and then it was that, the pyrosis subsiding, I pushed arsenic, in the form of Asiatic pill, and also cod-liver oil, with quinine and good diet; and with marked good effect. She began with one-twentieth of a grain of arsenious acid thrice a day on November 10th, and went on with it till December 9th, when there was an exacerbation of the heat and redness, though the papulation and scalliness had considerably lessened. I omitted the arsenic now for a while, and soon resumed it, the oil being taken all the time. In another fortnight, she left the hospital almost well. When the relapse took place in May, I again tried arsenic; but she has been unable to again bear it, since its employment is always followed by an intensification of redness and burning. I trusted chiefly to quinine, cod-liver oil, and bismuth, till lately, when I have given assafoetida freely; and the patient is rapidly recovering—whether as the effect of the assafoetida, I know not. Locally, I have used soothing remedies—calamine and glycerine lotion. There can be no question that, when the dyspepsia and pyrosis were at their worst, the skin was most disordered; and the cause of these disorders was probably a common one, as I have explained. In the management of these cases, I advise you to look closely to the stomach and its behaviour in the first instance, and to give cod-liver oil and arsenic, if they can be borne, freely.

[I saw the woman three weeks after the delivery of this lecture, and found her well, excepting a few scaly patches here and there.]

RECOLLECTIONS OF THE MEDICAL SCHOOL OF VIENNA.

By J. F. PAYNE, M.B. Oxon; late Radcliffe Travelling Fellow.

II.

THE other clinical professor of Vienna is in many respects a contrast to the great Skoda. The abilities and merits of Professor Oppolzer are so much more obvious and striking than those of his colleague, that many persons make it a point of honour to suppose that they must be less solid. To contrast two eminent men is always invidious, and the judgment would be of little consequence, but that the mere humour of comparison may lead to unfair depreciation. There are, however, many students beside those of his own country to whom Oppolzer is the one clinical teacher of the continent, who has most completely decentralised the well earned prestige of the Paris school. Not only does he seem to be at the present day without a superior, if not without a rival, in the French capital, but, so far as literature enables us to judge, to well bear comparison with the most brilliant ornaments of the older Paris school. The most striking characteristic of Professor Oppolzer is, that he is widely accomplished without being in any way superficial. It is not easy to pick out his strong or his weak point. He has practically no speciality, though it is the custom to say in Vienna that all above the waist belongs to Skoda, all below to Oppolzer. He does not cultivate diagnosis to the neglect of treatment, nor give more than its due weight to science or to practice. His wide acquaintance with the recorded experience of others, does not render him less apt in making use of his own; he never suffers book-knowledge to dull the edge of his fine clinical tact. This may seem very undiscriminating eulogy, and such even excellence is liable to compose a somewhat commonplace character, without some conspicuous feature or active outline to make it interesting. There is, however, one dominant feature which gives unity to the many accomplishments of Professor Oppolzer, and that is his marvellous tact in teaching. Although he is endowed by nature with remarkable quickness of perception, the habit of teaching, which has become a second nature, makes him moderate, so to speak, the rapidity of the mental process, that the steps may be obvious to those whom he has to instruct. One day you will admire a brilliant diagnosis, which looks almost like divination; another time you will wonder, if you are not in the secret, why every step should be taken so deliberately, every contingency considered, every objection weighed, before the conclusion, which seemed obvious all along, is reached. Perhaps the hasty English mind, apt to jump at the conclusion first and prove it afterwards, will hardly appreciate the patient *finesse* which comes of a German education and German habits of mind. Be this as it may, the advantage of such a system in instruction is obvious. The method, not the conclusion, is that which is most valuable. It is much better for the pupil that his teacher should arrive at a wrong result by a right method, than that he should follow a bad method and yet by some chance be right. Best of all is it that the result should be both right and legitimately obtained; nor is this an unfrequent achievement of Professor Oppolzer's diagnosis, the high average accuracy of which may be judged of by the importance attached to an occasional error.

