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CASE OF ERYTHEMA TUBERCULATUM ET OEDEMATOSUM.

[Read before the Boston Society for Medical Improvement, by SILAS DURKEE, M.D., and communicated for the Boston Medical and Surgical Journal.]

PATIENT, Mrs. Capen, of South Boston. Age, 47 years. Born of healthy parents, and always lived in Massachusetts. Was married at the age of 19, and was the mother of six children. They are all living but one, which died at the age of four months. Her mother is still living, at the age of more than 70 years. Her father died at sea of an injury.

Patient was above the medium size, stout built, dark complexion, black hair, black eyes; temperate, and otherwise of good moral character. Never had any unusual trouble connected with child-bearing, nor any catamenial derangements worth mentioning. She first consulted me about the middle of July, 1855. There was then one tubercle situated on the inside of the left leg, midway between the knee and the ankle. It was one inch in diameter at the base, and elevated one third of an inch above the surrounding skin. It was of a deep red color, was perfectly round, and slightly elastic to the touch. It was not painful. It began to show itself in the month of March previous, making about four months before I saw it. There were from eight to ten papulæ irregularly distributed in the immediate neighborhood, and varying in size from mere dots to a pin's head; and two or three small tubercles of the bigness of a split pea near the inner malleolus. The appearance of the papules and the tubercle corresponded with the description and plate which may be found under the head of *Erythema papulatum et tuberculatum* in the "Illustrations of Cutaneous Diseases," by Robert Wilson, London, 1841.

The leg and foot were somewhat swollen and œdematous. The general health was impaired. The woman had a poor appetite; looked thin and pale; and complained of severe constipation and debility. Pulse 65 and feeble.

She stated that on the 4th of March, 1853, her right thigh was amputated in consequence of a disease on the right leg like that

which occupied the left leg at the time I saw her in July. Both legs and feet had been more or less swollen, especially in warm weather, for six or seven years previously to the amputation. The tubercles on the right leg had existed eight months before the surgical operation was performed. They were fused together in one large mass, according to the patient's statement, and covered a portion of integument on the middle of the leg nearly as large as her hand. She had a favorable recovery from the operation, and for eighteen months afterwards enjoyed health. The malady never showed itself in the stump. The left leg was free from disease at the time the thigh was removed.

Such is the report furnished by the patient at my first interview with her. Circumstances beyond my control prevented me from seeing her again until

Sept. 29, 1855.—At this time I visited her with her medical attendant. Found the foot and leg more swollen and œdematous than when I saw her in July; and more than one hundred papules and tubercles were developed upon the leg. Some of them were entirely separated from others; some in close proximity at their bases, and some had coalesced into one common mass, especially in the neighborhood of the first original tubercle. This aggregation of tubercles covered a surface nearly equal to the palm of my hand; and was elevated at some points one inch above the integument. Before any topical remedies had been applied, excepting the most simple, large sloughs had been cast off from this tuberculoid growth; and thus a cavity had been produced, one inch in length, one third of an inch wide, and extending beneath the base of the tubercles into the subjacent integument. There was no purulent or serous discharge from this deep opening; and the patient stated that there never had been. I learnt from the medical attendant that he had sprinkled bichloride of mercury upon portions of this large group of tubercles for the purpose of producing suppuration—an event which did not take place. He also stated that he had, with the same end in view, applied a solution of the nitrate of silver, \mathfrak{z} iii. to \mathfrak{z} i., but that no suppuration had been produced. The patient stated that from the time these local means were used, the limb became more painful, and that the disease advanced with greater rapidity than before.

The largest isolated tubercle was imbedded in the skin just above the inner malleolus. It was more than an inch in diameter, and elevated half an inch. It had acquired this growth in about three months. The integument of the outer portion of the leg was at this date nearly free from tubercles and papulæ. The most minute specimens of the latter could be felt in the substance of the skin before they had scarcely risen above its surface. They were perfectly hard at this stage of their development, and of a bright red color. On the summit of some of them the intensity of the red tint was a little obscured, as if the cuticle had been thickened or partially detached from the derma. By pressing them with the point of the finger,

the color disappeared, and on the removal of the pressure it was quickly restored.

