was also probable from the state of the pupils. Here, then, were indications for low diet, and large doses of opium; but on the other hand the threatening and afterwards existing delirium and prostration, and the capillary congestion and impending coma, would seem rather to call for free stimulation and the avoidance of narcotics. In such a case the golden rule of Dr. Watson's is the one to be followed: "To obviate the tendency to death." We must watch our patients, and blow hot or cold, alternately or simultaneously, as the emergency may seem to require.

Another remarkable feature in this case was the existence of the serious abdominal lesion, without evidence of its presence during life. Injuries of the spleen generally prove almost immediately fatal, and yet here life was prolonged for four days and nights, with nothing to direct attention to this severe visceral complication. Mr. Pollock, in his excellent monograph in *Holmes' System of Surgery*, states that the dangers of ruptured peritoneum,¹ are, at first, hemorrhage, and afterwards peritonitis, yet here there was nothing to indicate loss of blood in any amount greater than accounted for by the external injury, and the autopsy showed no approach to inflammation or even to active congestion. This man died of *mania à potu*; had he escaped that complication, it is just within the bounds of possibility that he might have survived his injuries, the clots in the abdomen have become encysted or absorbed, and the spleen have presented to some future pathologist a curious and unaccountable cicatrix.

Sept. 14. Synopsis of Autopsies made at Lincoln General Hospital.—Dr. H. Wood, Jr., presented the following paper for Asst. Surg. H. ALLEN, U. S. A. :—

The following synopsis of autopsies was drawn up from a series of observations instituted at Lincoln General Hospital, Washington, D. C., during the year 1863 and part of 1864: 223 autopsies were made during this time, the results of which were carefully recorded.

Of this number 102 were medical cases, the remainder surgical. It is the former class alone which I have here consolidated. It is justice to state that 49 of the 102 autopsies were made by Asst. Surgeon G. M. McGill, U. S. A.; the remainder were made under my own auspices.

I have purposely avoided making any general remarks upon the conditions described in this paper, since I intend it to be a statistical synopsis rather than a monograph on pathology of army disease. But, in this connection, it may be allowable to state that the ulcers noticed in the fauces and larynx of certain cases of pneumonia and typho-malarial fever were, in my opinion, of a scorbutic nature, and that, although the condition of the spleen of chronic diarrhoea, as described in that section of the paper, is opposed to the conclusions of other observers, yet I am entirely satisfied that as far as these specimens go, my conclusions are correct.

No mention of the kidneys or supra-renal capsules has been made. Little or no differences were observed in these organs in the many examinations made of them. The kidney was frequently bloodless—occasionally very slightly fatty; the supra-renal capsules² was occasionally friable, with

¹ In a case of ruptured peritoneum without other visceral injury, which I reported to the Society about two years ago, death ensued in less than eighteen hours after the accident.

² Dr. Leveck ("Miasmatic Typhoid Fever," *Amer. Journ. Med. Sci.*, xciv. 410, April, 1864) states that Prof. Leidy has found discoloration of these bodies in one-fourth the cases of typho-malarial fever. I have not been successful in noticing the prevalence of such "discoloration."

nodulated borders; but the abnormal changes were in both organs so unimportant, that it was not deemed necessary to tabulate them.

A copy of this synopsis is on file in the Surgeon-General's office. All interesting specimens mentioned are preserved in the Army Medical Museum.

Chronic Diarrhœa.—The following is a *résumé* of 41 cases:—

Emaciation was extreme in all. The cornea was ulcerated in 4 cases only. The bodies were frequently offensive; a concentrated odour arising from the skin. In 6 subjects a peculiar condition of the capillaries of the skin was observed. This consisted apparently of the transudation of the colouring matter of the blood into the connective tissue about the vessels. It differed from the dull red colour generally found upon subjects a few hours after death in being intenser in colour, in having its boundaries well marked, and in not being confined to the most dependent parts of the body.

