amounts, I think, pretty nearly to this: that every specialised structure, every tissue, every individual cell, is left with increased and peculiar proclivities to disease. No one can tell where the morbid action will show itself, and we must expect it everywhere. Its special locality and form are probably determined by previously existing proclivities. The symptoms produced and the name which will be given to the disorder will have relation to the structure and function of the organ or tissue which is attacked. Syphilitic maladies must be expected to be as multifarious as are the organs and specialised parts of organs in the body. The little lenticular ganglion of the eye has been shown to be liable to disorganisation, and we know more or less definitely what symptoms would follow its destruction. But if this ganglion, why not the others in connection with the cranial nerves? why not those of the abdomen? why not the little ganglion impar itself, which, though so retiring in its solitude, and so unknown as to its special function, must still have its use, and whose loss, could we rightly recognise it, is no doubt felt in some degree? So of all the tissues in the body. It has well been remarked that the author of the proverb *ex pede Herculem* must have been a stupid fellow, for that he ought to have found a toe, or even a toe-nail, quite sufficient from which to evolve the Hero. So of our subject, it may be asserted that the proposition being granted that syphilis gives permanent proclivity to disease in all tissues, a good anatomist and physiologist might write the history of all its very various forms of malady without any clinical experience whatever. We have, however, in part accumulated such experience; we have seen Hercules' foot, and much more, and the task of inference as to the rest becomes so much the easier. I feel confident that the work before us—the discovery and accurate description of a large number of disorders which are of syphilitic origin—will be much helped if we take as our clue in the general proposition that syphilis is an imitator. It is possible even that some assistance may be gained by work in the opposite direction; and that in some instances, having discovered first the syphilitic type of a special malady, we may find out by investigation the prototype hitherto overlooked.

I must correct what I have just said a little. A knowledge of anatomy and physiology alone would barely suffice to enable its possessor to foresee all that happens in syphilis. There must be some experience also in general pathology as well. Syphilis may claim position as a detector as well as a most skilful simulator. Under its influence, the hitherto latent proclivities of the individual are revealed. When epilepsy occurs from syphilis, it happens probably to a man predisposed to epilepsy; and the same of locomotor ataxy, and the like.

CASES OF ENLARGEMENT OR INFLAMMATION OF THE MEDIASTINAL GLANDS.*

By JAMES F. GOODHART, M.D.,

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CASE I.—A little girl just under two-and-a-half years of age came to my out-patient department on January 26th of the present year. Her mother brought her for a cough, and stated that she had had a fit one or two months ago, and another three days ago; the last continued for five hours, and she became very black in the face. On inquiring further about these fits, it became evident that they were not what we should understand by "fits"; for the mother informed me that "five of seven other children had died off between the ages of one and two in *convulsions*, but she had never lost one with *fits*". Directing attention to this, perhaps, amongst hospital patients, not very unusual refinement of language, it was ascertained that the child had, on and off for six months, had occasional attacks of dyspnoea, accompanied by a peculiar wheezing in the chest. She also had a little cough; and, as the dyspnoea came on quite suddenly when she was otherwise well, and she became blue in the face, she was judged by her relations to have whooping-cough. But, quite unlike that disease, the fits, though setting in suddenly, lasted for some time, and were very irregular in their onset. The child was as fine a child as one could wish to see, and I could find no evidence of any disease except some slight crepitation at the apex of the right lung. It came once again, and, as she was doing well, not much attention was paid to her. Three days afterwards, the mother came to say the child was dead. She seemed quite well at 10 P.M. the night before her death, but woke up suddenly in the middle of the night with great dyspnoea. She seemed quite unable to get any breath, pulled at her chest, became very livid, and died, as her mother thought, choked.

