growth, and that every phase of growth has its forms of conclusion. (Note, No. 17, p. 163.) And if in natural or original growth we find monstrities and defects—arrests of development and excesses—exuberance and deficiency; so, a fortiori, analogous deviations may be expected in preternatural inflammatory growth. "If injured tissues are repaired and wounds heal, inflammation is healthy; if granulations persist and will not heal, inflammation is unhealthy; and if normal textures continue to yield, giving way to inflammatory growths, scrofulous disease is established."*

The general conclusion which arises from the establishment of the foregoing propositions, may be expressed as follows.

Vascular tissue, upon injury or irritation, recedes from its established or completed form to some anterior type of growth. Blood vessels yield in structure; upon which follow effusion of lymph, and the formation of new vessels sustaining new growth. To this phenomenon the term inflammation is applied. The products or results are extremely various: repair of injury, elimination of morbid matter from the blood, pustules, abscess, ulceration, and scrofulous diseases.

As to what may be the essence of small pox, I am, for my own part, free to confess that I am wholly ignorant. Nevertheless, when I carefully weigh the evidence of the symptoms, it suggests to me the idea of inflammation. In the early stages of the disease, at work during the first two or three days, striving at the digestion and concoction of the inflamed particles, with the intention of afterwards discharging them upon the surface of the body, for the sake of maturation, and finally of expelling them from her boundaries under the form of little abscesses.

It is difficult to say, if we wish to make out a methodus medendi, without the superaddition to a foundation in principles, to recognise two periods in this disease: first, the period of separation; secondly, the period of expulsion.

The first of these two periods is generally passed in a febrile ebullition, which usually is completed within the first three or four days. During this stage nature is employed upon picking out and gathering together those inflamed elements which fret the blood, in making over to the fleshly parts of the body, and in depositing them therein. This being accomplished, she returns to her former repose, having alayed the tumult which was excited during her operations in the blood.

When the ebullition has thus brought about the separation, the process of expulsion begins, and this continues during the greater part of the disease, by means of the little abscesses in the solid parts. These, inasmuch as they agree with a true abscess in character, pass through all the stages, viz., those of crudity, maturation, and exsanguinosis. If all this is done properly matters are safe; upon its being done properly, however, all chance of cure depends; everything goes wrong when this is faulty.**

In local injury, the person at the time is usually in health. The blood is healthy; inflammation sets in with good materials. Phenomena take the normal course; and the cause of irritation ceasing cure follows. But when the blood itself is suffering injury or disorder, inflammation commences with degraded or imperfect elements; and, therefore, the action is the more likely to exhibit irregularity in its course. When a bone has been broken, the case comprises: first, the fractured bone, with loss of use of the limb; and, secondly, the history of inflammation,—its course and transformations for cure. Analogously in epidemic disease, the illness comprises: first, the injured or contaminated blood; and, secondly, the history of some form of inflammation, eruption, pustules, abscess, or crisis, established for the discharge of the tainted particles. When a fracture occurs, we know what occasioned the injury, and we can see or determine the amount of mischief,—simple, continued, comminated, compound, etc.; and thus we are prepared for an easy or protracted, difficult or dangerous, process of cure. On the other hand, in epidemic diseases, we know but little, perhaps nothing, of the misanthropy, or the amount of injury it has inflicted on the blood; and, therefore, that is an instance in which we have to base an anticipation of the coming lightness or gravity of the process of elimination or cure.

We have said that pus is a species of growth, and it remains in conclusion to show how this appears. Small colourless particles or cells are universally the primary elements of growth; they constitute the early forms of all animal textures and blood-vessels. Similar small colourless particles circulate at all times in the blood, and the more abundantly the earlier the period, or the greater the energy of growth. Such particles or cells accumulate in parts experiencing inflammation. They appear in the coats of the inflamed vessels, and loosen their texture; they exist in lymph, and are the prevailing elements of new growth; they also form the walls of the new vessels; and, lastly, they are extremely abundant in pus. These considerations, together with the determined manner in which pus arises and accumulates in spite of many obstacles of a physical kind, and the remarkable way in which established blood vessels receive before it, prove that growth is the proper idea to be attached to the formation of pus.