Lungs.—20 were affected with *pneumonia*, of which number 8 cases were double, 12 single. Of the latter number 9 were on the right side, 3 on the left, 7 were *congested*. In 6 this condition was extreme on both sides. In 7 cases *phthisis* was discovered, in 5 of which the deposit existed in both lungs. In the other 2 it was found on the right side alone. In 1 of the last-mentioned cases, *pneumonia* existed in the corresponding lung. In the remaining 7 cases the lungs were not diseased. The aspect of the parenchyma, however, was unusual. The lungs were shrunken, and occupied but a small portion of the thoracic cavity. In some, the distance between the anterior thoracic wall and the lung was as great as $2\frac{1}{2}$ inches. The parenchyma was dry, with little bronchial secretion evident, and no appearance of the delicate pink hue of the healthy lung. Owing to the absence of blood, and to the presence of pigmentary matter, the tissue was everywhere of a grayish colour.

The *heart* was diseased in 3 cases only; in these the organ was flabby, approaching the condition often observed in typhoid fever. The muscular fibre was paler than in health. Clots were found in the ventricles in all cases excepting 5. In 8 instances complicated with *pneumonia*, the clots were unusually large, firm, and white. The quantity of pericardial fluid measured from 1 to 8 drachms. In one case *pericarditis* was observed.

The *liver* presented but little variety in size or colour. The texture was somewhat more friable than in health, with the outlines of the acini better marked. The parenchyma was of a dark colour, and verged, in some subjects, to the intensity of hue seen in the bronzed liver of *remittent fever*. On the other hand, occasional specimens were met with in which the texture was softer than natural. The interior of the organ in these cases presenting a uniform dull red colour, with indistinct acini. In the latter class of specimens the hepatic cells were generally observed to be granular, and in many instances to be undoubtedly fatty. Apart from these, were noticed cases of fatty degeneration—8 in number, in which the parenchyma was of a yellow colour more or less indistinct, with the cut section giving the usual nutmeg appearance. It will thus be seen that the liver in patients affected with chronic diarrhœa possesses a tendency to fatty degenerations.

The presence of fatty matter frequently gives a yellowish appearance to the organ, but even in the absence of this, when the indistinct appearance of the acini coexists with a flabby condition of the tissue, the presence of an increased amount of oil in the cells may be reasonably expected.

The *spleen* had an average size of 5 inches in length by 3 in width. The

largest specimen measured $11 \times 6\frac{1}{2}$; the smallest $3 \times 1\frac{1}{2}$. The great majority were rather small, firm, and compact; but 6 out of the whole number could be called actually soft. The general colour was dark purple externally, with a brownish-red admixture internally. From this colour of the parenchyma, the organ was called, in the note taken at the time of the examination, "the mahogany-coloured spleen."

Pancreas was healthy; in 5 cases was unusually firm and white.

The *intestines* were found to be the chief seat of disease. The whole alimentary canal was affected, though the greater lesion was invariably found in the colon. The ileum in a small minority of cases was markedly diseased. The mucous membrane, however, showing evidences of an unhealthy condition in all.

Those cases which offered the greater amount of change in the small intestine always presented immense ulcerative lesion of the colon. In fact the first anatomical change occurs in the large intestine, all others being subordinate to them. *Ileum*.—The mucous membrane was generally of a dingy slate colour, modified in places by the presence of biliary matter. Patches of hyperæmia were scattered here and there along the tract, being most abundant toward the ileo-cæcal valve. The mucous membrane was softened and thickened. The mucous folds were in the larger number of cases obliterated, giving the intestine an "ironed-out" appearance. This condition appeared to be due to the atonic state of the muscular coat, allowing the flatus to distend the calibre of the canal. In other specimens the irritable condition of the muscular coat had produced excessive contraction, making the mucous folds high, tortuous, and closely approximated. The villi were conspicuous in all cases. They were generally brought out in strong relief to the grayish, leaden colour of the mucous membrane. In 4 cases they were matted together by a low form of exudation. This product was of a dull, greenish colour, and extended from the ileo-cæcal valve some distance up the intestine. In 3 of the cases above named, the presence of the same kind of exudation was found in the colon. In one intestine it was found in the ileum alone. The solitary glands were often enlarged. Ulcerations of a simple rounded form were present in 2 cases. Peyer's-patches were generally inconspicuous, not elevated, of a dull white colour, and frequently a leaden hue from the deposit of pigmentary matter. In 5 cases they were greatly enlarged, but in one case only were they ulcerated. In this instance the gland containing it was turgid, the base of the irregular ulcer was whitish, and lined with exudative matter. In 1 case ulceration of the cæcum occurred involving the walls of the small intestine, a lesion entirely distinct from any pathological condition of the gland.¹

