

believed to be part of the liver. Soon sharp stabbing and very distressing pains were complained of in the lower part of the chest—first on one side, then on the other. There was no physical evidence of pleurisy, but fine and coarse râles were heard over the back and lateral regions of both lungs.

A short cough set in, and, during several days, small quantities of very bright blood were frequently brought up. The diagnosis was, tumor in the back of the abdomen, locality uncertain, but pressing upon the lumbar nerves—the recent and fatal attack being looked upon as due to an acute intra-peritoneal abscess. The specimens were: a mass of sarcoma as large as two fists, which lay against the vertebral column, and had evidently originated in the retro-peritoneal glands. Several nodules of secondary deposit in the liver; the left lobe occupied by an immense clot of blood, entirely disorganizing the part and distending the capsule of the organ (softening of one of the nodules and a profuse hemorrhage into the substance of the liver, distending its capsule had caused the sudden attack described). The lungs contained numerous nodules of similar growth, varying in size from a large pea to a walnut; the largest of them projected considerably from the surface, and corresponded to the seat of the stabbing pains. Dr. Ross remarked upon the importance of abiding pain in any part of the dorsal or lumbar region, with deterioration of the general health, as indicating the presence of such growths in the deep-seated glands. Such hepatic hemorrhage must be a very rare occurrence, and could not have been diagnosed during life.

Stated Meeting, October 22nd, 1886.

J. C. CAMERON, M.D., PRESIDENT, IN THE
CHAIR.

Synovitis of the Knee-joint in Congenital Syphilis.

Dr. LAPHORN SMITH exhibited a boy 12 years old, and read the following notes:—He was brought to me by his mother, complaining of a swelling of the right knee, which he had had for nine months or a year. He also had some ill-looking suppurating sores on his throat and chin, due to glands which had formed abscesses and broken, thus destroying a considerable surface of skin. The knee was very much swollen, only slightly red, not very painful, and not at all hot to the touch. As the swelling was pointing, I opened it,

and a half ounce of thick yellow pus escaped. The peculiar appearance presented by the boy's nose and teeth enabled me at once to diagnose congenital syphilis. His nose is flattened, and his teeth present the peculiar chisel shape which Mr. Hutchinson says is pathognomonic of congenital syphilis. Moreover, the disease of the knee-joint was much less painful than non-syphilitic knee-joint disease generally is. The mother did not know anything about syphilis, but I elicited the following important information: That her first child was born dead; her second was born dead; the third was this one, born at full time, but affected with "snuffles," mucous patches at the anus, and a copper-color rash over the body, for all of which he was treated; the fourth child was born at full time, only had a slight eruption, and is now alive and well. The fifth, sixth and seventh pregnancies were premature. This boy never had interstitial keratitis, nor any other symptoms than those mentioned. She also informed me that her husband was over 40 when he married—a suspicious circumstance, I thought, so I asked her to send him to me. On seeing him, I astonished him very much by telling him that he had had syphilis in his younger days, which he at once admitted. I placed the boy on cod-liver oil, and gray powder alternated with syrup of iodide of iron, generally; and Scott's dressing locally, alternated with tincture of iodine, under which he rapidly improved. I removed him from school, but I did not deem it advisable to confine him to bed, nor even altogether to the house, all of which I would have done if I had considered it a case of ordinary disease of the knee-joint, because I considered it of importance to keep up his general health. The affected knee is now only a quarter of an inch larger around than the other one, which is now perfectly healthy, although it was somewhat full when he first came. Mr. Clutton of St. Thomas Hospital has collected 13 of these cases, which he calls symmetrical disease of the knee-joint due to hereditary syphilis. What is most interesting about these cases is the prognosis, which is very favorable, contrary to that in ordinary cases; and what is remarkable is that there is little or no pain. This boy could hardly be prevented from running as fast as the other boys in the street, although his knee-joint was so full of liquid that the patella distinctly floated. All of Mr. Clutton's cases were in children between 8 and 12 years of age.

DR. BELL considered the case a marked one of