secondly, the arms; and thirdly, the thighs. The effects of such punctures were similar. On the day following, a red pimple appeared; this became a pustule, which finally spread into an open circular and painful sore, the duration of which, covered by some simple application, was from three to six weeks or longer. The ulcers on the trunk were for the most part smaller than those on the limbs, and they seemed to heal more readily. After about two months of repeated inoculations the fresh pustules became smaller, the virus seeming to lose its effect. But none of the patients consented to the completion of the treatment; the pain attending the presence of so many open sores—in some instances amounting to between fifty and sixty—depriving them of rest. And although I did not observe any sensible injury to the general health, yet I did not remark any positive improvement in the local disease; while the ulterior effects of the introduction of so much poison could not fail to be a matter of anxiety.

The evidence, then, to be deduced from a consideration of these cases in reference to the treatment by syphilization must be considered inconclusive; nevertheless certain points may be discussed with advantage.

1. The process is undoubtedly tedious, painful, and nasty. The duration is three months; the sores are a constant source of discomfort; and there is something repugnant to the feelings in the idea of having introduced into the system the virus from the syphilitic ulcers of other persons.

2. We are as yet without evidence as to the effects on the individual of this saturation of the system with the poison. Does it only convey personal immunity? and if so, how long does such immunity last? What is the effect on the female of such treatment as regards her offspring?

On the other hand, the experiments seem to prove that the varieties of syphilitic sores depend more on the structure of the parts on which they are situated than on any other cause, inasmuch as inoculated sores on the integument bear a close affinity one with another. Also, that there is but one poison, if the statement be true that the pus from any form of syphilitic ulcer is equally fit for the treatment by syphilization.

Queen Anne-street, Cavendish-square, Jan. 1866.

ON A CASE OF CARCINOMA IN THE CELLULAR TISSUE SURROUNDING THE LEFT KIDNEY, IN A CHILD SEVEN YEARS OF AGE.

By EDWARD ELLIS, M.D.,

PHYSICIAN TO THE ROYAL PIMLICO DISPENSARY.

THIS case, which presents many features of great interest, occurred in a little boy seven years of age, who came under my care at the Pimlico Dispensary on the 20th of January, 1865. His history, in brief, was as follows:—

Edward F—, born and has always lived in London. Mother healthy. Father phthisical (latterly, however, he has been a hard drinker, and from the nature of his occupation he is much exposed to cold). There is one brother also decidedly phthisical. There is no history whatever of cancer in the family. The child in question was very healthy in every way till about a twelvemonth ago, when he was noticed to have "a big belly," and soon after he began to complain of pains round the back. The scrotum also became occasionally swollen into knots, and from time to time he suffered from boils. There was also, his mother states, an occasional swelling of the left leg and left side of the face; this never persisted more than a day or two, and whilst under my care it never once occurred. Of the acute specific diseases, he had had measles four years ago, small-pox six years ago, scarlet fever three years ago.

January 21st.—Present state: The aspect of the child as he lies on his back on the bed is one of extreme suffering; the face is pale, pinched, and wan; the emaciation of the body and limbs is extreme. The first thing that strikes the eye on looking at him is the enormous belly, which measures 23·5 inches round the umbilicus, and 24·5 inches a little above the umbilicus, which is the widest part; the ribs have been pushed upwards (the length from the xiphoid cartilage to the umbilicus is 6 inches; from the umbilicus to the symphysis pubis, 5 inches). The breathing is laboured; the pulse 80, weak; tongue furred; the bowels are moved every day by the aid of

small doses of castor oil (as prescribed for him by Mr. Barnes, the late house-surgeon to the dispensary, in whose care the child was before he came under me, and to whom I am indebted for some of the facts of the history). The motions, especially lately, are often black, though he is not taking steel. He is seldom sick, and he has never vomited blood. His appetite is good, sometimes quite voracious. He suffers very frequently from attacks of extreme pain, referable to the left side; in the intervals of these attacks he is cheerful. He is never delirious or light-headed. Heart-sounds healthy; respiration extremely puerile. On percussion, there is tympanitic resonance everywhere over the right side of the abdomen; as the left is approached, dullness commences a little to the left of the umbilicus, and extends over the whole of the left lumbar and part of the left hypochondriac regions, becoming modified towards its upper margin by the note of the stomach. The exact line of the dullness was marked with ink; but on subsequent examination it was not found to have varied much. What little increase in dullness did take place was downwards, and towards the back. On feeling carefully the left side of the belly, hard, nodular lumps are to be felt; and on passing the flat hand over the belly from right to left, the free edge of something much resembling to the touch the free edge of the liver is also distinctly to be felt. The urine is plentiful, passed without pain, and there is no sediment in it; its analysis revealed nothing of any moment. This my first note of the case left my mind in doubt whether it would prove tubercular or carcinomatous, and I felt disposed to regard the spleen or kidney as the organ concerned. The conclusion I ultimately formed will be seen farther on.

