action, and throwing an additional strain on the diseased coats of the vessel, aided by the causes so much insisted on by Mr. Myers; but I submit that it is impossible to resist the evidence so carefully analysed by Mr. Welch, that there is, in military life at all events, an intimate association between syphilis and the degeneration of the coats of the great vessels, terminating in aneurism, of which the case given above is a typical example.

CASE OF LYMPHADENOMA IN A BOY AGED SIX YEARS, AFFECTING THE KIDNEYS, LIVER, LUNGS, AND BRAIN.*

By MARTIN G. B. OXLEY,

Physician to the Liverpool Infirmary for Children.

DR. MURCHISON, to whom we are indebted for the best account of lymphadenoma, reports a case in vol. xx of the *Pathological Society's Transactions*, and describes it as a new morbid growth composed of nuclear tissue in the intestines, liver, kidneys, lymphatic glands, and other organs.

I will refer, later on, to the remarks made by Dr. Murchison on his case reported in the twenty-first volume of the above *Transactions*. In these, he gives a very complete summary of what has been written on the subject.

A boy, aged six years, came under my notice on October 26th, 1874. His mother stated that, a year ago, he began to complain of weakness, became very thin, lost his appetite, suffered from pains of a rheumatic character in his limbs, and soon tired, leaning against a wall or sitting down frequently when at play. Previously, he had been a good walker and runner. † Six or eight months ago, he began to grow stouter, and his appetite was enormous. At the same time, he became gradually weaker, wanted to be constantly lying down, and complained of pains in the limbs. The mother and father were apparently healthy, and had two other children, both of whom were in good health. They lost one child after a short illness (probably from enteritis).

The whole body seemed swollen, the face having the appearance of dropsy; the belly was large, and felt solid, evidently from deposit of fat; the body everywhere was covered by a thick layer of adipose tissue. He was able to stand with difficulty; and, when placed on his back, could only just raise himself from the floor. He walked with a waddle and evident pain, constantly falling and hurting himself. The urine was natural, contained no albumen, and was of normal specific gravity. He continued much in this state, only gradually becoming weaker and losing the power of walking, but able to sleep and eat very well, till January 1875, when I noticed, on visiting him, that the right eye was slightly protruded, the pupil widely dilated, and that he was unable to see with it. On February 1st, the eye seemed to be less protruded, and he could see to count my fingers. His mother thought him better; but I could find no improvement in his condition. I saw him on February 19th. He was then quite blind; his conjunctiva was oedematous, protruding through the lids of the right eye. He died of exhaustion on the 25th.

Post Mortem Examination.—Under the scalp, an ecchymosis was observed over the frontal bone, just above the right orbit. On removing the skull-cap, the subarachnoid space was found distended with fluid; and, scattered over the upper surface of the brain, were small white nodules, about the size of pins' heads. At the base of the brain, the same condition of the arachnoid was observed, and also similar miliary bodies, especially in the Sylvian fissure. The floor of the skull at the anterior of the sphenoid, and towards the right orbit, was softer than usual, and could be cut with a knife. On removing the roof of the orbit, a soft white mass was seen extending into the orbit and pressing the eye forward. The optic nerve passed through the centre of this tumour. On cutting through the skin of the chest and abdomen, a layer of fat, at least half an inch to an inch thick, was divided. The mesentery was loaded with fat. There was no enlargement of its glands. The heart was normal. The left lung had soft white nodular infiltration in its posterior border. The right lung was quite healthy. The liver was very large; and throughout its substance, and on its surface, were minute nodules of the appearance found in the lung and brain. The spleen was slightly larger than usual, but appeared quite healthy. Both kidneys were about double the normal size, very pale, with the exception of a few patches, which were depressed, and of natural colour and consistence. On the surface of the pale projecting surface were

ecchymoses. The capsule peeled off readily. On section, only a small portion had the natural appearances; the remainder of the organ being pale, enlarged, and of a somewhat softer consistence than normal kidney-structure. I have under the microscope specimens of the post-orbital tumour, sections of the kidney, liver and lung, in all of which you will be able to see the new formation, consisting of round cells. In the post-orbital tumour, there is seen in one portion of the specimen

Fig. 1.—Post-orbital Tumour. $\times$ about 300.

very much the appearance figured in the diagram; the cells occupy the whole of the field; the round tinted bodies are, of course, nuclei; the cell-wall, being transparent, cannot be seen. In the kidney-specimen, you will see very much the appearances which are represented in this drawing. On the left, we have healthy kidney-structure;