A retrogression of vascular tissue or inflammation precedes alike repair, new growth, abscess, pustules, and ulceration. It is in products or results that differences arise. In growth and repair, the new matter which follows upon the retrogression enters into new forms, new blood vessels appear, and granulation structure arises. In abscess, pustules, and ulceration, it does not enter upon new forms, remaining fluid: so that when the wall of the abscess gives way it flows out as pus. In abscess and pustules, the purulent accumulation forms the prominent character; it occasions the swelling, whilst the receding changes in the surrounding vascular tissue are not so readily perceived; but in an open ulcer these constitute the prominent character, because the pus is continually discharged.*

Finally, arsenic and mercury are virulent and destructive poisons; yet no one doubts that both may be so adjusted, in quantity and appropriateness of application, as to become most valuable medicines. So, a naturopy of inflammation, no one doubts its destructiveness in respect of the vessels and textures in which it appears; yet still, adjusted by the hand of nature, in quantity and appropriateness, it opens the way to repair of injury to the textures of the body, and to the elimination of morbid matter circulating with the blood.

Maidstone, March 1854.

LECTURES DELIVERED AT THE LOCK HOSPITAL, LONDON.

BY HENRY LEC, Esq., F.R.C.S., Surgeon to the Hospital.

No. X.

ON SYphilIS AS APPLIED TO MAN.

In my former lectures, I mentioned that artificial inoculation gave rise, under different circumstances, to different classes of local affections. In the first of these, the symptoms were those of the acute inflammation. I mentioned that, in this class, the symptoms of the inoculation consisted, during the first days, of a thin fluid, which gradually became more turbid; and that the parts in the immediate neighbourhood subsequently became indurated in a very peculiar and characteristic manner. In the second,

* Vid the paper before referred to ("Medical Gazette", July 1850); also, "Healthy and Diseased Structure", p. 90, et ch.
the inoculated part at once ulcerated, and, in general, produced a suppurating bune. In the third, the inflammation terminated directly in suppuration of the part to which the poison was applied. Artificial inoculation on animals, we had reason to believe, did not produce the second of these kinds of local affections; but they did produce the first and the third. In man, artificial inoculation has comparatively rarely been known to produce the first, but seldom, if ever, the third. The reason of this I presume to be, that the inoculations have in man almost always been performed upon those whose systems were already under the influence of the syphilitic poison, and that this circumstance has tended to modify the results of the experiments which have been performed.

The experiments on animals, originating with M. Ausias Turenne, excited little general attention until a memoir was read before the Royal Academy of Medicine and Surgery at Turin, by Dr. Sperino, on the 23rd of May, 1851. In this communication, Dr. Sperino announced that a vaccination had been discovered for syphilis as for small-pox, and intimated his belief that a prosecution of this subject would bring to light the true method both of preventing and curing the disease.

Dr. Sperino mentions that he had long observed that the women committed to his care, who were the subjects of large primitive syphilitic ulcers, or who were affected with phagedenic or gangrenous ulcers, rarely became affected with syphilis, and that the patients who returned to the Syphilicome several times with primary affections were comparatively seldom attacked by any secondary disease; but that the patients who came from the country, and who had for the first time a chancre, were generally thus affected at the end of three or four months. Again, he observed, that patients who presented themselves with open virulent bouses, and in whom several inoculations were made, not only soon recovered from their local disease, but did not subsequently suffer from constitutional affections.

From these and other observations, he was led to believe that secondary symptoms do not manifest themselves in direct relation to the extent and number of the primary ulcers, but, on the contrary, that constitutional syphilis presents itself in inverse proportion to the number of these ulcerations.

On the 18th of November, 1850, M. Ausias Turenne announced to the Academy of Sciences at Paris that, after having inoculated the primitive ulcer several times on monkeys, and on monkeys inoculated, he had constantly observed that the first ulcer showed itself more quickly than the following. He found also that it became larger, secreted more pus, was accompanied by more active inflammation, and lasted longer than the second. He concluded that the third inoculated ulcer bore the same relation to the second as the second did to the first, and so on. He therefore set about applying the "marvellous facts," as he calls them, brought to light by M. Ausias's experiments upon animals, in good earnest, to the treatment of human beings. During five months, he subjected, in presence of several of his colleagues, fifty-two patients affected with syphilis to this mode of treatment.