Feb. 2nd.—Until to-day there has been nothing particularly worthy of record since last note. The abdomen now measures 22·5 inches at the umbilicus, and 24 inches one inch above. The general appearances and circumstances much the same as at last note. The paroxysms of pain have continued, the child is evidently thinner, and the belly has increased in size. The urine, the mother tells me, has since yesterday been passed painfully; it is high-coloured and scanty in quantity. I took some away with me to examine, and Mr. Barnes also made a careful examination of another specimen. The specific gravity was 1020; it was acid, turbid, depositing on standing an abundant pale-fawn-coloured deposit. The turbid urine is rendered clear by heat, acetic acid and nitric acid; lithates visible under the microscope. I repeated this examination of the urine more than once, but always with a similar result: in particular, I could not succeed in getting evidence of a trace of albumen.

5th.—The child to-day complains of cough, for which some ipecacuanha wine &c. was ordered. The urine is more plentiful; the paroxysms of pain more severe than ever. I may add here, that the general treatment consisted mainly in the free use of morphia to control these agonizing pains, from which the poor little fellow suffered so frequently, and in the occasional exhibition, as before mentioned, of small doses of castor oil.

From this time till his death, which occurred on the 22nd, there were few special features to record. The urine became much more plentiful and less turbid. The last few days before his death the motions were excessively offensive, and mixed with a quantity of yellow pulaceous-looking stuff, but there was no blood in them. The mind was clear up to the very last.

Autopsy, nine hours after death.—At the post-mortem examination I was assisted by Mr. Snewin, the present house-surgeon to the dispensary; and my colleague Dr. Way was present during the greater part of the examination. The general surface of the body was very little discoloured. The stomach was much swollen and puffed up, and the veins over its surface were well marked; the hard nodular masses in the left lumbar region could be easily felt. On section, the muscular and fatty layers were attenuated to the last degree. The peritoneal coat was well defined. The intestines, inflated with gas, bulged up into the opening. The head was not opened. In fact the examination was made altogether under some difficulties, which must be my reason for being unable to furnish many particulars of value, such as the weights of the organs, &c., which I had been anxious to record. I do not know whether the opening of the head is the more or the less to be regretted, inasmuch as there had been throughout no brain symptoms whatever. If there was any cancerous deposit, however, it would have been curious to know with how much such deposit an immunity from brain symptoms is compatible. The lungs were small and shrunken, being very congested, especially towards the posterior portions. The prolonged

decubitus would of course account for this, as well as for a similar condition of congestion towards the deeper portions of most of the visceral organs. The right lower lobe and left middle lobe were the most congested portions of the lungs. On section there was much oozing of frothy, grumous serum. The free margin of either lung was studded with little raised nodular masses of carcinomatous deposit, varying from the size of a millet-seed to that of a small pea. At the apices there was also some of this deposit, scattered, however, sparingly. On drawing forward the lungs a very curious encephaloid deposit became visible on either side of the spinal column, enveloped in loose cellular tissue. It extended from the last dorsal vertebra almost to the first, thicker below than above, being two inches in breadth from the spine at its base and tapering to about an inch at the apex; it was roughly nodulated, and had all the characters of encephaloid cancer; it scraped with some little difficulty from the bone, and the bone felt roughened to the touch beneath. The heart was, on the whole, rather large, but healthy in tissue and structure; there were clots in the pulmonary arteries and veins. The liver was natural in size; there was a spot or two of carcinomatous deposit on the anterior margin of the left lobe, each about the size of a pea; and two other spots, the size of millet-seeds, a little way from the margin. Section showed congestion, but healthy tissue with these exceptions. The stomach, spleen, and pancreas were in every way healthy and normal. The right kidney was healthy—not so large as the left, and with no trace of cancerous deposit. Around the enlarged left kidney was found an enormous mass of lobulated encephaloid cancer, consisting of several distinct masses, held together by connective tissue, and varying in size from a walnut to a large potato. Between several of these, and quite separate and distinct, lay the left kidney. The cancerous mass, which was taken away for detailed examination, weighed two pounds and three-quarters. The bladder contained three or four ounces of clear urine, which was drawn off. Its analysis revealed a mere haze of albumen and a very suspicious-looking object, like a granular cast.

I subsequently examined the kidney. The capsule was readily separable. It was not large, although larger than the right kidney. It was heavy, very pale, and translucent in thin sections. Not a trace of olein globules was to be found. The interference of the tumour with the onward flow of the blood, checking the nutrition of the kidney, had evidently been productive of commencing Bright's disease. The cancer masses revealed nothing beyond the ordinary appearances of encephaloid. The blood-corpuses were variously crenated and indented, some stellate, some oval, and others like an hour-glass.

