in that respect. The face was puffy, the right parotid region swollen. After a rigid sifting of her history I found that she had been suffering at times since the middle of December from oft-recurring headache, cloudiness of vision, and some loss of memory. Passive hæmorrhage from the bowels had been going on for some days. There had also been purging, which the husband attributed to the first homœopathic medication, and which had become checked after

the advent of the second attendant, no passage of fæces having taken place for a day or two. Whether these results were *post* or *propter* I do not know. There being a little abatement of the hæmorrhage the friends were enabled to procure some urine free from any contamination, and this proved decidedly albuminous.

I at once placed the patient on stimulant and tonic treatment; but she sank and died in forty-eight hours from the time I first saw her. A sero-sanguineous fluid oozed from the mouth, and patches of dark lymph could be scraped from the tongue. The discharge from the bowels was almost continuous and became extremely offensive, having a smell of decomposition. Moist râle and percussion dulness occurred in part of upper anterior portion of right lung. The vacancy of countenance and manner, and the cloudiness of vision, increased and stupor supervened, from which, however, even on my last visit, seven hours before death, she could be aroused sufficiently to recognize and name a watch and a tumbler which I held before her face; and to help herself over a little in her bed.

Post mortem.—In company with Dr. I. H. Cameron, I examined the heart and lungs and abdominal viscera. A part of the upper anterior portion of right lung was congested. The left kidney was certainly not more than half the normal size,—perhaps not more than one-third: its capsule coat was unusually adherent, and after a portion was with difficulty peeled off, a distinctly granular appearance was presented. The right kidney was about, or nearly, the normal size, but the pelvis was very much dilated at the expense of the cortical portion. The dilated pelvis was divided into three fossæ by two trabecular bands, running across it and formed of reduplications of its membrane.

INDIGO RENAL CALCULUS.—Dr. W. M. Ord, of London, at a late meeting of the Pathological Society of London, exhibited a calculus, half the size of a walnut, which analysis showed to be largely composed of this substance. The indigo found in the human system is not identical with the indigo plant, according to Dr. Thudichum.