

homewards in an intoxicated condition, sat down upon a doorstep, and fell asleep. Rheumatism supervened, and although he lived until the next July, he never recovered. During the last few days of his life, he was in a state of low muttering delirium.

Byron was born with "club foot." His mother, who was a misanthrope, always spoke of him as a "lame brat." This defect was finally remedied to the extent of enabling him to wear a common boot. He early showed signs of obesity. This was to him a matter of much chagrin, and he combatted the tendency by very low diet and medicine. He died in Greece at the age of 36, of heart complication, coming up during an attack of acute inflammatory rheumatism. Death was sudden.

Cromwell died of remittent fever.

Sir Walter Scott had several strokes of apoplexy. His memory failed, and softening supervened. The end came at 61.

Shelly was drowned by the capsizing of a boat in the bay of Spezia.

Keats died of consumption.

Voltaire died of strangury, probably due to enlarged prostate. Very much has been said by ecclesiastics about the agony of his last days, as though it was a judgment for his outspoken agnosticism. What nonsense! In the days of 1778, when this condition received no treatment worthy of the name, what physician would doubt but that the last days of Voltaire dying at 84, of strangury, must of necessity have been agonizing?

Galileo had stone in the bladder. With care he might have lived to shed upon that benighted time the rays of his intellectuality much longer. But he and the church differed on astronomy. Galileo asserted that the earth travels around the sun. The church would brook no such heresy. Galileo was dragged out in winter, jolted over rough roads in bad weather, to appear before the Inquisition. Exposure, imprisonment and ill-usage killed him—a martyr to progress.

John Milton died at 65, of "gout fever," or "gout struck in," as it was called—our gout retrocedent. It is a condition in which gout leaves the joints, and attacks some internal organ.

John Bunyan rode home in a heavy rain, took a "fever" and died.

Sir Isaac Newton was long a sufferer from gout and stone in the bladder. He is supposed to have died from the latter.

Dean Swift once pointed to a dying tree, and said: "I shall be like that tree—I shall die at the top." He had Ménière's disease, producing paralysis, then aphasia, and finally a decay of all the mental faculties. He lived a year without speaking a word.

Edgar A. Poe was picked up in the streets of

Baltimore, one morning in 1849, and taken to a hospital, where he died without regaining consciousness. His death was attributed to drink and exposure. There has always been a suspicion that he may have been the victim of an assault. Age 38.—*Jour. Am. Med. Assoc.*

SYPHILITIC SPINAL DISEASE.

Dr. Sottas has published an elaborate study of syphilis as it affects the spinal cord. From the *International Medical Magazine* we learn that the author has formulated the following conclusions as resulting from his observations on this important subject: 1. Syphilis can act on the nervous system in two ways: First, directly; in attacking the parenchyma, it determines thus at the onset of the affection the first vague nervous troubles of the secondary period, and later, perhaps, certain systemic affections, as tabes. This mode of action is not clearly explained, for there are no anatomical characteristics which permit us to recognize the origin of the affections which are attributed to it. Second, indirectly, in producing an inflammation of the vascular, lymphatic, and connective-tissue elements. The alteration of the parenchyma is secondary to these lesions. The reality of this process cannot be disputed; it is affirmed by the aspect of the inflammatory lesions, which, although not special to syphilis, are nevertheless to a certain point characteristic of this affection. The process can strike all parts of the cerebro-spinal system, but is limited sometimes exclusively to the cord. 2. Syphilis of the cord appears at a period near that of infection, with a maximum between the end of the first year and the end of the sixth, and is much more frequent in men. 3. The inflammation begins with the vascular walls and perivascular regions and involves especially the small vessels of the periphery of the cord. In the large vessels it involves the internal and especially the external tunic, developing about the vasa vasorum. From this point it involves the perivascular lymph space, afterward the lymphatic system of the meninges, and finally the entire arachnoid cavity. The infection spreads by the circulatory system and rapidly in the lymphatic system, where it assumes an independent form. At this period the lesions are constituted by: An inflammation of the vascular walls, which attains its maximum in the veins and small vessels; a diffuse general infiltration of the connective tissue of the meninges, an irritation of all the surfaces bathed by the cerebro-spinal fluid (surfaces of the meninges, ventricular walls). These inflammatory lesions are characterized by a tendency to nodular formations