¹ *Extract from P. M., No. 178.*—"The region immediately about the ileo-cæcal valve was rich in interest. A large perforation existed through the coats of the small intestines at its junction with the colon. It was situated at the side of the canal midway between Peyer's patches and the mesentery. It was evident from its position that it was the result of a previous change which had taken place in the cæcum. Upon examining this latter locality, it was discovered that a second perforation had occurred in the caput coli, about the size of a five cent piece. Both ulcers opened into a common cavity, defined on its inner side by the intestinal walls, on the outer by the iliac muscle, and above by a fold of the omentum. The iliac muscle was considerably disorganized, and contained one drachm of offensive pus. The portion of omentum which covered the cavity was thickened, and on its under surface lined in common with the intestinal and iliac surfaces, with a ragged, blackish membrane. No peritonitis was present. The omentum, adherent as it was to the purulent spot, had prevented any communication with the abdominal cavity. The colour presented the ordinary lesion of chronic diarrhœa."

Colon.—The mucous membrane was of a dull gray colour, generally more vascular at the cæcum than elsewhere. The ulceration, which commenced in all cases in the follicles of the tract, was of two kinds, simple and confluent. The simpler form presented small punctate, superficial ulcers distributed over the membrane. These were most prevalent at the lower part of the canal. The cæcum was less frequently the seat of such ulcerations than other localities. The longitudinal bands were favourite sites for this destructive change; several instances were met with in which these bands were sprinkled with scooped-out ulcers, when no similar changes had taken place elsewhere. The confluent form arose from the union of the simple ulcers, and was always accompanied with thickening of the mucous membrane. In advanced conditions, partial destruction of the membrane was found, and in those uncomplicated forms accompanied with extreme emaciation, which had pursued their unchecked course until the lesion had become the exciting cause of death, almost entire destruction of the mucous membrane had taken place. The colon here presented one mass of disease. All resemblance to the original structure had disappeared. By the elevation of the thickened membrane between the ulcerated areas a very irregular surface was obtained; when the ulcers were small, rounded, and close together, a honeycombed appearance was the result; when irregular and confluent, a ragged, illy-defined mass. The colour of the ulcers was for the most part a darkish slate gray, occasionally of a turgid purple in those portions undergoing repair. Where extreme induration had taken place, the ulcers and their surroundings were of a light yellowish "tallow" hue. Livid patches of inflammation at times were seen which brought out in strong contrast the contiguous sombre colouring. The cæcum when the disease was far advanced was in some instances in danger of perforation. One case was observed where the walls were greatly thickened and softened, the calibre much contracted and the peritoneum inflamed; no perforation had, however, taken place. In two other specimens this lesion had actually occurred. In 12 cases a greenish yellow exudation of a diphtheritic nature covered the ulcerated patches, and was similar to that mentioned as occurring in the ileum. Peritonitis was found marked in 3 cases. The inflammation in 2 of these was of a low type, and corresponded in position with the portion of the tract most diseased. In the first it was found in the form of adhesive inflammation about the sigmoid flexure. No pus was found elsewhere. In the other healthy pus was found bathing the cavity of the peritoneum in small quantity. No vascularity of the peritoneum was detected. The third case demonstrated the presence of extensive recent peritonitis.