Fig. 2.—Section of Kidney. $\times$ about 300. New Growth to the right; Normal Kidney Structure on the left.

ture; as we pass to the right, we have the tubular interspaces gradually being invaded by the cellular growth, and the tubes narrowed, then closed; and, on the right, we have no kidney-structure, but simply a mass of corpuscles. The growth in the liver and lung shows very much the same characters as that in the kidney. A diagram of the microscopical appearances gives a good idea of the distribution of this new growth. Thus, in the liver, we have the lobules disappearing, and this

Fig. 3.—Section of Liver, showing the New Growth in the centre of the drawing. $\times$ 215.

new cell-growth taking their place. In the lung, also, these round cells can be seen filling up the air-cells and crowding them together.

* Read before the Lancashire and Cheshire Branch.

† He had run in a race at a Sunday-school gathering, and out-ran boys older than himself.

The nodules found in the brain consisted of the new growth, and had the same microscopical appearance as the post-orbital tumour.

Time will hardly allow me to make many observations on this singular case. I will, however, direct your attention to one or two important points. The first that struck me as most singular was the immense amount of fat covering the body of this boy, who, up to the last, seemed to be able to assimilate a large quantity of food. The next was the great similarity in naked-eye appearances which the disease bears to cancer; the distribution is also very like that of cancer. One important difference which is worth noting is that, in cancer affecting the kidney, we usually have only one of the organs affected, or, at least, the bulk of the disease is in one; in this case, the kidneys were as nearly as possible the same size and appearance. I am aware that many observations that ought to have been made both during the boy's life and after his death were omitted; but my excuse is that this case was at a considerable distance from my house, and the *post mortem* examination was only granted after a great deal of pressure, and had to be made in the room of a small dwelling-house. I must, therefore, ask you to overlook the imperfections, and accept my paper as a small contribution to the slight knowledge which we already possess on this subject.

Dr. Murchison, speaking of his own cases (*Pathological Transactions*, vol. xxi, page 377), says:—"Although, in their ubiquity and in their implication of the glandular system, these new formations resembled tubercle or cancer, and to the naked eye were much more like cancer than tubercle, yet in structure they differed from both, and were made up of minute spheroidal bodies, which appeared to be lymph-corpuscles, held together by a transparent stroma.

"Dr. Wilks describes the new growths as composed of cells scarcely distinguishable from the normal secreting bodies of the glands, and as to malignancy, holding a place intermediate between cancer and tubercle. He also insists that the blood in these cases does not contain any excess of white corpuscles.

"Frerichs describes these new formations as rounded or rarely elongated nodules, about the size of millet-seeds, and of a greyish-white colour, scattered through the parenchyma of the liver. They are made up of densely aggregated nuclei, and of small, slightly granular, rounded cells, between which, especially at the periphery of the mass, a delicate fibrous tissue may be observed. These nodules are connected with the small blood-vessels, in the walls of which they are developed, and the channel of which is thereby narrowed and occasionally blocked up. Smaller new formations of this nature may likewise be found between the hepatic cells, when they are developed in the connective tissue of the gland and compress the cells.

"Messrs. Cornil and Ranvier, in their *Manuel d'Histologie Pathologique*, vol. 251, call this disease lymphadenoma; and state that the morbid growths are composed of the adenoid tissue of the liver, and vary in size from a miliary granule to the head of a fetus. In the lymphatic glands, they appear to be a simple hypertrophy of these organs; but, when several adjacent glands are invaded, they become fused into a common mass. To the naked eye, they resemble encephaloid cancer; they are soft and greyish, with islands of red, corresponding to dilatations of the vessels or small hemorrhages; and sometimes they present opaque, caseous, or lardaceous patches, and yield a milky juice."

CASE OF DISLOCATION OF THE JAW, REDUCED AFTER AN INTERVAL OF THIRTY-THREE DAYS.

By GEORGE MAY, Jun., F.R.C.S.,
Surgeon to the Royal Berkshire Hospital, Reading.

AMELIA HAYNES, aged 24, a servant living at Weston-super-Mare, had had good health, except that she had suffered for nine months from loss of voice. On Sunday evening, October 24th, she received a slight blow on the right arm, which does not appear to have either hurt or frightened her; but, during the night, she awoke with her mouth open. She consulted a druggist, who gave her some medicine, and, laughing, told her that she had taken cold. At the end of a week, her mistress sent her home, and she saw a medical man, who tried to reduce the dislocation, but, failing, advised her to see me. She called on me on Monday, November 22nd. The jaw was then dislocated on both sides. I tried to reduce it in the ordinary way, and then by placing pieces of cork in the mouth, and using the jaw as a lever, but without success.

