rested. The superior and inferior petrosal sinuses were occupied by similar clots, and the cavernous sinus was likewise the seat of a suppurative phlebitis. The parts of the dura mater related to the petrous portion of the temporal bone, were thickened, easily detached, and, in places, actually separated by lymph from the bone beneath. It appeared, from the absence of foetor, and of discoloration or softening of the bone, that the lesion which caused death was essentially, not a caries, but a suppurative phlebitis of the sinuses of the skull, propagated through the cells of the mastoid bone from the inflamed mucous membrane of the middle ear. It would further seem that the peculiar ocular phenomena, which suddenly appeared a few days before death, were due to the obstruction of the right cavernous sinus, which interfered, directly, with the venous circulation of the right eye, and, indirectly, with that of the left.

CLINICAL LECTURE ON SEVERAL CASES.

By MR. PAGET, F.R.S.

MR. PAGET (on Wednesday last) alluded briefly to the case of erysipelas following burn, which he mentioned in last week's lecture, and in which he considered that erysipelatos inflammation of the membranes of the brain had been succeeded by erysipelas of the scalp. The child in a few days showed signs of pneumonia, and quickly died. At the *post mortem* examination, small pyæmic abscesses and deposits were found in the lungs. The membranes of the brain were quite healthy; and this fact, in Mr. Paget's opinion, strengthened the accuracy of his diagnosis, for recent erysipelas of the skin is known to leave little, if any, *post mortem* evidence of its presence; and the same may, therefore, be justly surmised with respect to the cerebral meninges.

Mr. Paget made a few remarks in connection with this case, on the *causes of death from burn*, which he arranged under the headings of Shock, Secondary Inflammations of various Internal Organs, and Perforating Ulcer of the Duodenum. Mr. Paget considers that death from shock is often accelerated by the previous inhalation of very hot air, which must act injuriously on the lungs. The "secondary inflammations" were, the lecturer suggested, often of the same erysipelatos type as we commonly see in the cutaneous structures.

Mr. Paget next referred to a case (in Sitwell Ward) of a large *Cyst in the Neck*. The patient is a girl, 18 years of age. She had no nævus or tumour in the neck until about twenty months before admission, when she noticed a small lump on the right side of her neck; it steadily increased until her admission, when a tumour larger than a man's fist was discovered under the sterno-mastoid muscle. It contained fluid; and, after consultation, Mr. Paget tapped it with a very small trocar. A small quantity of sero-purulent matter escaped, which was found to contain broken-down pus, crystals of cholesterine, and large epithelial cells—the latter structure pointing to its real nature, as that of a cutaneous cyst. Mr. Paget remarked on the apparently trivial nature of deep-seated cysts in the neck, but insisted that they are really of considerable importance for the following reasons. They are large, and increase steadily; they sometimes contain blood, and refill with that fluid after they have been punctured, so that even fatal hæmorrhage has followed an operation apparently harmless; they are often deep-seated, and connected with important structures such as the spine and the sheaths of the blood-vessels; when they are tapped they often refill, and require to be emptied repeatedly; lastly, if they be laid open and made to suppurate, it is often very difficult to make them heal from the bottom, while, if suppuration continue, it may involve important deep-seated structures.

Syphilitic Disease of the Rectum.—The patient whose case illustrated Mr. Paget's remarks on this condition, was a woman who was admitted in a state of great misery and exhaustion, suffering from acute syphilitic ulceration of the rectum and syphilitic cutaneous growths about the anus. She had involuntary passage of feces, and much foul mucous discharge from the ulcerated intestine. The history of syphilis was imperfect; but there were scars, like those of tertiary ulcers, on her lip, and scars about the vagina; she had some old tubercular mischief at the apex of one lung, but this was evidently not progressing. But little could be done to alleviate such an extreme condition of general weakness and local disease, and the patient gradually sank and died. After death, very extensive ulceration was found, involving the rectum and extending upwards into the sigmoid flexure, colon, and about the lower six inches of the ileum. Mr. Paget described the ulcers as presenting just the characters of tertiary syphilitic ulcers on the skin, circular or oval, the edges well defined,

smooth, not indented, not raised, not overhanging, the base resting on the submucous tissue, and nearly smooth. These characters, as the lecturer pointed out, could be well seen in the upper part of the ulcerated tract; but lower down, in the sigmoid flexure and rectum, the ulceration was described by Mr. Paget as "confused", having resulted from the coalescence of numerous small regular ulcers.