The inoculation in these cases was always made with a lancet, three or four separate punctures being made each time, generally upon the abdomen. The inoculation was repeated once or twice a week, and the punctures were always covered, so as to retain the inoculated matter in contact with the part. The pus was always taken from a chancre during its period of progress. On the third, and rarely on the fourth day of the inoculation, the syphilitic pustules showed themselves, and immediately afterwards appeared the primitive chancre, with all its characteristic affections. In the cases, without exception, Dr. Sperino found that the first artificial ulcers became larger than the second; they secreted a larger quantity of pus, lasted longer, and left after them larger cicatrices than those which followed.

The second ulcerations were smaller, less inflamed, less painful, more superficial, than the first; the third than the second; and so on, until, after a certain number of inoculations, in general from eight to ten (three chances being produced each time), it was only possible to produce a little pustule, which disappeared spontaneously in five or six days. After that, other inoculations remained without any result, although the pus was taken from fresh persons affected with recent sores. This same pus, inoculated upon other patients, never failed to produce its characteristic ulceration.

In patients who had already large and old ulcerations (and who, Dr. Sperino believes, were already in a measure saturated with syphilitic virus), the first artificial ulcerations were small, and it was not possible to reproduce them after a few inoculations.

Arrived at this point, Dr. Sperino believed his patients syphilitised, that is, incapable of further syphilitic contagion, as M. Ausias believed the animals to be upon which he had made his experiments.

"It is certain," says Dr. Sperino, "that all of the women who entered five months ago into the Syphilicome, and whom I syphilised to the highest degree, not only have none hitherto been affected with constitutional symptoms, but the health of each of them has gradually improved since the active stage of the first artificial ulceration, to the end of the experiments to which they were subjected."

It is true that this account differs somewhat from that which Dr. Sperino subsequently gives in his book published at a later period. In this work, it is said, that out of fifty-two patients affected with primary syphilis, the plan of treatment by repeated inoculation was successful in fifty, and unsuccessful in two; out of forty-three patients affected with constitutional syphilis, twenty-six were cured by the first inoculation, and twenty were cured. In six instances, the iodide of potassium was used in conjuction with syphilisation; and in eight cases, syphilisation, iodide of potassium, and mercury, were all employed. In three cases, it was found necessary to discontinue the inoculations, and two patients died.

This scant mortality appears very high; for in this country, where the disease presents itself under perhaps severer forms than in any other, we very seldom have to register a death from syphilis alone.

Of fifty-three patients treated for primary syphilis, only three are reported to have presented themselves, at the time the book was written, with secondary affection; but it has since been said that others subsequently made their appearance, and were again admitted into the hospital for secondary treatment.

The patients who presented themselves for secondary disease were again treated (cured, it is said) by fresh syphilitic inoculation. The facts given by Dr. Sperino bear upon the face of them the evidence of having been collected by a very enthusiastic observer; but, even supposing them to be all true, yet the length of time occupied in the treatment does not appear very encouraging.

Excluding the cases treated with mercury, and the cases in which the treatment was interrupted, Dr. Sperino gives
From the 4th to the 22nd of August twenty inoculations were made with well chosen pus. Six little pustules resulted, which were healed in five or six days.

This patient was kept in the hospital until the 13th of September, when she was allowed to depart, after having remained in the hospital for four months and four days, and being inoculated eighty-nine times.

No constitutional symptoms, it is said, showed themselves in this case, and the patient left in perfect health. Six cicatrices on the hypochondriac regions were the most visible; the others, although numerous enough, were small: they were all gradually becoming fainter. This patient was considered almost syphilitic.

Case II. A. C., aged 16, was admitted into the Syphilism on the 1st of August, 1851, affected with a primary syphilitic ulceration on the anterior lip of the neck of the womb. There had been no previous disease.

August 3rd. The pus from the ulcer on the neck of the womb was inoculated in two places on the right hypochondriac region.

August 4th. The points where the pus was inserted were slightly red.

August 5th. A little vesicle had appeared upon each.

August 6th. The syphilitic pustule had appeared at the two points; there was some favor.

August 7th. The fever had increased; the pustules broke, and exposed primary syphilitic ulcerations; the base of these began to feel slightly indurated.

August 8th. The pus from the last named pustules was inoculated on the corresponding point on the left side in two places.

August 11th. Two pustules had appeared in the situation of the last inoculations. The two first artificial ulcerations continued to increase: they were indurated, and presented all the characteristics of the Hunterian canker.

August 13th. The pustules arising from the inoculations made on the 8th had been open for the last two days; the sores left were smaller, less inflamed, less hard, and less painful than the first.