Typho-malarial Fever.—The following is a *résumé* of 35 cases:—

Larynx and Trachea.—The epiglottis was generally of a delicate whitish-yellow colour, which merged into a paler hue on the sides of the thyroid cartilage. Here the membrane had not unfrequently a bluish tinge, with the superficial veins occasionally prominent. The trachea was universally of a pale red colour between the rings, white upon them. The surface of the lining membrane was often covered with papules of mucus, the result of overaction of the follicles; where this condition of the membrane was noticed, a complication of the lung was generally coexistent. In one case ulceration was established. In this specimen the posterior surface of the epiglottis was covered with a diphtheritic exudation in common with that of the fauces. The epiglottis was much thickened and ulcerated on the free

margin of either side. On the left side the single ulcer was 7 inches long and 2 wide, of an elliptical shape; its walls high and rounded. The right side was the seat of two distinct ulcers, similar in character to that of the opposite side, arranged in a line one above the other: the one near the tip measured $3'' \times 2''$, the lower $4'' \times 2''$. On the left side of larynx, immediately below the chordæ vocales, an irregular superficial ulcer, with low whitish walls, was seen, which measured $6''$ in length. A second similar ulcer was found in the angle formed by the junction of the thyroid cartilage; it was smaller than the other, measuring but $5'' \times 1''$. The mucous membrane gave evidence of deep inflammation. That covering the epiglottis was of a yellowish cast; the chordæ vocales of either side were of a light blue colour, while the surface of the larynx below this point was of a dark slate yellow, the membrane being thickened, and accompanied with injected superficial vessels. In another case the epiglottis was stiff and the mucous membrane thickened, though no ulceration was detected. The sub-epiglottidean follicles were enlarged and softened. The left side of the organ was more affected than the right. The mucous membrane at this point was of a greenish-brown colour, paler beneath. Trachitis was detected in one case only. It was very decided, however, though unaccompanied with either laryngitis or pneumonia. The œsophagus and pharynx were healthy in 27 instances. The mucous membrane was generally of a dark purplish tinge down to the inferior border of the larynx; beyond this point the membrane was of a lighter hue; at the lower third a yellowish ochre was seen. In some specimens this appearance extended two-thirds the length of the gullet; in others the entire tract was stained.¹ 5 cases of ulceration were observed. In 2 of these it was confined to the cardiac extremity, where it was quite superficial, and arranged linearly in the longitudinal axis of the tract. The ulcers were, therefore, longer than wide, with an average size of $1\frac{1}{2}'' \times 2''$. In another instance the lesion was detected in the upper portion of the canal, and extended from the region of the epiglottis $4''$ downwards. The ulcers were of a punctated form, 5 in number. Several of them were covered with a greenish exudation; most were superficial; 2, however, were cut through to the mucous coat of the pharynx. The surrounding mucous membrane, both above and below the locality, was greatly inflamed, and in their immediate vicinity it had a decidedly gangrenous odour. In four or five instances small but conspicuous ulcers were detected in the posterior wall of the pharynx, at the point of its emerging into the œsophagus. In addition to these, 3 specimens were found in which decided inflammation was present, without ulceration. In the first of these the lower portion of the œsophagus was of a dark purplish colour, with numerous spots of ecchymosis, of the size of mustard seeds, visible in the submucous connective tissue. The upper portion of the gullet and the whole of the pharynx were of a dark greenish appearance, somewhat resembling the colour of an old intestinal ulcer. The mucous folds were very soft, and the whole canal much thickened and disorganized. Opposite the sixth cervical vertebra it was firmly adherent to the bone. In the second case a lower form of inflammation was observed, confined to the laryngeal region, and accompanied with a diphtheritic exudation upon the mucous membrane. No thickening of the tissues was observed. In the

¹ Of these discolorations one was congested; one stained yellowish ochre near cardiac extremity; one pale blue above, marbled ochre below; one bright ochre colour.

third specimen an abscess was detected in the posterior wall of the œsophagus, where the organ is crossed by the right bronchus. It had attained the size of a hazelnut, and contained healthy pus.

