Cohnheim, at a post-mortem examination, to be due to gummous myocarditis with the sequences referred to above. The endocardium was protruded by the gumma into the heart's cavity, producing circumscribed endocarditis in the neighborhood of the ends of the papillary muscles, and resulting in an adhesion of the new formation with the anterior left extremity of the tricuspid valve, the gumma subsequently wasting under the pressure of new-formed sclerotic tissue.

Neuro-Syphilis.—As nervous diseases of syphilitic origin are more amenable to treatment than the corresponding idiopathic ones, a correct diagnosis may at times be sufficient to save a life otherwise lost. Althaus calls attention¹ to the fact that though the brain and cranial nerves are by preference affected, the spinal cord is by no means exempt. Syphilitic affections of the nervous system are late forms. Traumatic injuries or depressing emotions act frequently as exciting causes, while a powerfully predisposing cause is an unsystematic or insufficient treatment of the disease in its earlier stages. Cerebral syphilis may appear as (1) successive hyperæmic attacks, with symptoms like those of general paralysis accompanying outbreaks of the disease process locally upon the body, and without treatment the patient finally dies of marasmus. (2.) Syphiloma, accompanied by paroxysmal and intolerable nocturnal headache and by sleeplessness, especially in young persons in whom insomnia from other causes is rare. (3.) Disease of the arteries, followed by apoplexy or thrombosis with necrobiosis and syphilitic hemiplegia, after which recovery under the best treatment is generally imperfect.

Dr. Greenfield showed to the Pathological Society of London a case of this sort,² a small syphiloma of the anterior cerebral artery, consisting of a small cell growth around minute vessels which were obstructed by a thickening of their coats, due to a concentric growth developing apparently from the endothelial lining of the vessels. This process, progressing to total obstruction of vessels and their consequent obliteration is a characteristic feature of syphilitic new growths, and is, according to Dr. Payne, the probable cause of the apparent caseation.

EXTRACTS FROM THE RECORDS OF THE DORCHESTER MEDICAL CLUB.

C. ELLERY STEDMAN, M. D., SECRETARY.

Two Cases of Death from Impacted Gall-Stones.—DR. C. C. HOLMES reported the case of Mr. J. C., aged sixty-one, a healthy and athletic man whom he had attended seven years before for an attack of gall-stones, since which time he had enjoyed perfect health. On the morning of the 21st of June Mr. C. was

¹ *Med. Times and Gaz.*, November 10, 1877.

² *Lancet*, November 24, 1877.

seized with intense pain of a remarkably persistent nature in the epigastrium, and constant uneasiness with exacerbations of great intensity, increased by motion, accompanied by constipation, vomiting, hard, tumid abdomen, small pulse (130 to 145), and collapse. The patient was relieved by an injection of morphine subcutaneously, but without further symptoms sank and died in about forty hours from the beginning of the attack.

Fig. 1.

in nor out. It appeared that the collapse and shock of the intense spasm induced by the attempted passage of this stone were the causes of death.

Fig. 2

DR. B. CUSHING showed a specimen of a gall-bladder containing two gall-stones, another loose in the duct which it distended, and another in the mouth of the duct as it emptied into the duodenum, completely plugging the orifice. (Figure 3.)

The patient, a woman, aged fifty-six, was seen by Dr. Cushing a year ago, when she told him that she had had attacks of colic which had been relieved by homœopathic treatment, and that she was now losing strength and flesh. The last attack required full anodynes, and the paroxysms were as frequent as once a week or fortnight.

She was treated beneficially by rigid diet, mostly liquid, and in limited quantities, and fifteen minutes before each meal $\frac{3}{4}$ grain each of quinine and morphia. She had never had jaundice. A month before she had sent for Dr. Cushing, when he learned that on the previous afternoon she had had an attack of pain for which she took "Haarlem oil." She had a restless night, and summoned the doctor because she felt so "weak." He found her with scarcely any pulse, complaining of epigastric pain. She lived an hour.

Fig. 3.

The autopsy showed the gall-bladder, with the calculi as above described. There was no sign nor product of inflammation in or around the parts. The heart was fatty. At no time had she *intense* pain. There had been no jaundice.