Mr. Paget alluded to the rarity of death from syphilis, except when it affects internal organs; remarking, at the same time, that syphilitic lesions of internal structures are much commoner than until lately was supposed. In describing the chief features of syphilitic disease of the rectum, Mr. Paget first noticed the cutaneous growths about the anus which, he considers, almost always accompany that condition; and mentioned the points in which they differed from warts and from condylomata. They were described as growths from the skin, smooth, and flattened from side to side by mutual apposition. Mr. Paget stated that, in chronic syphilitic disease of the rectum, the symptoms are less severe than they were in the case under consideration, but that they produce great discomfort and inconvenience. The chief characters of this condition were stated to be a thickened and indurated condition of the lower part of the rectum, with ulceration of its mucous membrane, and the existence of a sharply defined and often narrow stricture at about an inch and a half from the anus.

The points of distinction between cancerous and syphilitic disease of the lower bowel were pointed out as follows. In cancer (except in the latest stages) the anus is free from disease; while in syphilis the above mentioned cutaneous growths are always present. In cancer, from one to three inches of the rectum are usually quite healthy; in syphilis, the ulceration comes quite down to the anus.

Between tuberculous and syphilitic disease of the intestines, Mr. Paget drew the following distinctions. In tuberculous disease, the seat of greatest action is the lower end of the ileum; in syphilis, it is the rectum (even the colon being but seldom extensively affected). In tuberculous disease, there would be deposits of tubercle in the bases of the ulcers, and in the subperitoneal tissue or the mesenteric glands; and there would be also *progressing* tuberculous disease of the lungs.

Treatment.—Mr. Paget said that iodide of potassium has very little effect on syphilitic ulceration of the rectum, but that mercury, given with great caution and due consideration for the state of the patient's health, often produces marked improvement. Locally, Mr. Paget advocated removal of the leaf-like cutaneous growths around the anus (taking care not to remove them all at once in cases where they completely surround the orifice, for fear of contraction), *incision* of the stricture, and subsequent diligent use of bougies. Mr. Paget, however, cautioned his hearers against employing bougies whilst active disease is going on, as the intestinal walls are then so weak that perforation has been known to follow the too zealous use of the instrument. Local cleanliness and the use of astringent applications were mentioned as matters of course.

REVIEWS AND NOTICES.

A TEXT-BOOK OF PRACTICAL MEDICINE, WITH PARTICULAR REFERENCE TO PHYSIOLOGY AND PATHOLOGICAL ANATOMY. By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics; Director of the Medical Clinic of the University of Tübingen. Translated from the Seventh German Edition by G. A. HUMPHRY, M.D., and CHARLES E. HACKLEY, M.D. New York: 1869.

THE appearance of a German text-book on the practice of Medicine, in an English form, should at least raise our curiosity. It can scarcely be said that text-books on medicine in the English language are wanting. Since the publication of the last edition of Sir Thomas Watson's work, nearly a dozen treatises—all more or less ably written, and fairly on a level with the most recent observations on medicine and therapeutics—have appeared in Great Britain and America. The translators of Professor NIEMEYER's work, however, consider that still another is required. Following the example of all modest authors, they usher themselves and their goods into notice by a preface to the effect that all previous works are excellent—most excellent, indeed, except in one particular; and it is to supply this want that they venture "to suppose that an English edition of the work might be acceptable to the medical profession in America"; but why an *English* edition of the work might not be acceptable to the profession in *England* also, we are at a loss to see. Be this as it may, the translators have, we think, ample excuse for their venture. It is on account of the vast strides in the sciences of pathology and therapeutics which have been made in Germany of late years, and which are partially recorded in the work before us, that we have the opportunity of reviewing the present edition: and