Lungs.—The cases of congestion were 15 in number. This condition embraced every variety of engorgement, from simple excess of blood to a turgidity of the parenchyma, absence of crepitation, and the presence of an excessive amount of sero-sanguineous fluid. All the specimens, upon being cut open, poured forth a thin fluid, which, from the admixture of blood and bronchial secretion, assumed from the one a dark reddish and from the other a frothy appearance. The condition of the lung indicated by these characters was distinguishable from splenization. By the employment of pressure in the one the contained fluid would pour out and the section collapse, while the same force applied to splenified lung would result in its breakage. Both sero-sanguineous congestion and splenization were frequently detected coexistent in the same specimen, the latter doubtlessly being a sequence of the former. 10 cases of pneumonia were observed. Of these 3 were double, 7 single. Of the latter, 2 were found upon the *right*, and 5 on the *left* side. All were in the second stage of the disease. In addition occurred 1 case of *capillary bronchitis*, and 1 of *phthisis*. In the latter the tubercle was deposited in the apices alone. In the remaining 8 cases the lungs were not diseased. 3 cases of pleurisy came under our notice. 2 were simple; the other, a case of pleuro-pneumonia, was very slight, the pleuritic complication being confined to the external surface of a patch of splenified lung. The uninflamed lungs in every case of typho-malarial fever presented a peculiar appearance. The dull red colour of the parenchyma contrasted with the pigmentary matter, frequently deposited in increased amount, gave the tissue a mottled aspect, which was quite characteristic.

Heart.—29 specimens were firm; 6 were soft. The number of flabby hearts appear to have been smaller than would have been expected. The organ was generally pale, and the presence of clots noted in all the specimens but three. Those having the large clots were invariably accompanied with some pneumonic complication. In two cases the cavity of the pericardium was obliterated by previous inflammation. The quantity of pericardial fluid was generally large. It varied from 3i—3iij.

Liver.—Of the 35 organs examined, 24 were firm; 11 were flabby. But 3 specimens gave decided evidence of fatty degeneration, though this change had no doubt taken place in most of those that were flabby. No specimens of the nutmeg liver were met with. 4 were much congested; 2 were bronzed; 1 had capsule of Glisson much indurated. The bile was generally large in quantity, varying from 3ij—3xx. It was frequently black, thick, and tar-like; at other times dark greenish-brown or ochre; at others of a more yellowish tinge. Frequently viscid, it was occasionally thin, with a light flocculent deposit.

Spleen.—Of this organ 21 were found firm and healthy; 14 were flabby or pultaceous. The organ was generally of a grayish-purple colour externally, with a dark purplish-brown or an intense bluish-gray internally. The trabeculæ were generally conspicuous. The diseased specimens presented every form of softening, from slight flabbiness to pultaceous disorganization. When in this last mentioned condition the spleen was so soft as to break readily upon being removed from the body, and when grasped firmly in the hand the pulp would flow out in a thick continuous stream, like water from a sponge. The average length was 5'' × 4''.

Intestines.—In all the cases the intestines were extensively diseased. In 28 cases the pathological appearances were confined to the ileum; in 7 the colon was involved.

