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 Hiss, 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