

night, it was stated, he became violent, attempting to strike every one coming near him, yet unable or unwilling to utter any articulate sounds.

When first seen by Dr. Charteris on the morning of Jan. 9th, his face was flushed, his eyes were staring, with the pupils widely dilated. He seemed conscious of his surroundings, and nodded replies to questions. On the supposition that possibly he was able to express his ideas by words, a slate and pencil were handed to him, but the latter fell from his hand and the former was pushed away afterwards with a feeling of disgust. When asked to put out his tongue, he opened his mouth and protruded it a little way beyond his teeth. There was no paralysis, as he could stand without assistance, and was able to swallow milk and beef-tea without difficulty. Brandy and other stimulants were refused.

From the time of his admission until his death, fourteen days afterwards, his symptoms varied little, the chief being extreme restlessness, a constant desire to kick the bed-clothes off, not only from his person, but on to the floor. This restlessness rendered it impossible to take the temperature with any accuracy. His face used to brighten up at the periodical morning visit, and he seemed to long to say or write something when asked questions; but he was unable to do either. In the last twenty-four hours of his existence he sank into a comatose state, and died peacefully.

His case was variously interpreted as acute mania, cerebral meningitis, or sheer obstinacy, when first seen by the clinical class; but later on there was no doubt that the case was one of complete aphasia (using this term in its widest sense), with implication of the parts supposed to be concerned in the faculty of speech. This opinion was strikingly verified at the necropsy, as the subjoined pathological report shows.

The body was emaciated, and exhibited on the surface of the skin peculiar blotches of a red tint, not due to hypostasis. In the external table of the right parietal bone was a thickened nodule of a dense bone, about the size of half an almond. The dura mater was healthy. The arteries at the base of the brain were here and there thickened and atheromatous. There was in the left Sylvian artery a friable adherent thrombus, half an inch long, of a dark-red colour, with a trace of white here and there, and completely filling the lumen of the vessel. In both vertebral arteries similar masses of thrombus were found. On the under-surface of the right temporo-sphenoidal lobe there was a little extravasated blood in the subarachnoid space. Both lateral ventricles were rather distended with clear serum. The grey matter of the left island of Reil and its vicinity, including the posterior part of the lower left frontal convolution, was in a state of red softening. The rest of the brain-tissue was healthy. None of the other organs were examined owing to the objections of friends.

HÔPITAL TENON, PARIS.

CASE OF TYPHOID FEVER; RAPID DEATH, DUE TO
CARDIAC THROMBOSIS; NECROPSY.

(Under the care of Dr. STRAUS.)

FOR the notes of this interesting case we are indebted to M. Leduc, house-physician.

Lucie N—, nineteen years of age, a dressmaker, was aken ill and compelled to stay in bed on the 25th of February last.

On the 3rd March she was admitted to Colin ward (bed No. 22). She had never been ill previously, and had been in Paris sixteen months. She was therefore within the limit of time commonly considered necessary to become acclimatised, and would thus naturally be more exposed to contract typhoid. Her courses had ceased for six months, but they suddenly appeared three weeks before her admission. From that moment she had not felt well; complained of general lassitude, headache, and had diarrhoea, which lasted for three or four days. She had a slight cough, and her expectoration was faintly tinged with blood.

On the day of admission nothing abnormal was found in either lung. The first heart-sound had a slight tendency to a souffle towards the base. Upon the following day the skin was hot, the tongue red, and she complained of headache, fatigue, and giddiness when she sat up in bed. During

the course of the day she had slight bleeding from the nose. The abdomen was not painful; there was no diarrhoea. She was restless at night and could not sleep. Had pain at the back of the head.

On the 5th she was in the same state. There was slight tympanites, but no pain. There was gurgling in right iliac fossa. Morning temperature 39.5°; evening 40.2° C. A few spots made their appearance, but were not very characteristic. Cough continued. A dose of seidlitz was given to relieve the constipation. Next day she vomited bile. The abdomen was swollen; she had diarrhoea. The spots had come out better, and assumed their characteristic aspect.

On the 7th sibilant râles were heard at the bases of both lungs. The face had become typhoid; the patient, however, could answer correctly with but little hesitation; vomiting persisted, as also the diarrhoea. The abdomen and anterior portion of the thorax were covered with the lenticular spots. There was epistaxis. Temperature: morning 39.6°; evening 40° C.

On the 8th she vomited everything she took, as well as a great quantity of bile. The eruption of lenticular spots was very abundant. Temperature: morning 39.5°; evening 39.2°.

On the 9th, the urine contained a great amount of blood. There was very little blood in the stools. The patient had become very pale.

On the following morning the sister said that the patient had had a fit of suffocation during the night. She became black in the face, and continued so for about one minute. At 10 A.M. she had a second fit; and at 1 P.M. she had a third; and after crying out she fell back suddenly and died.

Necropsy, twenty-four hours after death.—Slight ascites; 200 to 300 grammes of fluid were withdrawn. About half an ordinary tumblerful of fluid was found in the pericardium. The stomach was considerably dilated and filled with fluid. The intestines were highly injected through a considerable length. Peyer's patches and the closed follicles of the last four or five feet were infiltrated. The spleen weighed 420 grammes, and was easily torn. Liver congested and softened. Kidneys nearly twice their normal size; the capsules were easily taken off; the cortical substance was the principal seat of the congestion. The cavities of the heart were filled with clots. In the left auricle and the left ventricle the clots were partly discoloured and fibrinous. The remainder of the clots were recent. The muscular fibres were pale. The lungs were entirely congested; a degenerate ganglion was found in the left inferior lobe. On the right side, and at the apex, two or three tuberculous nodules were to be found, surrounded by a zone of sclerous tissue containing tubercles. The brain was healthy, but the ventricular cavities were distended; the pia mater was strongly adherent. Mesenteric ganglions enlarged and congested.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

MEMBRANOUS CROUP AND DIPHTHERIA.

(Continued from p. 596.)

DR. SEMPLE thought it right to draw attention to the circumstances under which the Committee (of which he was a member) had been called upon to report. Some years ago he read a paper in that room stating opinions which he had long cherished, in spite of vehement opposition. These opinions were, that the word "croup" had no special significance; that under it were confounded three different diseases:—1. There was the disease characterised by formation of false membrane on the fauces and larynx, which had been very properly called by Bretonneau diphtheria. The term "diphtheria," signifying a disease accompanied by a false membrane or pellicle, was as apt a term as small-pox was for the exanthem it denoted; and it was no more strange to have some cases of diphtheria without the membrane than to have small-pox without the eruption. 2. "Croup" had also been applied to cases of simple inflammation of the larynx and trachea—ordinary infantile laryngitis—in which