Such a case occurred during the writer's stay in Vienna, and may be worth relating. A patient who had been under observation for some time in the clinical wards died rather suddenly, and the autopsy was conducted in presence of the Professor and his whole class. The result was, that what was supposed to be disease of the liver, turned out to be disease of the pancreas; an error of a kind not unknown in any hospital, but which would not everywhere excite so much surprise. But the Viennese students believe in Oppolzer so much that they cannot understand his failing to diagnose anything, even disease of the pancreas. The autopsy created a positive sensation. All that day the question was asked everywhere—"Have you heard of Oppolzer's great mistake?" and the next morning there was an enormous audience at the clinical lecture to hear the Professor's explanation. The explanation was simply an admirable summary of all that was known on that obscure subject. It was pointed out within what limits it might have been possible to gain positive information, and the Professor took blame to himself for having neglected certain investigations which might possibly have thrown some light on the subject. If the students lost anything through the case not having been diagnosed, they were certainly well repaid with so admirable a lecture.

Professor Oppolzer's manner has no kind of assumption or display. His language is not that of the rhetoricians of the French school, though always fluent and appropriate; and he often makes a fine use of the vernacular idioms, which correspond in German to what we call in our own language good Saxon English. This racy and vigorous language gains in effect from his clear high-pitched voice and peculiar accent, for Professor Oppolzer, like Skoda and many ornaments of the Vienna school, is of Bohemian extraction; although, it is said, of a German family. Not the least among his many claims on the gratitude of his pupils, is his unwearied interest in teaching. The prescribed hours for clinical lectures are two hours a day for five days in the week; but the Professor is rarely absent on any day of the seven, and the prescribed two hours are almost always extended to three. In some medical schools, such devotion might be misinterpreted; it would stamp a man at once as having no practice; and we may then be permitted to say that, if common report is to be trusted, Oppolzer is very far indeed from having this excuse for his devotion to teaching. To teach medicine for twenty hours a week with unflagging energy and unexhausted resources, and at the same time to be on a level with the many novelties of an ever-changing science, this is in itself no slight intellectual effort; but when those hours are reserved for science and for the poor, which might be given to social advancement and to the service of the rich, there is something more than the intellectual effort which claims our admiration. Professor Oppolzer has given much more time to teaching than to writing; more, perhaps, than to research; and his published works represent him very imperfectly. We have, indeed, a considerable instalment of his lectures, edited by Stoffella, which are undoubtedly a very important contribution to medical literature; but they have been (unfortunately, as we think) reduced to text-book form, and are given in the language of the editor rather than the author; so that the charm of the oral delivery is lost. For the matter of the lectures, we cannot presume to judge or to praise it here.

The chief teachers of clinical medicine in Vienna having been spoken of, the surgical side now claims our attention. It has been generally admitted that this is the weak point of the Vienna school, as, indeed, it is of the German schools generally; nor could Vienna till lately boast of any surgeon of so great European reputation as Langenbeck of Berlin. The late Professor Schuh, who died a few years ago, was much regretted, and is still sometimes spoken of as "*unser unvergessbarer Schuh*" (our never-to-be-forgotten Schuh); but his merits were perhaps less widely known abroad than warmly appreciated at home. His place remained for some time unfilled, and the circumstances connected with the appointment of his successor may perhaps be instructive. There were, and are, in Vienna many surgeons of good repute, judged not only by a German, but by an European standard, whose names must be known to those who read German surgical literature, and especially the *System der Chirurgie*, now in course of publication. According to the system of appointment which prevails in many places, some one of these surgeons, occupying one of the subordinate or "extraordinary" chairs, would have been promoted to the higher post of Professor Ordinarius; as has been said, there was no lack of competent and even eminent men. Nevertheless, this did not appear enough to those who had to make the appointment. They were anxious to get, not only a competent and eminent Professor, but the most competent and eminent attainable; and acting on some such principle as this, the heads of the medical faculty selected, in preference to one of their own men, a professor of rare distinction from the University of Zürich. Dr. Billroth, now professor of clinical surgery in Vienna, was a pupil of Langenbeck, but has, by his numerous and classical researches in histology and

pathology, quite established his own position.* All accounts from Vienna speak of the success which has already attended his teaching. No more crucial instance could be given of the method of appointing professors which prevails in Germany. Should it have the effect, as seems probable, of reviving the school of surgery in Vienna, no better proof could be given of its soundness.

