

Though, is it not probable that the mother had a chancre at the time of parturition, and that the lips, mouth, or fauces of the infant were inoculated therefrom, and that the effect of such inoculation had healed before the mouth was inspected, some weeks after its birth?

Taking a review of the foregoing cases, in which inoculations were practised, the retrospect points to the following facts: 1st, That in some, the inoculation alone furnished the *only* means of diagnosis. 2ndly, That in others it corrected it. Lastly, That in all, it tested, proved, or confirmed it, and that in a manner at once decided and correct. That great prejudice exists against the employment of inoculation as the test for syphilis there can be little doubt, a feeling equally strong, at one time, was excited against the practice of vaccination, over which the increasing good sense of an enlightened age has happily triumphed; and as inoculation in the diagnosis and treatment of ulcers and discharge invading the genital organs comes to be more frequently practised, I feel confident its uses and advantages will be recognised, admitted, and proved, and that it will be thereby elevated to a position, in the estimation of a practical surgeon, that its inestimable value so eminently entitles it to hold.

Upper Montagu-street, Montagu-square, October 15th, 1845.

THE PATHOLOGY OF BRIGHT'S DISEASE OF THE KIDNEY.

By RICHARD QUAIN, M.D., House-Physician to University College Hospital.

DR. JOHNSON'S communication to the Medico-Chirurgical Society has called attention to the pathology of albuminuria. It has occurred to me to have examined several specimens of kidneys, the secretion from which, during life, presented the characteristic which has given a designation to this disease. The microscopic observations which I have made have been noticed from time to time by Dr. Williams, in his Clinical Lectures, published in the *Medical Gazette*, and, taken in connexion with his own, have afforded grounds for the conclusions which he has there expressed. The observations referred to do not agree with the doctrines announced by Dr. Johnson, and the subject is of sufficient importance to require that a statement of the difference be made.

Dr. Johnson believes that an increase of the fat globules, existing in the cells within the uriniferous tubes is the morbid change which occurs in Bright's disease; that this change is the result of constitutional causes; and that this deposit is the *cause*, and not the *result*, of the congestion of the kidney, which finally leads to the presence of albumen in the urine. My object in this communication being rather to record my own observations than to disprove those of Dr. Johnson, I shall confine myself to a statement of the facts observed. In perhaps more than fifty specimens of this disease examined by me, the fatty condition of the kidney was in one instance only sufficient to attract much attention. The case is thus mentioned by Dr. Williams, in the *Medical Gazette* for August 1st, p. 577.*

"Dr. Quain examined some of the matter found in the cortical portion of Mayhew's kidneys, and it presented an unusual quantity of opaque globules, which are, in fact, fatty globules, and demonstrate that the cacoplastic deposit was here more fatty than usual."

I have, in many other instances, observed the presence of fat globules, but not to such an extent as to induce the belief that the presence of fat could be the only organic change which had taken place. In almost every case I found decided evidence of the presence of other deposits; of what Dr. Williams has so appropriately named cacoplastic (badly organizable) lymph, such as we find in or on other organs and tissues, which have been the seat of unhealthy inflammation, or degraded nutrition. This matter has been generally observed to assume—1. The form of nucleated cells, varying in size and shape, and also in the number and character of the nucleoli. 2. As simple granular matter, the nucleated cells being fewer in number. 3. In two instances I have observed the deposit to assume a distinct filamentous or fibrous character.† In the two first varieties fat globules have been noticed, as already stated, to a greater or less extent.

The seat of the deposit there was little difficulty in assigning to the substance of the kidney external to the tubes. In two recent instances, owing perhaps to improved experience in manipulating, I have been able to observe the granular matter contained within the tubes themselves.