August 15th. Seven inoculations were made, with the pus from the first artificial sores, under the right breast.

August 16th. Seven little pustules had resulted from the last inoculations.

August 21st. The ulcers from the inoculations made on the 15th were smaller and less painful than those made on the 8th. Eight fresh inoculations were performed with the pus derived from the second series of artificial sores.

August 24th. Eight pustules had resulted from the last named inoculations; but these ulcers were small, and surrounded by a faint inflammatory area. The first and the second series of inoculations were beginning to heal; the other were small, and remained stationary. Six fresh inoculations were made with some virulent pus taken from another patient.

August 31st. Three out of the four sores produced by the first inoculations were cicatrizing; the fourth was also healing. Those resulting from the inoculations performed on the 24th were beginning to dry up. Twenty punctures were now made with a lancet charged with virulent matter from a fresh patient.

Sept. 2nd. Twenty little pustules, but slightly inflamed, had resulted from the last inoculations; nineteen similar punctures were made on the left side of the chest.

Sept. 18th. The ulcers resulting from the inoculations performed on the 31st of August, and on the 2nd of September, had gradually diminished in extent, and had cicatrized. Fifteen inoculations on the right side of the chest were performed, and on the 29th six more.

Sept. 22nd. The inoculations of the 18th and 22nd had given rise to small abortive pustules. Five fresh punctures were made.

Oct. 2nd. The pustules from the inoculations performed on Sept. 18th and 22nd, though not burst, had dried up; the inoculations of Sept. 22nd had remained without result.

Oct. 13th. There were no longer any traces of pustules. The induration of the first artificial ulcers had entirely
disappeared. During this plan of treatment no internal medicine was given, with the exception of some refrigerating drinks when the skin was hot, or the pulse frequent.

During the period of the first inoculations some slight sore was present. In other respects this patient enjoyed excellent health. The cicatrices had almost entirely lost their coppery hue when she left the hospital on the 13th of October.

It is inferred in this case, that the fever observed on the 6th and 7th of August may have been the syphilitic fever, or that fever which precedes the syphilitic eruption; and therefore that such an eruption might have been expected had not the syphilitic inoculations been made.

Case III. C. B., aged 16, was admitted into the hospital on the 20th of March, 1851, with two large primary ulcers, cough for ten or twelve days, and for two bobbos, in which evident fluctuation could be detected. This patient was dis eased for the third time, but had only once been treated with mercury; she then used forty frictions, and took fifty-six pills of proto-lodide of mercury.

March 31st. Two inoculations were made on the abdomen, and ulcers were produced on the 7th, the 10th, the 14th, and the 17th of April two inoculations were performed, followed each time by ulcers smaller than the preceding. All the ulcers remained superficial and small.

April 28th. The ulcers resulting from the above inoculations were almost all cicatrised. Three fresh inoculations were made on the abdomen, and three more on the following day. These were all followed by little pustules.

May 8th. Three inoculations on the abdomen were not followed with any result. The two bobbos had become indolent, smaller, and fluctuation could no longer be felt in them.

On the 15th, 19th, 22nd, and 29th of May, and on the 4th of June, divers inoculations were performed which gave rise to little pustules. The primary ulcers for which she was admitted had recently become cicatrised, and the artificial ulcers were healed.

From the 7th of June to the 19th of July, thirty-five inoculations were performed at short intervals. From these, sometimes no result at all was produced; sometimes nothing but little pustules produced by the puncture, and which healed in four or five days without leaving behind them any marks of their existence. But on the 10th of July an inoculation gave rise to a little ulcer, the scar of which healed on the 24th, left a small ulcer having the characters of a syphilitic sore; on the 30th of the same month this sore was entirely healed.

From the 19th to the 31st of July, twenty fresh inoculations were made without any positive result.

On the 17th of August, this patient left the Hospital, having resided there four months and twenty days, and having enjoyed uninterrupted good health during the whole of that time.

It is to be observed, regarding this case, that no information is given with regard to the sources whence the inoculated pus was derived, and that, if left to itself, it is not a case in which secondary symptoms might have been expected. But the inference deduced from it is, that syphilisation among other wonderful properties has that of producing absorption of matter from a suppurating bubo.

The advocates of this plan of treatment insist that repeated and successive syphilitic inoculations carried to satiety induce not only an immunity against the infection of this same virus, but that they serve to cure the different syphilitic symptoms primary as well as secondary.