The *post mortem* examination was made thirty-two hours afterwards. The body was that of a remarkably large child with golden-brown hair,

in exceedingly plump, good condition. There was no disease except that in the chest and abdomen now to be noted. The lungs were bulky, with some considerable amount of collapse in the lower lobes. There was no trace of tubercle anywhere. The lung-tissue was healthy, except the right middle lobe, which was of a dark livid red colour, quite solid and tough, and with several points of caseation in it, round some of its bronchial tubes. This condition was a chronic pneumonia, apparently consequent upon a caseous inflammation extending along the tubes. The mediastinum contained large caseous glands; and one on the right side had opened into the trachea just above the bifurcation of the bronchi, had plugged the trachea with a mass of caseous matter, and had been the immediate cause of death. (Hunterian Museum of the Royal College of Surgeons, 1,467 B.) The mesenteric glands were large and fleshy, and in one or two spots a caseous change was just commencing by minute points in their substance. The condition of the intestine was interesting in regard to these changes. Peyer's patches were decidedly thickened; and, while thus generally rather swollen-looking, they were dotted over with still larger pearly-looking grains; and the mucous membrane was injected. The whole patch had thus a rugose appearance which was abnormal. The mucous membrane generally over this part of the ileum (near the cæcum) was rugose and thick, and the glands appeared to be in a state of repletion or overgrowth.

CASE II.—Emily R., eight months old, was brought to me in November 1875, for feverishness and a peculiar crowing respiration. The child had had no previous illness, except that, on sleeping, it was very apt to lose its breath, and had to breathe very forcibly to prevent being suffocated. A week ago, it caught a bad cold, and shortly afterwards had a fit, and had had two or three a day since. These were described as loss of breath, followed by a convulsion, particularly liable to come on when placed lying down upon a bed. It had been fed with all sorts of things besides the breast. The bowels were a little relaxed; the motions white and slimy, containing a little blood. Two other children were both healthy, and the father and mother were healthy also. The child was in very good condition, without teeth. The various viscera appeared quite healthy. It was treated with ten-minim doses of castor-oil for about six weeks, and for a time was much better; then it had two fits and died suddenly.

At the *post mortem* examination, the thymus was large, but not unduly so. On the right side of the neck, just where the recurrent laryngeal nerve came off from the vagus, there was a red enlarged gland of the size of a haricot-bean, which was somewhat toughly embedded in the fibrous tissue around it, though there was hardly any thickening of the mediastinal fibrous tissue. The glands lower down about the root of the lung and near the vagus were as large as this, and very notably larger than those of the opposite side; but they were only red and fleshy, not caseous. The middle lobe of the right lung was rather collapsed. All the other viscera were healthy. The mesenteric glands were large, but not beyond the range of normal.

CASE III.—Another case also comes to my memory, which was under the care of Dr. Pavy at Guy's Hospital some years ago, to whose kindness I am indebted for permission to allude to it. It was a boy aged eight, whose illness had commenced only eleven days before his admission with a cough, which quickly increased in severity and became paroxysmal. He was sent in for spasmodic asthma, and the attacks were certainly bad enough for that. He would start up in bed suddenly; his face blue; his eyes staring; all the muscles of respiration in violent action: the picture of an agony so terrible that I shall never forget that poor boy's face. He would have five or six of these attacks during the day, and in the meantime had some continuous distress of breathing, not much; some retraction of the chest-walls during respiration, a stridulous cough, and frequent vomiting. He was a delicate-looking boy; and this, coupled with the history of sudden onset, made me think he must have some enlargement of the mediastinal glands, and possibly a mediastinal abscess. He died within a few days of coma, with a very high temperature.

At the *post mortem* examination, there was recent double acute pleurisy at both bases, and bronchopneumonia. There was no tubercle. The following was the condition of the mediastinum. On the right side, there was one greatly enlarged bronchial gland, caseous and suppurating in its centre. It was adherent to, but did not press upon, the trachea. The pneumogastric nerve on this side was traced down to the gland, where it became so firmly adherent to it and surrounded by dense fibrous tissue, that it was impossible to isolate it even by cutting. On the left side, the pneumogastric was traced the whole way with ease, quite free. The glands on this side were slightly enlarged and fleshy. There was no caseation or suppuration. The other viscera were perfectly healthy. There were no other enlarged or caseous glands, and the brain was healthy. The larynx also was healthy.

* Read at a meeting of the East Surrey District of the South-Eastern Branch, 1877.