The hairs had fallen out from the whole integument of the limb excepting an irregular islet or patch, about five inches in length and from two to two and a half inches in breadth, on the outer aspect of the lower part of the thigh and the upper part of the leg. Upon this district of skin most of the hairs were firmly retained in their sheaths until the patient died, although in other respects it was the seat of the same morbid changes that were displayed in its vicinity. All the follicles from which the hairs had escaped were congested just sufficiently to attract attention; and by drawing the finger over the skin many of them felt distinctly hard and solid; in others the diseased action had been too feeble to produce such a condition, except to a very slight degree.

October 5, 1855.—Mrs. C. became my patient. I spared no pains to watch the morbid growths that were evolved upon the dermoid tissue through all their transformations, which were in a high degree interesting.

Three days before I took charge of the case, the attending physician applied a solution of nitrate of silver to many of the tubercles and to the intervening integument. Vesication was thus produced, and to-day the serum is escaping from beneath the broken cuticle and flowing in various directions over the limb. The swelling and oedema of the parts have increased since I last saw the patient; and she complains of more pain. The skin throughout nearly the whole range of the outside of the leg, where no nitrate of silver had been applied, and where no papules were developed, had a polished, shining appearance, with a bright scarlet color; and the condition of the limb, apart from the tubercles, answered to the description given by Dr. Good of *Erythema oedematosum*, or to what Professor Wilson calls *Erythema leve*. The redness vanished at once on pressure, and returned the moment pressure was removed. The intumescence of the foot, occasioned by the infiltrated fluid into the subcutaneous cellular tissue, was very great, extending even to the ends of the toes; but the color of the skin, below the ankle, had not as yet undergone any change. To me it seems no misnomer to say that two varieties of erythema existed in the present instance; that is, *erythema oedematosum* and *erythema tuberculatum*. The latter variety, however, furnished by far the most interesting features of the case.

The order of things in the progress of abnormal action, so far as relates to the tubercles, appeared to be this: First, there was defective nutrition of the hair pulp, or matrix; and hence the falling out of the hairs, or alopecia. The next phenomenon was a congestion of the plexus of capillaries of the proper hair sacs or follicles,* and this congestion constituted the minute red point or papule; and an aggregation of papules constituted a tubercle.† In many speci-

* Vide Kölliker—*Manual of Human Histology*. Vol. I., p. 183.

† Vide Wilson on the Skin. Also Willis.

mens the individuality of the papulæ which were associated together in the formation of tubercles, was distinctly preserved until the latter reached their full maturity, and gave to them a slightly mammillated or dotted surface, which bore, in this particular, some resemblance to a red raspberry a little flattened. In other instances, the tubercles, especially before they had acquired their maximum size, presented a smooth, glossy surface; and in these the mammillated appearance was nearly wanting.

Generally speaking, the tubercles were from one fourth to one third of an inch in diameter when at their full development. A few specimens, however, were three fourths of an inch in diameter and half an inch above the level of the skin. They were of a dark red or purplish color, soft and elastic to the touch, and required for their maturity from eight to twelve weeks. Some of them, after they had ceased to increase in height, continued to augment by peripheral growth at the base.

One papule appeared upon the very end of the great toe. In ten days it grew as large as twice a mustard seed, after which it began to diminish, and in five or six days more was gone.*

Oct. 20, 1855.—Patient reports that there is a constant dripping of watery fluid, occasionally tinged with blood, from the deep cavity already spoken of as having been produced by the sloughing of the large tuberculoid mass; and the mass itself is flattening down and diminishing in size. No abatement of swelling or pain in the limb.