Beside the clinical professors, there are, of course, many who never concern themselves with practice; and it is hardly necessary to point out how closely connected is this fact with the rapid advances made in Germany of late years in the sciences ancillary to medicine. Not only anatomy and physiology, but those which lie nearer to the practical side, such as morbid anatomy, are considered sufficient for the occupation of a life-time; and neither the Professor of Pathological Anatomy, nor his assistants, have any hospital work or other professional occupation.

The name of the illustrious Professor of Pathological Anatomy at Vienna is so well known as hardly to need mention; it belongs, indeed, to the history as well as to the present glories of the science. The immense achievements of Professor Rokitansky in this field are, however, not quite appreciated in this country. The English translation of his great work, by which he is chiefly known, is in many respects unfortunate. In the first place, it was made from a work which its author has since entirely remodelled; and in the second place, it was so long delayed as to be out of date, even at the time when it first appeared; since which it has, of course, dropped further and further behind. At the present day, it represents the position of its author as little as it represents the actual state of the science. Such is, indeed, the common fate of scientific text-books, but doubly unfortunate is the lot of those which are translated. The last edition of Rokitansky's work, published with the title of *Lehrbuch*, is a work not to be praised without presumption; and, however much the phraseology and theories may occasionally differ from those which are now coming into use, the value of the immense mass of observed facts is undiminished. A still higher value attaches to his numerous special memoirs. But books give, at the best, a very imperfect notion of the influence which this remarkable intellect has exerted on the progress of science. There are probably few German pathologists who have not been at some time pupils at Vienna. Förster speaks of the crowds of students and physicians who made a pilgrimage to Vienna to study what was regarded as the new science of pathological anatomy at the fountain-head. The great Virchow, whose system has supplanted that of his teacher, represents the first generation, and his pupils, who have furnished the most important researches of late years, represent the second generation of pathologists, from the great patriarch of Vienna.

In the medical and scientific circles of Vienna, Professor Rokitansky occupies a most important position, and has immense influence both in the governing body of the University, and in the Imperial Academy of Sciences. On various public occasions he has delivered important addresses, conceived in the metaphysical spirit which was so apparent in the earlier editions of his *Pathological Anatomy*; they are pronounced by competent judges to display very deep thinking, and they are certainly very hard reading. In estimating the present teaching power of the University, we cannot, however, give a large place to Professor Rokitansky. His lectures are not attractive, and are meagrely attended; and though all students of a certain standing are compelled to enter their names and pay fees, they usually content themselves with these ceremonies. The impression seems to be, that all the Professor has to say can be read in his book—another instance of the misfortunes of authors.

The teaching of pathological anatomy in Vienna, let us hasten to say, does not flag for want of young and able teachers; nor are any resources wanting in the splendid institution devoted to it. The opportunities for observation cannot but be large when they are supplied by the deaths among two thousand patients. So great is the amount of *matériel* in a single morning, that it would be impossible even to glance at everything, and the assistants are accustomed to reserve the more interesting specimens for special demonstrations at a different hour. The institution itself is a large and stately building; for, though the University of Vienna is in general but poorly supplied with funds, when an institution is founded in the imperial city, it is always built in the grand imperial way. The ground floor contains several rooms for autopsies, among which is one very large theatre for the cases from the clinical wards, and another specially assigned to the cases involving medico-legal inquiries, sent in by the police or other authorities, which are made by Professor Rokitansky personally, in the capacity of Pathologist to the city of Vienna. It is a most admirable arrangement, en-