On reviewing this case with the light of the post-mortem revelations thrown upon the symptoms manifested during life, there seem to me to be several noteworthy points. After one or two careful examinations of the child, it seemed most probable that the disease was a tumour, either tubercular or cancerous; and though the age of the child and some points in the family history favoured the idea of tubercle, yet I ultimately rejected that hypothesis on the ground of the extreme paroxysms of pain and the evident freedom of the lungs from much tubercular infiltration. I believe it is a rule well borne out by experience—and which this case certainly tended to corroborate by negative evidence,—that much tubercular infiltration of internal organs, especially in the young, very rarely exists without the apices of the lungs becoming the seat of tubercular deposit to a very appreciable extent. Feeling therefore that I had to do with a cancer, the question was, where was its site? On my first acquaintance with the case the suspicion more than once occurred to me that the kidney might be the affected organ; but, on repeated examinations, finding the urine to be healthy both in quantity and composition, never showing either pus- or blood-globules or encephaloid matter under the microscope, I rejected the kidney hypothesis as untenable, and regarded the spleen as more probably the organ affected; and this opinion seemed strengthened by the fact that, as before mentioned, in passing the flat hand from right to left over the belly a distinct edge—giving the idea of that of the liver—was always to be felt, and which I looked upon as the edge of a displaced hypertrophied spleen. By the sequel, however, we are taught that this was a case of encephaloid, showing no extraordinary avidity to fasten itself upon any of the viscera or parenchymatous structures, leaving the kidneys and spleen in particular absolutely free from infiltration, but originating and spreading remarkably in the areolar tissue. Some of the viscera, the lungs especially, were beginning to suffer, while others exposed to the same influences remained free from disease.

The case is a rare one, occurring in so young a child, and I think, interesting both in the matter of retrospective diagnosis, and in the commencing development of Bright's disease from physical conditions interfering with the proper nutrition of the kidney. One reason why albumen was not discovered during life may have been that the healthy kidney, continuing to do its work, so diluted the quantity passed as to render it inappreciable to the ordinary tests. The haze obtained even at the last was very faint, but both Dr. Way and myself were satisfied of its existence. Had the child survived a few weeks longer, no doubt albuminuria would have been evident enough.

Warwick-street, Eccleston-square, 1865.

ON A CASE OF

COMPOUND DISLOCATION OF THE KNEE; GANGRENE; AMPUTATION IN THE THIGH.

By C. C. RICHARDS, M.D., M.R.C.S., &c.

HAVING within the last few months seen reports of cases of dislocations of the knee-joint, which are thought to be so rare, I am induced to place on record the following case of compound dislocation of the knee-joint, not as one of unusual occurrence, but simply because I think it a good specimen of an injury by no means uncommon in this part of the country—the great coal emporium of South Wales. That dislocation of the knee is considered rare may doubtless be attributed to the fact that comparatively few cases of the kind are seen in hospital practice, whereas they oftener occur in mining districts.

Dr. Davies, the gentleman whom I assist in his practice, has had (including the present case) seven cases of compound dislocation of the knee, in all of which he performed amputation in the thigh. In four the amputation was primary, in the other three the operation was secondary. Two of the patients who underwent the secondary operation died: one of tetanus; the other—the subject of this paper—of exhaustion, on the seventh day after the operation. All the others recovered. Hence the importance of having recourse to primary amputation in all cases of the kind. Simple dislocations of the knee invariably do well by attention to the means recommended in surgical works.

I did not see the following case at the time of the accident, as it was attended by a bone-setter, who, by-the-by, was formerly a carpenter, but now (so much for the Medical Act and the five guineas registration fee) gets a livelihood by acting as bone-setter, though he does not object to attend a case of fever.

The following is an account of the case from the time it was seen by me on the day after the accident:—

W. J—, aged twenty-nine, a robust-looking man, sustained a compound dislocation of the knee on October 3rd, by falling under a tram in the coal-pit. On the 4th, at the request of the manager of the works, I called to see the poor man. I found him in bed, with the right leg tightly bandaged up from two or three inches below the knee to the same extent above. Below the bandage the leg and foot were quite livid with congestion, and to the touch tense, as if a ligature had been placed around the limb. It was, moreover, in the horizontal position, with the foot depending; not a position, it will be admitted, favourable to the return of blood. The pulse was 120, full and bounding; tongue furred, and red in centre. In fact, the patient was suffering severely from the effects of the injury. Not having charge of the case, I left the house without making any observations as to the course of treatment adopted.

On October 6th I was asked again to visit the case, as the bone-setter feared it would not do well; so I accompanied Dr. Davies to see him once more, when we found that the tight bandage had been removed and replaced by another, but the leg was quite gangrenous.

On the 7th the patient sent up word that he desired to have the limb amputated, which Dr. Davies did in the middle third of the thigh.

Upon examination of the limb it presented the following appearance:—In front it was quite gangrenous, dry, and hard to the touch, quite leathery, to within two inches of the knee, where there was a well-formed line of demarcation. On the