CASE IV.—A male child, aged eight months, was brought to me in March of this year for "fits"; from the mother's account, these appeared to be actual convulsions, but it had, in addition, fits of choking. It had no cough, was quite well otherwise, and was being nursed. Dentition was commencing. When under observation, it breathed easily and cried naturally. No abnormal signs were detected in the chest. It died suddenly two days after I saw it. The mother said it that had "stopping of its breath", became black in the face, and then it ceased to breathe. I made the *post mortem* examination two days afterwards. The body was that of a well-nourished child in perfect health. The brain and all the viscera were examined, and no disease whatever was found, except that the thymus was very large and occupied a large space in the anterior mediastinum. Its capsule was thick and opaque, especially behind the sternum, as if it had rubbed against that bone in the expansion of the lung. It weighed about two ounces. Its section was very milky-looking, and exuded on scraping a copious supply of milk-like fluid; no pus. The fluid was so plentiful, that I was at first in doubt whether there was not some soft new growth there; but it was not so: there was nothing but the gland's own secretion.

I may, in passing, just stop to inquire what was the cause of death in this case. The child had three fits, which were probably epileptiform; and it may seem to you, perhaps, to be departing from what is a known and common cause of death—convulsions—to take up a more shadowy hypothesis in this case. But I think that the state of the thymus gland, taken with the mother's account of her child's death, is a reasonable explanation of the fatal termination—of death by spasm of the larynx and lungs, and quite as probable as that death resulted from infantile convulsions. It is true, that the thymus could hardly be called diseased; but it was swollen and large, with the consequent vascularity which such a condition induces, and this would be a sufficient cause of undue stimulation of the mediastinal nerves; and this, as we know, is a sufficient cause of laryngeal and respiratory spasm. At the same time, I am by no means unwilling to admit the difficulties of this view: the tumour did not press backwards so as to involve in any way the roots of the lungs, as in the other cases.

I must give just a note of one more case, which again I must borrow from my kind colleague Dr. Moxon.

CASE V.—A man, aged 64, was admitted to Guy's Hospital one day, and died the next. He had always been temperate, and had enjoyed good health till March 4th, when he first complained of headache. He went to work next morning, and when he returned he is said to have reeled like a drunken man, and still complained of his head. In the last three or four days, his speech had become very defective, and he had become very unsteady in his gait. He was in a semicomatose state on admission, but, when roused, he answered questions, though incoherently. His pupils were contracted and insensible. He was unable to swallow well; there seemed, in fact, to be some partial paralysis of the muscles of deglutition. His saliva dribbled from his mouth, and his respiration was slow. His temperature is said to have been below normal; urine of a specific gravity of 1025, with a slight trace of albumen. The heart's action was peculiarly slow, a long interval elapsing between the first and second sound. Nothing else abnormal was detected. He had convulsions all night, and died comatose in the early morning.

The body was that of a decidedly muscular man in good health. The brain weighed fifty-one ounces, and was in all respects normal; and it was examined minutely in all directions to find any cause for the existing brain-symptoms, but all without result. Nor, indeed, was there much more success elsewhere; all the viscera were healthy, except as follows. Both lungs were bulky, congested, and with a little early bronchopneumonia at the bases. The epiglottis was much injected and superficially ulcerated, and there was reddening and superficial ulceration of irregular form on the mucous membrane of the trachea. At the bifurcation of the trachea was a remarkably large mass of fleshy-looking glands, quite an ounce in weight at a guess. On section, this was pale pink, and evidently due to acute swelling. The right pneumogastric nerve wound round this mass, but there was no evidence of any actual pressure upon it. It need only be added that the kidneys weighed nine ounces, and that the spleen was rather soft. The weight of the kidneys was decidedly below the average for a man of the size of this patient; but they were perfectly healthy, and this opinion was confirmed by microscopical examination. Here also I may make a remark, in passing, upon the difficulties which this case presents in attempting to form an opinion of the cause of death. Supposing that such a death had occurred outside a hospital, or in suspicious surroundings, or "Mystery", the newsman's joy would certainly have been announced at once. The notes that I appended to the *post mortem* examination were these. (I am very happy to give any one the benefit of them, though I should have been very sorry to have nothing more

certain with which to go before a jury wanting facts.) The nature of this case seems very doubtful. I have only two suggestions to make. It will be remembered that this man had been ill ten days, that he had a soft spleen, an early bronchopneumonia (which probably was only of a few days' date, not so long as ten), and acute swelling of the mediastinal glands.