suring that important examinations are conducted by competent persons, and making the results available for science. It might with great advantage be applied to our system of coroner's inquests, which satisfies neither of these conditions. On the same floor is the "Todtenkammer", where the bodies of persons awaiting interment are watched day and night, to prevent premature burial. On the upper floor, beside several lecture-rooms and private rooms for professors and others, is the Museum; a most valuable collection, and containing some unique specimens, but of little value to the students, partly through the want of an accessible catalogue, and partly through being in itself virtually inaccessible. The institution contains, beside, an excellent laboratory and lecture room for pathological chemistry, where Professor Heller gives instruction in the applications of chemistry to medicine, and undertakes all necessary investigations for the physicians of the hospital. Another aspect of pathology than that of mere anatomy is represented by Professor Stricker, who has a laboratory specially devoted to the experimental study of disease and the observation of living tissues; and where normal histology is also taught by his assistant Dr. Klein.

CASE OF PROBABLE COEXISTENCE OF SCARLATINA AND VARIOLA.

By A. ERNEST SANSOM, M.D.Lond., M.R.C.P.,

Physician to the Royal Hospital for Diseases of the Chest, City Road, and the North-Eastern Hospital for Children.

A SISTER OF MERCY, aged 31, probably vaccinated in infancy, in active duty in a district in which both scarlatina and variola were rife, was revaccinated without success on February 13th, 1871. On February 16th and 17th occurred rigors and lumbar pain; on the 21st, sore-throat. She then came under my notice. There were much pyrexia and tonsillar ulceration, and the throat had a scarlatinal look. On the 22nd, I saw her in bed, covered with rash exactly resembling scarlatina, and with the precise throat-signs of the disease. On the 23rd, the rash was persistent, with purplish petechiæ scattered over the chest. She manifested great prostration. On the 24th, the rash was persisting; but papulæ of variola covered the face and thighs, the arms and hands; there were rather fewer on the chest. The tongue was loaded with thick fur. During the next four days there were urgent distress, insomnia, subdelirium, and sore-throat, but very little implication of the external glands. The variolous spots became confluent on the face and thighs. On the 28th, there was defervescence; the pustules, previously full of matter, desiccated and fell off, leaving brown stains, but scarcely any pitting. The treatment consisted, for the first three days, of twenty grains of sulphocarbonate of sodium every four hours; subsequently, half a drachm of the sulphocarbonate with a grain of quinine every four hours. She was ordered beef-tea and milk, and six ounces of brandy daily. As soon as the pustules were fully formed, they were individually brushed over with liquid carbolic acid once each day for three days; a weaker solution (5 per cent.) being also applied night and morning. Recovery was most complete and satisfactory.

REMARKS.—I am disposed to think this a genuine instance of scarlatina and variola occurring together in the same patient at the same time. I had a case presenting a probability of the same conjunction in a member of the same sisterhood in 1868. In this there was a distinct history of the communication of scarlatina by wearing apparel; and at the same time the patient experienced a fright on seeing closely a boy just recovering from severe small-pox. Here there were all the usual signs of scarlatina, with abundant rash. On the second day of initial symptoms, there was lumbar pain; on the tenth, varioloid papules, few in number, which followed the course of modified variola. The scarlatinal symptoms were in this latter instance much the more formidable of the two affections. A third instance of a similar conjunction, occurring in the country, has been narrated to me.

I am, of course, well aware that occasionally variola is ushered in by a roseoloid rash. I have seen cases in which it appeared impossible to diagnose for certain. Thus, on December 16th, 1870, I was called in consultation to see a lady with profuse rash simulating scarlatina, but with abundant petechiæ over the body, and ecchymoses beneath both conjunctivæ. The patient was *in extremis*, and died a few hours afterwards. The case appeared like one of petechial scarlatina. Within two days, in the same neighbourhood, I saw a precisely similar case in a gentleman who also died *foudroyé*. This was regarded by the medical officer of health as malignant scarlatina. On December 18th, also near by, I saw a case manifesting a like rash, with the addition of variolous papules covering the body. I am disposed to think that all these were instances of variola.

* His admirable *Lectures on Surgery* will, we believe, before long be translated into English by Dr. Warren of Boston, U.S.A.