Ileum.—The mucous membrane was of various shades of yellow and white colour, being of a lighter hue in the jejunum, where the colour was doubtlessly intensified by the presence of biliary matter, and gradually becoming darker as the region of the ileo-cæcal valve was attained. The mucous membrane was in all cases more or less softened, and the mucous folds generally obliterated in the lower third of ileum. This was particularly the case in specimens taken from patients who had lingered a long time. The parts immediately around the ileo-cæcal valve were uniformly the seat of greater pathological changes than elsewhere. From this point the glandular evidence of disease extended several feet up the canal; in one instance reaching the distance of 10 feet above the ileo-cæcal valve. No ulcers were detected above the jejunum. The greater lesions were invariably observed in the closed glands. These in the earlier stages were tumid, thickened, of a whitish colour, with high abrupt walls. Of the whole number of specimens, 18 presented ulceration in patches intumescent; 14 in patches not intumescent. In 3 the condition of the patches was unnoticed. The character of the ulcer varied as it existed either in a swollen or shrunken gland. If in the former, its walls were high, its base red, its form generally circular or sub-oval, and occasionally a low form of exudation appeared upon its surface. This form was never confluent, and in no instance was the entire surface of a patch the seat of ulcerative change. Several distinct ulcers, however, were seen in one patch, and in 3 instances the whole area was pitted with punctate ulcers, giving the gland a honeycombed appearance. This condition of the agminated glands was always accompanied with a similar change in the solitary follicles. The enlarged follicles were frequently so numerous as to give the surface of the gut a mammillated appearance. In the shrunken gland the ulcers were always of a duller hue, the walls seldom high, and if so, were confined to the periphery of the affected patch, forming a rounded sub-everted border, the area within which constituted the ulcer. The base was chiefly of a dark blackish colour, due to the presence of pigment. The form of the ulcer was, as a rule, irregular, a condition due to the unequal ravages of the undermining process which had taken place at the base of the individual follicles. In 8 cases the borders of the patches were scooped out to the depth of a line by this action. In 2 cases perforation of the walls of the intestine had taken place. Both lesions occurred in ulcers in the neighbourhood of the ileo-cæcal valve; in both peritonitis was extensive.

Colon.—The colon was complicated in 7 cases. 2 cases of simple congestion near cæcum without follicular enlargement, 4 cases of congestion with follicular enlargement, in 3 of which ulceration had occurred. In the 7th case inflammation was present, the mucous membrane being thickened and indurated near the cæcum, simple follicular ulceration had taken place.

One case of death had been occasioned by imprudence in diet. The exciting cause of death having been hemorrhage. Large quantities of the seeds of the blackberry were found in the acutely inflamed tissues of the alimentary canal. One case of gluteal abscess was observed. It had discharged its contents previous to death.¹

¹ Extract from P. M., No. 182.—“The right buttock was the seat of a gluteal abscess. Its position was immediately to the outer side of the anus, and extended

The parotid glands were inflamed in 6 cases; suppuration was noticed in 2. Inflammation of the thyroid gland with thyroid apoplexy was observed in one case; in the same subject enormous abscesses were observed in the salivary glands. In one instance an abscess was detected in the cellular tissue beneath the diaphragm at the epigastrium. It contained a drachm of healthy pus.

Pneumonia.—Of this disease 21 cases were observed.

The *larynx* and *pharynx* were involved in 2 cases. The first of these had the epiglottis highly injected, especially at its free edge. The chordæ vocales were ulcerated on both sides at their posterior portion. The ulcers were lined with high roundish pale walls. The mucous membrane around them was of a dark purplish colour, that upon the sides of the larynx lower down was injected and of a stone blue. In the second specimen the ravages had been more extensive. The pharynx was in a state of chronic inflammation; the walls were much thickened, the constrictor muscles very pale; the mucous membrane of a dim yellowish gray colour more marked immediately about the orifice and upon the sides of the glottis. Epiglottis thickened, slightly injected on its free anterior border. Mucous membrane lining the larynx of the same colour as that of the pharynx, having a stone blue cast opposite the cricoid cartilage. The left side of the rima glottidis was thickened, tumid, and covered by a whitish yellow exudation. This exudation concealed the dimensions of an ulcer, the edges of which were ragged, irregular, and sinuous. The base of the epiglottis of the corresponding side was also the seat of ulceration; the ulcer having free everted borders, and being filled with a tenacious pus-like exudation. Upon the opposite side of the organ a small ulcer about the size of a buckshot was observed.

Lungs.—16 presented pneumonia upon both sides; 5 on one side alone, 3 on the right, and 2 on the left side. But two specimens out of this number presented complications with pleurisy. Of these one was on the right, the other on the opposite side. Nothing peculiar was observed in the appearance of the consolidated portions of the lung substance. The most common form the inflammation assumed was that of splenization. Red or gray hepatization were comparatively rare. In some specimens all three conditions could be demonstrated, gliding into one another.