Small bullæ or vesicles formed upon the top of most of the nodules.† In four or five days the serum would burst through the cuticle; and it continued to ooze out for some ten or fifteen days. The daily amount of serum from any single tumor was comparatively trifling; but the aggregate quantity from the whole limb amounted some days, when most copious, to two or three ounces. No inconsiderable proportion of this, however, appeared to come from the excavation connected with the large aggregation of tubercles just alluded to. After the serous exudation had somewhat diminished in any individual tubercle, other changes soon took place. Its summit, which until now had been of a rounded form, began to flatten, and in a few days more became concave; and this condition proved to be the commencement of the putrefactive decomposition and

* The anatomical distribution of the vessels of the part affords an explanation of this phenomenon. A single arterial twig is divided so as to supply quite a number (twenty or thirty) of the cutaneous papillary loops with blood, which is afterwards poured into one common venous ramus. When these vessels, as in cases of impeded circulation, are abnormally distended with blood, the entire group of congested papillæ will present the appearance of a single minute red point; and if the disturbance of the circulation extends to the contiguous papillary groups, the red spot will be greater or less according to the number of papillæ involved in the congestion. Vide Wedl's *Pathological Histology*, p. 208.

† Dr. D. H. Bulkley reported a case of *Erythema papulatum* in the *New York Lancet* for 1842, page 363. He states that vesicles formed on the summit of some of the papulæ that appeared on the patient's face.

He also mentions the peculiar purplish discoloration of the skin in the same case, giving to the part the appearance of having been bruised.

Gibert also speaks of the formation of vesicles or bullæ on the summits of erythematous papulæ, &c. See Gibert, pages 72 and 74.

wasting away of the tubercles. This process of decay, which produced a peculiar mawkish odor, was very gradual, so that the larger lumps and masses required from eight to ten weeks for their obliteration. In some instances, as the cones began to diminish, their apex, now denuded of cuticle, began to assume a greyish or whitish appearance. This was usually due to the combined presence of pus and epithelium; and occasionally it was produced by epithelium alone. Sometimes the latter had a dirty-gray color, and was transformed into a soft pulaceous substance. It would slip one side when touched with the probe, and in order to obtain a bit for microscopic examination, it had to be cut with scissors. At other times the epithelium thus lying in the cavity of the tumors, was in a fluid state.

The quantity of pus elaborated during the three months of my attendance upon the case was certainly microscopic; and ulceration, in the ordinary use of the word, did not take place. This fact, in connection with erythema tuberculatum, is mentioned by Prof. Wilson (p. 142). He states that the tubercles have no tendency to suppurate or ulcerate. But, in the case before us, we have the co-existence of erythema œdematosum also; and Dr. Good, speaking of this species of erythema, says: "There is no difficulty in determining why œdematous inflammation should rarely, if ever, produce suppuration. Suppurative inflammation is, generally speaking, the process of a healthy part or habit taking place instinctively for the purpose of removing something that is dead, irritating or otherwise mischievous, and of filling up the space hereby produced with sound living matter. In œdematous inflammation the part or habit is unhealthy and debilitated; and hence while there is necessarily less tendency to suppuration, there is less power of recovery." Erythema œdematosum is the œdematous inflammation of John Hunter, who says that it seldom or never produces suppuration.—(*Hunter on the Blood*, Part II., Ch. II., Sect. VIII.)

In the case under consideration the whitish substance which reposed on the summit of the tubercles, and which, while *in situ*, bore a close resemblance to purulent deposit, consisted almost wholly of detrital matter; that is, of epithelial scales—solitary specimens of which were in a perfect state, and the rest in a broken down and decomposed condition. Pus globules were also found, although not in all cases, even with the aid of the microscope. But admitting that pus had always been found, the fact would not impair the statements of Wilson, Good and Hunter, and for the very reason that the quantity was microscopic. I think it is truth to say that the amount of purulent matter from July to January was not equal to one ounce from the entire limb.

It was by a slow process of sphacelation that some of the principal lumps, including the large mound of tuberculoid deposit, were finally obliterated; and a morbid action similar to that which destroyed them was excited in the subjacent tissues, and destroyed

a portion of the derma just above the inner ankle as large as a penny, and a still larger amount of integument higher up on the inside of the leg. The texture of several other smaller portions of skin that was beset with tubercles, was also invaded in a like manner, and partial destruction brought about, as was seen at the autopsy.

