steadily for several minutes for the purpose of diminishing its size as much as possible by relieving it of blood; and then carried my hand up along the body and compressed this part of the organ in like manner, and also the neck. I then withdrew my hand sufficiently to place my knuckles in the centre of its most depending part, when I pressed upwards in the axis of the body and neck, and before I relaxed my efforts found them considerably imbedded in the substance of the tumor. I however desisted, and again went through with the manipulations of compressing the fundus, body and neck, as before. I now withdrew my hand so as to place my extended fingers at the apex of the fundus, when I urged them upward and was satisfied that the neck was more yielding and my efforts not unavailing. In this way I persevered, varying according to indications, for about one hour, when the fundus and body retired within the neck, which I followed with the index and middle fingers, when the mouth seemed to yield, and the whole organ took its normal position as if by suction.

My patient, with a seeming determination to live, endured the operation with heroic fortitude. No blood of consequence was lost. She was now replaced in bed upon her back, pillows prohibited, thighs closed, foot of the bed raised, diluted alcohol upon the abdomen, and the strictest rest enjoined.

Neither hemorrhage, faintings or pains followed, with the exception of slight pains in the side just above the right ilium, which recurred at intervals for a considerable time upon extra exertion. Milk was slightly secreted about the fourth day, child nursed, a slight mucous discharge from the vagina was kept up, moderately tinged and rather offensive, accompanied with hot skin, coated tongue, and accelerated pulse, for nearly four weeks. During this time she was confined strictly to her bed, and a rigid diet observed, with slight medication, after which she gradually recovered, and has since enjoyed very good health. Catamenia regular after weaning her child. She has not since been pregnant.

West Amesbury, July 20, 1846.

Yours, truly,

BENJ. ATKINSON.

CASE OF BRIGHT'S KIDNEY—VALUE OF ELATERIUM AS A REMEDIAL AGENT IN DROPSICAL AFFECTIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MARY RISINGER, aged 45, slim form, sanguine temperament, florid complexion. Born in England, but removed early in life to Upper Canada, became the wife of a butcher, and assisted her husband in his avocation, by attending with him the markets, in that inclement climate, at all seasons of the year. Left Canada in 1837, and came to this city, where she has resided ever since. Had been always healthy until 1840, when she had a severe attack of hepatitis, since which she has been subject to pains in the lumbar region. I was called to see her on the 12th of June last. She had previously been under treatment of two physicians in this

city for three months, who pronounced her case to be *hydrothorax*, with *pericarditis*, for which she was bled, copiously, and put under a rigid course of antiphlogistics. On my first visit, I found the patient bolstered up in an arm-chair, and suffering great pain from enormous anasarca and ascites. Severe dyspnoea—the anasarcous limbs extremely sensitive and painful to the touch—blotches of discolored cuticle, extending as high as the knee, and the skin so tense as to threaten instant abrasion. Countenance anxious and Hippocratically expressive. Pulse 78, full and sharp. The pain being more severe in the legs and feet, I ordered them to be immersed in salt and water at a temperature of 160° Fah., and the temperature to be sustained for half an hour. R. Morph. sulph., gr. ss. stat. sumend. In about two hours the pain in the limbs had somewhat abated. I bandaged them firmly from the toes to some distance above the knee, had them placed in a chair on a pillow. About 1 o'clock, A. M., she was able to assume a horizontal position (a thing she had not done for three weeks), and obtained some sleep towards morning, the pain in her limbs entirely subsiding.

June 13th.—On my visiting her this morning, she expressed herself "much better." The bandages were slackened, and the tenseness of the skin considerably lessened. Abdomen much enlarged, and on percussion demonstrated a large amount of fluid in that viscera. Complained of a "shooting" pain over the region of the right kidney, and on examination I found it very sensitive on the slightest pressure. However, as the anasarca and abdominal effusions were the most prominent affections, I determined to put my patient under a course of elaterium. R. Ext. elat., gr. ij.; scillæ pulv., ʒj. Divide in pulv. iv. Cap. j. quat. quaq. hora.

14th.—Passed a good night. Voided three very copious and watery stools, of a foetid character, but had slept well during the intervals. On administering the last powder it was ejected by emesis, with a considerable quantity of pea-green bile. Pulse 73, soft and compressible. Countenance improved, but complains of nausea and occasional vomiting. Omit the elaterium at present. Diet, arrow root, sago or tapioca.

15th. 8, A. M.—Pulse 74, with some sharpness. Passed three liquid stools during the night. Still complains of nausea and vomiting. On measuring the circumference of the abdomen, I found it had lessened three inches and a half. Anasarca much less. Skin more natural in color, and a gentle diaphoresis pervades the whole body. R. Ext. elat., gr. ij.; morph. acet., gr. ss. Divide in pulv. vj. Cap. i., ter quaq. hora.

16th.—Rested well. Vomiting ceased. Abdomen decreased six and a half inches. Continued the elat.