The *heart* was healthy in all but one instance, in which hypertrophy was present. In a majority of cases the right side of the organ was distended with a large soft fibrinous clot. The quantity of fluid in the pericardium varied from dr. 1 to oz. xvi.

Liver.—13 were healthy; 5 flabby; 4 had a tendency to become fatty; 1 was markedly nutmeg. In 2 cases congestion was present.

Spleen.—12 were healthy; 13 soft; of which the majority were pulsatious.

Pancreas was healthy in all instances.

Intestines.—14 specimens were healthy. In 8 instances the solitary glands in the lower third of ileum were enlarged; in 1 case of which simple ulceration had ensued. In 2 cases the colon was complicated. 1 specimen presenting minute punctate ulcers in the cæcum; the other was

deeply into the surrounding parts. The external opening was small, the cavity within large. Immediately previous to death a severe hemorrhage had occurred at this spot. Several large firm blackish clots were found in the cavity, which were very offensive. No flatus or excrement, however, appears to have escaped."

without ulceration, though the folds of mucous membrane throughout the tract were covered with a form of diphtheritic exudation.

Diphtheria.—But 5 cases were observed of this disease.

The exudation was confined in 2 cases to the pharynx and larynx. In the other 3 it extended to the trachea. In 2 the entire area of the respiratory passages were filled with it. In no case was any ulceration of the mucous membrane observed.

Lungs.—3 were affected with pneumonia; one partially carnified: the other was healthy. In no specimen was the pneumonia sufficiently extensive to have been the cause of death.

The *spleen* in 3 cases was soft in the extreme; firm in 1, condition not noted in 1.

The *intestines* were healthy in all cases. In 2, slight enlargement of the solitary glands of the lower third of ileum and head of colon was observed. In 1, the mucous membrane of the latter was of a grayish slate colour. In no specimen did any ulceration or exudation exist.

The other organs were found in a healthy condition.

In addition to the above, autopsies were made upon 16 cases of phthisis—1 case of pericarditis, 1 of aneurism of thoracic aorta (death occasioned by the bursting of the aneurism into the pericardial cavity), 1 case of purpura, 1 of capillary bronchitis, carcinoma of testes, hydrothorax, and typhoid pharyngitis.

Purpura Hemorrhagica.—Dr. H. C. Wood, Jr., read for Asst. Surg. Harrison Allen, U. S. A., the following history of the case.

Oscar Rowdebush, private Company E., 111th Pennsylvania Volunteers, 22 years of age, bilious temperament, was an attendant in ward 20, Lincoln Hospital, March, 1863. He had entered the hospital some months before with aphonia. On the morning of the 27th inst. the patient complained of a coryza with pain in the head and slight cough. The following morning he was seized with a paroxysm of intense pain in the small of the back. The skin was now suffused with a dark red blush; and innumerable purplish petechiæ, not removable under pressure, and averaging in size that of a grain of mustard seed, appeared simultaneously over the whole body, although most prominent over the abdomen and chest. The sclerotic conjunctivæ of both eyes became swollen and assumed a deep black colour, while that portion lining the palpebral surfaces remained of a delicate pinkish hue. The cornea was of glassy clearness, and owing to the swollen condition of the conjunctivæ apparently depressed. The pupils were contracted.

In the afternoon of the same day the patient coughed up a quantity of bloody sputa; soon afterwards a slight hemorrhage from the fauces occurred, while bloody urine was voided from the bladder.

On the evening of the 28th the tongue became dry and hot, lips tumid, parched, cracked, and of an intense black colour. The roof of the mouth covered with a whitish covering, which was probably altered epithelium. Respirations 30 a minute, somewhat laboured; no cough. Upon a physical exploration of thorax nothing abnormal was detected. Pulse at wrist 120, heart's impulse rather small; rhythm regular, temperature of surface between thighs 110°. *Power of speech returned at this time.* Muscular power everywhere perfect. Mind clear, patient conversing rationally. During the night he became delirious, talked to himself, and endeavoured