Mr. W. Colles, in the *Dublin Hospital Gazette* of July 15th, 1855, describes a mode of reducing this dislocation, which appears to possess many advantages, viz.: the surgeon standing behind the patient, the

head applied to his breast, and the thumbs turned inwards on the corresponding angles of the jaw, the fingers under the bone in front; but this plan also failing, I persuaded her to go into the Royal Berkshire Hospital. The next day, I and my colleagues again tried to reduce it, the patient being under the influence of chloroform, but again without success.

I now obtained a powerful forceps from Messrs. Weiss. It consisted of two horseshoe-blades to fit within the mouth, and these were separated as the handles were brought together. With this instrument, on November 26th, I again tried; and, after using much force, felt some ligament appear to yield; my colleague, Mr. Moxhay, was now able to reduce it without difficulty in the usual way, the left side yielding first. Had we again failed, it was intended to procure an instrument suggested by Mr. Moxhay, namely, a forceps with a horseshoe-blade to fit within the mouth, and a shorter blade to fit outside the chin, thus forming a powerful lever.

The case is interesting, not only from the length of time which elapsed before reduction, but also because it was mistaken for a hysterical affection.

THE TREATMENT OF PUERPERAL (URÆMIC) CONVULSIONS BY NON-NITROGENOUS DIET.

By T. CHURTON, M.R.C.S.

IN the JOURNAL of May 23rd, 1874, I related a case of uræmic convulsions occurring in the seventh month of pregnancy, in a patient who recovered and was subsequently delivered at the full term. I have since had two other puerperal cases, one before, the other after labour, and one non-puerperal case of similar general convulsions; also, a patient who was threatened with convulsions, but in whom they were, or seemed to be, averted by treatment.

CASE I.—Mrs. W., a small pallid woman, in the sixth month of her first pregnancy, was found in a strong fit shortly after dinner. After the fit, she was unconscious; her eyes were closed; nothing could be elicited from her. The fits recurred at short intervals. She was hot; her pulse was quick; she had vomited. She had been out the night before in a cold frosty wind (it also turned out afterwards that she had probably had albuminuria for some months). A large fire was lighted; blankets were thrown over her; all food or drink was warmed before being given; nothing but starchy foods, cream, sugar, and tea (which is said to restrain the waste of tissues and formation of urea) was allowed; no milk, no beef-tea, nor broth. The fits lasted only a very few hours; next day, she was perfectly conscious, and was then confined of a living child, which, though very small, survived a day or two. The first urine that could be obtained was albuminous, and had specific gravity 1,005. Some months after this, and after prolonged treatment by steel and acetate of ammonia in mixture, the specific gravity was only 1,012, and the albumen persisted.

CASE II.—A primipara was seized with violent fits an hour after an apparently ordinary labour. Fifteen hours afterwards, I saw her. She was then unconscious and dusky, but the fits had somewhat abated in violence; she had had sinapisms and bromide of potassium. A warm enema now given seemed to relieve her decidedly; and a small dose of mixture of carbonate and sulphate of magnesia checked a sickness and retching which were troubling her; but a dose of bromide soon afterwards was followed by a very violent fit (perhaps because the dose was given cold). There was no discharge from the uterus, and for some hours no urine. The treatment by warmth and non-nitrogenous diet, then commenced, was in this case unsuccessful, but it was begun late; it is not certain that it was properly carried out; and it is even probable that some cerebral lesion had already taken place. The patient died comatose sixty hours from the time of delivery, not having been conscious since the first hour.

CASE III.—A boy, aged 14, had albuminuria and dropsy after scarlet fever. At the end of a month, violent convulsions and unconsciousness. The weather was very cold. The same treatment was followed, with, in addition, a large sinapism across the middle of the back. In a few hours, he passed a little urine. Next day, he was perfectly conscious, and he ultimately recovered perfectly.

CASE IV.—A primipara, near her full term, complained of giddiness and mental confusion. Her legs were dropsical, pitting rather deeply upon pressure; urine albuminous; she was rather feverish. The treatment consisted of warmth, non-nitrogenous food, an aperient pill, and three minims of antimonial wine every two or three hours. Next day, she felt very much better. In the evening, however, labour came on; nothing untoward occurred.

This treatment of "puerperal" convulsions depending on uræmia is