17th.—Pulse 76, small and irritable. Four copious watery stools since yesterday. Anasarca trifling, except the ankles. Continue bandaging night and morning. Complains of "shooting" pains in the right kidney. R. Spt. eth. nit., ʒij.; tinct. opii, ʒj.; tinct. digitalis, ʒij.; aqua, ʒij. Cap. coch. parv. j. ter quaq. hora. The anasarca and ascites having in a great measure subsided, my attention was drawn to the renal organs, and particularly the right one, of which she complained the

most, and from constitutional symptoms (of which Dr. Prout makes mention) I concluded this to be a case of "Bright's kidney," or granular derangement of that organ (called, I think, by Prout, anæmotrophy). In order to develop the correctness of my diagnosis, I requested the nurse to obtain some of the patient's urine and send to my office. Happening to have a professional call, I was prevented from testing the urine until the next morning, and although the urine was pale and clear when I first saw it, I found, on looking at the bottom of the phial, a thin crust of a yellowish precipitate. I poured one ounce of the urine into a glass tube, and applied to it a spirit lamp until its temperature became 160° Fabr.; white clouds began to rise, and the urine had a milky appearance. On increasing the heat to 212°, large arborescent flakes of albumen began to float from the bottom of the tube to the surface of the fluid, and were gradually precipitated, leaving the supernatant liquid perfectly colorless. The quantity of albumen was rather more than one third of its volume. This test I considered very strong presumptive evidence of the peculiar character of the disease.

17th.—This morning Dr. Amzi Martin, of this city, was called in consultation, and his opinion entirely coincided with my own as to the diseased kidney, being a granular degeneration of that organ. R. Tinct. digitalis, ʒ ij.; camphoræ, ʒ ss.; ovel. vit., j.; aqua, ʒ ij. Ft. tinctus. Cap. coch. parv. i. secund. quaq. hora.

18th.—Slept well; pulse 68; no pain in back or region of the kidney. Diet, arrow root in milk.

19th.—Sent for early this morning. Found my patient vomiting bilious matter. Considerable arterial excitement; carotids beating violently. Stools thin and of a dirty white color, having flocculi floating on the surface. From these symptoms, I concluded that the liver as well as the kidneys was organically deranged. R. Hyd. sub., gr. xv.; pulv. ipecac. c., gr. xij. Ft. pulv. ij. Cap. i. sec. quaq. hora. In four hours the vomiting ceased, pain gone, carotids quiescent, and "*tout-en-semble*" of my patient improved. R. Ol. ricini, ʒ jss. Cap. hora somni.

20th.—Much better this morning. Passed several very black and fetid stools during the night. Says "she is better, and feels better than for a month previously."

21st.—Much the same as yesterday. *Abdomen normal, anasarca entirely subsided.* Skin rather harsh and dry. R. Liq. ammon. acet., ʒ ij.; mist. camph., ʒ iv. Cap. coch. amp. i. ter quaq. hora. 8 o'clock, P. M.—Skin moist, considerable diaphoresis about the head and neck. Slept three hours to-day, and expresses herself much refreshed.

22d.—Complains of her mouth being sore; slightly pytalized. Two stools, with some blood intermixed. Complains of numbness of the leg and thigh. Has some tenesmus and pain in region of rectum. R. Starch injection, and a suppository of opii gave great relief.

23d.—Same as yesterday; apparently convalescing. Pulse 70, soft, but occasionally intermittent.

24th.—I was sent for at 2, A. M., in great haste, with the astounding intelligence that my patient was dying. On entering the bed-chamber I

was forcibly struck with the rapid change that had taken place in a few hours. Countenance anxious, great dyspnœa, vomiting pale-green bile in considerable quantities, severe pain round the umbilicus to the right kidney, occasional subsultus tendinum. R. Acet. morph., ss., stat. sumend. Pain subsided in half an hour, and she fell asleep.

25th.—Complains of no pain, but is roused with difficulty. Pulse 78, small and intermittent. I fear coma is about to take place. Extremities cold. R. Ammon. carb., gr. xx.; camphora, gr. x. Divide in pulv. iv. Cap. i. ter quaq. hora.

26th.—Profound coma. Stools normal, but fœtid; perfectly conscious of surrounding scenes. Made a distribution of some property. Occasionally severe sub. tend.

27th.—Continues the same, and is evidently fast sinking. Much difficulty of deglutition. Pain extending from the umbilicus to the right spinal region.

28th.—Lies prostrate on her back. Stools normal, passed in bed. Retained her mental powers until the last moment, and expired at 2 o'clock, P. M.

Autopsy, five hours after death. Present, Drs. Sugg and Martin. Cavity of cranium not examined. Thoracic cavity—lungs normal, with the exception of some slight adhesions on the pleural side. Heart was generally softened, and the valves in particular. Liver lobulated and indurated throughout its whole extent. Part of the inferior lateral lobe has been destroyed by previous inflammation. Several extensive cicatrices were visible, and many points of suppuration existed throughout its whole anterior surface. Spleen atrophied and indurated. Kidneys anæmotrophied and indurated. In the cortical substance extensive granulated points, effusing, on being cut, a slightly-tinged yellow fluid. Some hydatid cysts were seen also in both kidneys, and several sacs in which hydatids were supposed to have existed. Uterus. This organ was rather smaller than natural. Several tumors were found in different parts of the womb, and, to the feel, of a strong hardness. The *right* ovary contained an osseous deposit, about the size of a hazel nut. In this osseous part was a cavity, containing a dark grumous fluid. The left ovary was much enlarged and hardened, and contained a large cyst filled with a white limpid fluid. The os tincæ was almost entirely closed, the orifice not being larger than would admit the point of a pin. The whole uterus bore evident marks of incipient cancer. No other abnormal appearances observed.

E. C. Sugg, M.D.

Louisville, Ky., July 27th, 1846.

RETROCESSION AND SUBSEQUENT APPEARANCE OF THE ERUPTION IN RUBEOLA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish to make an inquiry, through the medium of your Journal, respecting an anomaly which has lately taken place in this