in the following way. A patient is rolled into the arena from the adjoining ward on a bed, and one of the students, named *Practicanten*, who have put their names on a list for the purpose, is called down. The history of the case is read to him and to the class, and he makes a physical examination of the patient, assisted by the professor, and then forms his diagnosis. The professor then analyses the case in every direction, in a way peculiar to the German school, and which we have never heard equalled by any other teachers, except the lamented Oppolzer; and from this it is that the English student derives benefit; there he finds the most ordinary every-day cases looked at in other aspects than that in which he has been accustomed to regard them, and the diagnosis arrived at by processes of reasoning quite new to him. True, he may not always himself have an opportunity of making a physical examination of the case, nor will he be able to follow its progress from day to day; but this is not what he goes abroad for. From time to time, the same patient will be again brought forward, or his case reported on; and, if death ensue, the autopsy will be conducted by the most accomplished pathologists, perhaps even by Virchow himself. Foreigners may always obtain seats within the arena; and Professor Frerichs and his assistants are most ready to afford them facilities for study.

Professor Traube's *clinique* is conducted more in accordance with our ideas, inasmuch as he goes round his wards with the class. He gives two courses: one intended for the junior students, the other for senior students and foreigners. Traube's speciality is diseases of the chest, and he possesses the most acute powers of auscultation. His ears are habitually stuffed with wadding, in order, it is said, to preserve the membrana tympani in perfect order.

Professor von Langenbeck is the great teacher of clinical surgery at Berlin, and one of the great centres of attraction there. His *clinique*, which is held in the University Hospital, some five minutes' walk from the Charité, is conducted in a similar manner to that of Professor Frerichs. After the case has been analysed and expounded, if an operation be necessary, it is performed. Here it is that the plaister of Paris bandage reigns supreme, any other form of fixed apparatus being rarely seen in Langenbeck's practice. Langenbeck has the reputation, amongst his own countrymen, of having a special liking for Englishmen; and, indeed, we ourselves, and many of our countrymen, have experienced the greatest kindness at his hands. He is always fortunate in the choice of his assistants, who are elected for three or five years respectively; and these appointments are much sought after, as they are likely to lead to a successful career. Englishmen will not find it difficult to cultivate friendly relations with these gentlemen, and so learn much which might otherwise escape them.

The surgical department of the Charité is under the direction of Professor Bardsleben, who succeeded to the post on the resignation of Jüngken, about two years ago. Although not so well known in this country as Langenbeck, yet Bardsleben holds a very high position in the profession in Germany. He is an admirable operator and teacher.

BLEEDING STIGMATA.

By FREDERICK JAMES BROWN, M.D., ROCHESTER.

SEVERAL years since, I attended a man suffering from purpura in connexion with organic disease of the viscera, in whom occurred spurring of blood from one finger and from one leg. I bring the case forward at the present time, so as to add to the general stock of experience in respect of bleeding stigmata.

Edward P., aged 45, died at Chatham on February 17th, 1857. The death was registered as follows:—Pleuritis (right), pericarditis (adherent pericardium), disease of liver and spleen, 2½ years; dropsy, 9 months; purpura hæmorrhagica, 5 months.

The *post mortem* appearances may be briefly stated thus. The pericardium was universally adherent; bony plates were found at its junction with the diaphragm. The cardiac valves were healthy. The right lung was entirely adherent; its structure was carnified. The left lung was healthy. There was serous effusion in the peritoneal cavity. The liver was enlarged; it had a rough granular surface, and yellow colour; its tissue was smooth, but very hard throughout. The bile in the gall-bladder was thin. The spleen was greatly enlarged; its surface was covered with thin lymph. The kidneys were healthy. The left suprarenal capsule was healthy; the right was not examined. The intestines were healthy. The outer surface of the stomach was dotted over with purpuric spots as large as peas. On the inner surface, there were large extravasations, one being three inches square. There was a tablespoonful of blood in the cavity of the stomach.

