Sept. 6th. The ulcers produced by the inoculations of the 20th and 23rd of August were dried up.

Five fresh inoculations with pus derived from fresh patients gave rise to five pustules.

Sept. 12th. Nine inoculations with the pus derived from the sores produced on the 6th. These gave rise to little pustules. With the same matter on the 15th, six inoculations afforded no result.

Sept. 20th. Twenty inoculations with pus derived from fresh sources. Seventeen pustules resulted, which had dried up on the 29th without having burst, with the exception of two, which still remained moist.

From the 25th of Sept. to the 1st of Oct., fifteen inoculations were made; no result showed itself from these.

Oct. 8th. Eight inoculations: three little pustules resulted, of the size of the head of a pin, which dried up in less than three days, without having been broken.

Oct. 9th. Nearly all the syphilitic spots had disappeared, an abundant desquamation covered the whole body, and especially the regions where the spots had been the most confluent.

Oct. 11th. Six punctures were made; and on the 19th ten more. These presented no results. The matter for the inoculations of the 25th of Sept. and the 19th of Oct. was taken from indurated sores in a state of progress in other patients. This virus was proved to be eminently active when tried in other cases.

All the syphilitic symptoms, both primary and secondary, had now disappeared, and the patient resumed his ordinary occupation.

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 urea 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, free purging, and delivery; 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 plethoric. 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 a morning before rising. She had drowsiness and dimness of sight a few days back, but was then more wakeful than natural; 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 calomel 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 potassæ bitartras, and small doses of antimonii tartras, every four hours afterwards. She was kept in bed, with the head raised and kept cool, and had gruel, etc., for diet. I intended to cup from the loins 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 distortion 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, rather less than twelve hours after my first visit. I had no opportunity of testing the specific gravity of the urine, or ascertaining the presence of albumen.

Strefford, 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 *κηλιδ*, *quasi ustione facta macula*. 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 same 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, tubercular-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 fibro-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 seemed 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. As the growth of the tumour increased, 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 cutis and adipose membrane. 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 mammae. 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-