The first suggestion is, that the man died of uræmia, brought on, not in this case by a *bad* kidney, but by a small kidney, under the influence of impaired function, as the result of chill or some other cause. The relative amount of this or that organ which a man possesses in comparison with the body-weight and the weight of the other viscera, so far as amount of tissue may be considered to represent capacity for work, is a most interesting and important question in many cases in endeavouring to fix upon the cause of death or the reason of its occurrence at a certain time; but I cannot digress to discuss that question now. Seeing that the kidneys in this case, though small, gave not the least evidence, by congestion or otherwise, under the microscope, of any impaired function, and that the urine was of good specific gravity, I do not think it probable that the man died of uræmia; and one therefore turns to the more decided pathological conditions of bronchitis, bronchopneumonia, and swelling of the mediastinal glands. In the light of other facts which have already been given, and many others which might be given, I am inclined to read the case thus. A man of sixty-four, with lung-tissue at his age none too good, gets a cold in his chest, that is to say, a rather severe bronchitis; this extends to the bronchial glands, leads to unusually acute swelling of these, and they, either by their size or by the congestion of their surrounding tissues, so worry the vagus and its branches in the neighbourhood, as to lead to a central spasm at the origin of those nerves, and consequent disturbance of the circulatory stream passing through those parts. The medulla oblongata and pons Varolii then become enervated, their functions irregular, and of necessity there follow staggering gait and defective speech; difficult deglutition, dribbling of saliva, disturbed cardiac rhythm, slow respiration, ending finally in the catastrophe of coma with death. All of these symptoms the patient had; and, however you may explain them, there is none of them but what is known to occur in some or other of the various diseases about the medulla and pons Varolii.

[To be concluded.]

A RARE FORM OF PELVIC HÆMATOCELE.

By CHARLES F. MACQUIBBAN, M.D., and F. OGSTON, junior, M.D., Aberdeen.

THE following case seems worthy of notice from the rapidity with which the disease set in and ran its course to death, and from its having led to an apparently well grounded suspicion of irritant poisoning, and as such resulted in an investigation by the law authorities.

The symptoms, etc., observed during life by Dr. Macquibban, were as follows.

Previous History.—Mrs. F., aged 35, the mother of four children, who are at present alive and healthy, accustomed to ordinary household, of regular habits, had always been healthy, and was in perfect health up to 10 P.M. on the 26th of October last.

History of the Illness.—When first seen, at 7.30 P.M. on the 27th of October, she was in bed complaining of pain over the left groin, stomach, and right side of the chest. She had vomited incessantly since ten o'clock the previous night. She complained of great thirst, and refused to take food, and was restless and sleepless. She had down-bearing pains and desire to pass urine; had taken five Holloway's pills that morning (27th), which had acted on the bowels three times during the afternoon. She had menstruated about a fortnight previously. The countenance was pale; the skin cold and clammy; the pulse weak, 120 in the minute; the heart palpitating, its first and second sounds running into one; the respiration restricted, but the chest-sounds normal, except for a slight dulness over the right side; the pupils were fixed; the tongue was whitish and furred; the abdomen distended; there was no hernia. The cervix uteri was pretty far down, but not unusually so for a woman who had borne children. On introducing the catheter, only about a teaspoonful of urine was found in the bladder. She was ordered to take every three hours a tablespoonful of a mixture containing one drachm of tincture of opium, two drachms of compound spirit of lavender, and water to six ounces; and to be kept quiet.

At 1.15 A.M. on the 28th, a message was received that she was no better; and when visited about an hour later she was quite conscious, and spoke slowly but distinctly. She complained of blindness or dimness of sight, with dark specks floating before her eyes, and of weakness.