The patient had intermittent fever in the Baltic, and arrived in England suffering under thoracic inflammation. He went into a London hospital. Purpura appeared in September 1856. Black vesicles appeared in one leg, and under the nail of one finger; one vesicle appeared on the finger at a time, broke, and spurted out capillary streams of blood to the distance of a yard. I was present on one occasion; the streams or jets were as minute as hairs. The leg bled similarly, but I did not witness the spurring from the lower extremity. I do not remember whether it was the right or the left arm and leg, nor do I recollect whether there were any other purpuric spots on the extremities.

CEREBRAL RHEUMATISM.

By WILLIAM ANDERSON, F.R.C.S. Eng.,

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SEVERE cerebral complications in the course of acute rheumatism are sufficiently rare to warrant the publication of any instances which may throw light on the pathology of so fearful an addition to a disease of frequent occurrence; to this end are detailed the following well-marked cases.

CASE I.—S. H., aged 29, a labourer, was admitted into the Derbyshire Infirmary under the care of Dr. Ogle, on July 12th, 1869. The patient had been suffering, for a month before admission, from ordinary articular rheumatism, marked by pain and swelling of all the larger joints, febrile disturbance, and profuse acid perspiration. Two days before admission, a tendency to ramble and to get out of bed was noticed; but he was able to answer questions, and to converse rationally when his attention was fixed. On the following day, profuse sour perspiration occurred, and the symptoms passed off; but at night, the dryness and heat of skin returned, followed by the delirium. The joints still continued swollen. The patient was a married man, very sober and regular in his habits; he had always enjoyed good bodily health, but was of a nervous excitable temperament, and had suffered much from headaches. He had had a previous attack of rheumatic fever when nine years of age. His father and brother were both subject to rheumatism. On the morning after admission, he was apparently suffering from an ordinary uncomplicated attack of articular rheumatism, the knees were tender and swollen, and the skin yielded a profuse highly acid perspiration. No peculiarity of manner was noticed, although he was said to have rambled a little in the night. His pulse was regular and strong, although rapid, and the heart-sounds were normal; the tongue was large and white; the bowels open. A prescription containing colchicum with iodide of potassium and bicarbonate of potash was given. In the night, the dryness of skin and delirium were again observed; but, on the following morning, the skin acted well, and no intellectual impairment was present. The affected joints were less swollen and painful. The nocturnal delirium, still very slightly marked, recurred on the 14th, but as usual subsided towards morning, after free perspiration. On the night of the 15th, he was more unmanageable, and got out of bed several times; and, on the next morning, his manner was wild and excitable, not unlike that of a patient in the early stage of delirium tremens. There was, however, no peculiarity about the pupils, and his answers to questions were rational. His skin was dry and covered entirely with a milia eruption, each vesicle having a strawberry-red areola. No sweating had taken place during the night. His pulse was about 110 per minute, and rather bounding in character; the tongue was still white and moist. A warm bath (100 deg. Fahr.) was ordered. There was great difficulty in inducing him to go into the water; and, shortly after being replaced in bed, he sprang out with the blanket wrapped around him, and, before he could be stopped, ran down the staircase and into the grounds; he was there caught and was brought back into his ward. His struggles were then so violent that forcible restraint became necessary. At 6 P.M., he was delirious, talking in a wild disconnected way, but no longer violent. His face was flushed; the pupils slightly contracted; the features occasionally twitched into a sardonic grin. The skin was remarkably hot and dry; the areolæ of the milia vesicles were still bright red; the temperature in the axilla was 107 deg. Fahr.; respiration 30 per minute; pulse, full and bounding, 120. The heart's action was violent, but regular, and unaccompanied by any morbid sounds. A small quantity of non-albuminous urine was drawn off by the catheter. This fluid presented no microscopical peculiarity, but was not examined quantitatively for urea, etc. A blister was applied to the nape of the neck, an ice-bag placed on the shaven scalp, and a mixture containing fifteen grains of bromide of potassium prescribed. At 7.20 P.M., the face had become pallid; the features were drawn and the pupils con-