This point, it might be said, is illustrated in the following case, reported by M. Zelaschi.

Case iv. Charles T., aged 30, contracted a syphilitic ulcer in November, 1800, which left an indentation in May 1801. At this time, he again contracted a primary syphilitic sore on the mucous membrane of the upper part of the prepuce.

June 22nd. The treatment by syphilisation was commenced with two punctures on the right thigh with a lancet charged with the discharge from the primary sore upon the prepuce.

June 25th. Two little pustules had made their appearance. Two fresh inoculations were performed, and two days afterwards were succeeded by two pustules.

June 27th. The patient complained of pain in the left groin, where an enlargement was discovered, of the size of a pigeon's egg. Three fresh inoculations were made on the left thigh, and gave rise to three pustules.

July 1st. Three inoculations with the pus derived from the artificial sores gave rise on the third day to the same number of pustules.

The ulcers produced by the two first inoculations were very painful. The primary ulcer on the prepuce continued to increase.

The ulcers were made on the right thigh; three on the left.

July 8th. Four more inoculations were made on the left near the last mentioned. All these were followed from the second to the third day with characteristic pustules. The matter from a blennorrhagia, with which the patient was also affected, was now inoculated, but produced no effect.

July 10th. The ulcers from the first inoculations were very painful, and secreted a great deal of virulent pus. The ulcers produced by the subsequent inoculations were of smaller extent that those produced by the first.

The bubo was stationary and indolent. The primary ulcer on the prepuce had continued to increase. It was of a brick red colour, much inflamed, and had destroyed a considerable portion of the prepuce. The inoculations were now interrupted.

July 21st. Some symptoms of fever had existed since the last report, for which the patient was bled.

July 29th. The primary ulcer on the prepuce, and the sores resulting from the inoculations, were less inflamed. The ulcerations produced by the first inoculations appeared to be still poisonous; all the rest were healing. The sores produced by the fifth, sixth, and seventh series of inoculations were almost cicatrised. The swelling in the groin had well nigh disappeared.

August 4th. The ulcers produced by the last three series of inoculations were healed, and the others under healing on the 14th of August. Thirty-five days after the inoculation were discontinued, some constitutional symptoms appeared—on the back and thighs and other portions of the body slightly raised patches of a coppery colour were visible—and on the 18th and 19th the patient was affected with periostal pain of the tibia. The primary ulcer had now destroyed the upper half of the prepuce, and eaten away part of the corona glandis. The cutaneous spots were becoming confluent.

In this rather uninviting state of things, M. Zelaschi bethought himself of again having recourse to syphilisation, but before doing so sought the advice of Dr. Sperino with reference to the case. It was then agreed that syphilisation should again be had recourse to, and that it should be vigorously prosecuted.

Accordingly, on the 20th of August, twenty punctures were made with pus derived from other syphilitic patients, and twenty pustules were produced.

August 23rd. Fourteen punctures were made with a lancet charged with pus taken from the sore on the patient's prepuce, and twelve pustules resulted.

August 30th. The general state of the patient was described as very satisfactory. The primary ulcer on the prepuce was no longer extending itself. The ulcers arising from the inoculations of the 20th, were inflamed and painful. Fifteen fresh pustules gave rise to eleven pustules.

August 31st. The pain of the tibia was now scarcely perceived by the patient. The eruptions had not progressed. The ulcers from the inoculations performed on the 28th, were healing.

Twenty inoculations were now made with the pus taken from the sores resulting from the punctures of the 22nd. Eighteen little pustules resulted.
CASE OF Puerperal Convulsions.

By R. JONES, Esq.

ANASARCA of the lower extremities in pregnant women, I believe, is more frequently occasioned by congestion of the kidneys from the pressure of the gravid uterus, than from mere obstruction from pressure of the venous trunks; and when convulsions arise during this condition, they are generally owing to the presence of uraemia in the blood, and are much more fatal than convulsions which occur after the commencement of labour, in cases where no anasarca exists; for, in the latter, we have simply congestion of the brain to contend with, and it very often gives way to bleeding, from the spleen and liver; but, in the former class of cases, in addition to congestion, we have poisoned blood in action as the exciting cause.