If these observations are correct, Dr. Johnson has taken a limited view of the morbid condition of the kidney in this dis-

ease. The examinations which I have made, taken in connexion with those made by Dr. Williams, and his views as to the nature of this morbid deposit, as declared in his *Principles of Medicine*, but more particularly in reference to the present disease, in the clinical lecture already quoted from, lead to the following inferences as to the pathology of Bright's disease—viz., that it is the deposit of a badly organizable or cacoplastic matter in the cortical substance, and within the tubes of the kidney. This deposit generally takes place in an unhealthy system, as the result of congestion, produced either mechanically as by diseased heart, or by some irregularity in the function of the skin. The same effect may be produced by the circulation of stimulants, as alcohol, with the blood. Those conditions—diseased heart, perspiration suppressed by cold, or by experimentally coating the surface with substances, impermeable to this secretion, and intemperate habits, are constantly found associated with albuminuria. These facts, without entering on the *causes* of the disease, are mentioned with a view of showing that congestion precedes, rather than follows, the deposit in the kidney—a view confirmed by the results of treatment.

The deposits in the kidney assume the following characters:

1. The *simple enlarged mottled kidney*, the surface of which, on removing the capsule, is generally smooth. In this the deposit consists of simple nucleated cells, more or less mixed with granular matter. This form is analogous to the hypertrophied mottled liver.

2. The *truly granular or atrophied kidney*, the surface of which is rough, irregular, and generally of a pale-reddish colour. In this form, the filamentous tissue, contractile in its nature, as such formations always are, exceeds the quantity of the cellular or granular matter. The latter I have observed extending to the convoluted extremities of the tubes. The contractile tissue surrounding the tubes and bodies can be readily supposed to give rise to the rough or granular formation. This form resembles the hob-nailed or gin-liver.

3. The *large, flabby, fatty-looking kidney*. In this the quantity of fat exceeds the amount of the other matters present. The fat is present in the substance, and probably, as shown by Dr. Johnson, in the tubes themselves. This resembles the fatty degeneration of the liver.

We have thus *three principal forms* which this disease has been generally found to assume: minor modifications of these may be produced by the relative proportions in which these deposits are present. There is no reason to infer that one condition is the necessary antecedent of another, but that the character assumed in the first instance may be permanent. A case which has recently been under Dr. Williams's care in this hospital, seems to confirm this view. The patient had been under observation during more than five years, and after death, the kidneys were found large, mottled, and non-granular. It proves, at least, that this form of mottled kidney is not necessarily an acute disease.

University College Hospital, November, 1845.

UNIVERSITY COLLEGE MEDICAL SOCIETY.

FRIDAY, NOVEMBER 14.—DR. R. DAWSON HARLING, PRESIDENT.

Anatomy and Craniology.

A PAPER was read this evening on the "Anatomy of the Brain in Man and Animals, as applied to some of the leading doctrines in its Physiology, and especially to Craniology," by Mr. JOHN MARSHALL.

The author commenced by alluding to the grey matter as the seat of power, and to the white fibres as serving the office of conductors, in the functions of the nervous system; and having referred at length to the parts supposed to be concerned in volition, sensation, in the emotional and reflex phenomena, and in the co-ordination of muscular movements, he mentioned the grounds on which it is believed that the higher operations of the mind are manifested through the agency of the grey matter of the convolutions. But, as the mind is capable of various actions, and various modes of action, it becomes natural to inquire whether the brain acts in all mental operations as a single organ, or as a congeries of many, each having a special function. This question is by no means of modern origin. It was believed by Galen that a relation exists between the form of the head and the mental vigour of the individual; and in the thirteenth century, Gordon, and since his time, Porta, Galleus, and others, made systematic endeavours to associate special qualities of the mind with particular parts of the brain. In these early opinions may be recognised the elements of an imperfect doctrine of craniology; but it was reserved for Gall to propound a more elaborate system, founded on extensive research, characterized by much originality, and rendered attractive by the peculiar genius and enthusiasm of

* This lecture was delivered May 8th.

† This observation is fully confirmed by those of Dr. Escholtz, which are translated in the last number of the *Medical Gazette*.