CASE. March 16th, 1854. I was requested to visit Mrs. G., a respectable farmer's wife in the neighbourhood of Clun. She was a very fine looking woman, and very stout and plump. Her general health had always been good. She informed me that she had just completed the eighth month of utero-gestation—her fifth pregnancy—and had sent for me on account of her legs swelling, and a difficulty she experienced in making water. The lower extremities were a good deal distended, hot, and tender; and the eyes were nearly closed in the morning before rising. She had drooping and dimness of sight a few days back, but was then more wakeful than usual; and she described a feeling at the occiput, "as if the head was opening". Yesterday, she had said, "she thought she was going to have a fit." There was pain and a sense of stiffness in the region of the kidneys, and the breathing was somewhat oppressed. She was thirsty; the skin was dry; the urine had been scanty for some weeks, and, for the last few days, nearly suppressed, and very dark in colour. The pulse was tight, full, and slow, below 70.

Here was a train of symptoms suggestive of serious congestion of the whole system, and of the brain more particularly. I informed the husband of the serious nature of the case, and stated my conviction that, unless the system was soon relieved, she would have convulsions. I advised bleeding and free purging. In order to prevent too sudden a shock, I had my patient put to bed, when I took away sufficient blood to relieve the tension of the heart's action, but short of syncope. About eighteen ounces of blood was drawn, six grains of camomel was put upon the tongue, and an active aperient given shortly afterwards, to be repeated till the bowels were freely acted upon; and a mixture containing potassa bitartrata, and small doses of antimonii tarsas, every four hours afterwards. She was kept in bed, with the head raised, and had kept every thing, etc., for diet. I intended to cup from the leeks on my next visit. I left her about one o'clock P.M.

About three o'clock the same evening, she was sick, and vomited, and shortly afterwards complained of her head. In half an hour, she had a convulsion, which recurred every ten minutes, with increasing severity. The bowels had acted freely once. Five hours had elapsed since the first fit before I could see my patient a second time. She was then profoundly insensible, with strabismus of both eyes, and the face greatly congested. The pulse was full, and more frequent; she had another horrible fit, with frightful distorsion of the face. I bled her very largely again, removed the hair, and applied cold constantly to the head, got the legs fomented, and put three drops of croton oil, with ten grains of calomel, upon the tongue; but the breathing gradually became more noisy, the countenance more and more livid, and she died in a convulsion about twelve o'clock the same night. She had been twelve hours after my first visit. I had no opportunity of testing the specific gravity of the urine, or ascertaining the presence of albumen.

Strafford, March 20th, 1854.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28th, 1854.

JAMES COPLAND, M.D., F.R.S., President, in the Chair.

THE KELOID OF ALIBERT, AND ON TRUE KELOID.

BY THOMAS ADDISON, M.D., F.R.S.

The keloid originally described by Alibert was altogether different in its mode of development, character, and progress, from another disease occurring in the same tissue, and to which with much greater aptitude the term keloid might be applied, if regard be had to the resemblance to the effects created by a burn, which the author thought the correct interpretation of a word, deriving it from κέλειον, quasi ut nione facta jacula. The keloid of Alibert was more like a fibrous tumour developed in the subcutaneous areolar tissue; the other form of the disease originated in the dermal tissue, but was of a character, and led to consequences widely different.

The keloid of Alibert first appeared in the form of very small, hard, shining, tuberous-looking, roundish, or oval elevations, of a dusky deep-red colour, and attended with itching and pricking sensations. These tumours slowly increased, and comprised an area varying from that of a horsebean to that of a small almond. The tumour was often so hard and elastic as to convey the notion of a fluid-cartilage. After an uncertain period the outline of the tumour became broader and more irregular, and by a magnifying glass, delicate, whitish, tendinous-looking lines might be perceived stretching across the surface, mingled with minute bluish or purple bloodvessels. The extension of each individual tumour, and to be effected by certain tapering claw-like processes proceeding from its edges and angles. The development and growth of these tumours might proceed for months, or even years, and at last attain the size of an inch or two inches. At the base of the latter, the sensations of pricking and itching become aggravated to a sense of constriction, or even severe stabbing. The morbid product which essentially constituted the keloid of Alibert took place in the subcutaneous areolar tissue, between the eulis and adipose membranes. Females from the age of eighteen to thirty-five were most frequently the subjects of the disease. The situation of these tumours was usually near the sternum, or between or upon the mamme. It was found sometimes in the male. Alibert considered the disease in some way allied to cancer.

True keloid was a much more serious form of disease than the keloid of Alibert. Like the above described disease, it had its seat in the subcutaneous cellular tissue, and was first indi-