Another fact to be mentioned in this connection is the condition of the epidermis. On the 10th of November the integument of the leg began to assume a dark color, as if it had been stained with a solution of nitrate of silver, although none had been used for forty days. The color continued to deepen from day to day until it became nearly black. The cuticle remained quite adherent after it had acquired its darkest hue; it could, however, be detached from the derma in small lamellæ or flakes as the parts were washed from time to time in chlorinated water. When dry, it was as thick as very stout writing-paper, and was very brittle. Under the microscope it appeared to be entirely disorganized, except where its under surface was attached to the cutis. Here a few epidermic scales were found in a normal state. On several occasions I examined the tissue now under consideration, and always found the above-named appearances. The cuticle cracked in all directions and afterwards exfoliated,—but was reproduced in a few days, and thus the leg looked as if covered with black scales. I attach importance to the singular condition of the cuticle in this case, because I find a kindred phenomenon mentioned in the *Revue Médicale* for the year 1829 (pages 126 and 127), in an article descriptive of an epidemic which prevailed in Paris the previous year, and which puzzled the medical savans of that day and that city. Some called it one thing, some another. The most constant and apparent symptoms were developed upon the extremities. Cazenave finally decided that the malady was an erythema. The palms of the hands and the soles of the feet were particularly involved. The disease always passed into a chronic state, and lasted many weeks or months. Among other things it is stated that the epidermis was thickened and peeled off in flakes more or less extensive;* sometimes it was raised by a slight serous exudation, and sometimes large vesicles formed. It is also stated that the plates of dried epidermis were of a dark brown, as if it had been colored by a feeble solution of nitrate of silver.

But to return to my patient. By the 20th of November the anasarca distension of the foot and leg began to subside, and the patient experienced great relief from pain. The limb continued to yield a serous discharge from numerous places with as much freedom as ever, until the 20th of December, by which time the quantity began to diminish, and by which time, also, the leg was reduced to nearly its natural size. During the ten days previous to death, the quantity of serum did not amount, by estimate, to more than four or five drachms for each twenty-four hours.

* See Burgess on Eruptions of the Head, Face and Hands, page 213.

Tubercles continued to be evolved, one after another, in pretty rapid succession, until not only the leg, but a large part of the integument of the thigh, was covered with them. Upon the latter they were comparatively of recent origin; nor did they pass through the various metamorphoses which marked those of earlier growth upon the inferior portion of the limb. Those above the knee had, in most instances, an oval shape, with a base equal to the disc of a very small bean, and were raised but slightly above the skin. Other specimens were still smaller, and belonged to the papulate, rather than to the tuberculate variety of erythema. A few papulæ appeared on the dorsum of the foot. These, like the ones that were seated upon the thigh, appeared at a late day and consequently had not time to accomplish the entire cycle of development and decay which characterized the large tubercles on the legs.

Three weeks immediately preceding death, all the tubercles then existing, became very much flattened, and formed a striking contrast to the bold outlines which they presented at the time the artist was employed to take drawings of them (Oct. 11th). On and after the 22d of December, cerebral symptoms were present. Patient ceased to recognize her friends except now and then; was rather stupid, although she could be roused so as to speak a few words; no paralysis of the vocal organs; no complaint of pain or suffering; said she could see scarcely any, and it seemed to her as if it was night all the time; pupils much dilated. I frequently asked her if she knew me; she would reply in the affirmative, but almost always gave the wrong name. The first thought I had that any cerebral affection had set in, was suggested by a singularly vacant stare which she exhibited—as if her vision were imperfect.

At the *post-mortem* examination, five or six of the tubercles were about one fourth of an inch above the skin, while nearly all the rest had so far disappeared as to be scarcely perceptible above the surface, and gave to it a mere knobby or rough aspect.

During the height of the swelling and the pain consequent upon it, the patient required the free use of opiates, both internally and externally. For the last eight weeks of life, she lost all relish for food. Her pulse ranged from 100 to 108; tongue always remained clean. For four weeks before death she had great dyspnoea, severe gastric distress and frequent vomitings, and she preferred the sitting posture to any other. On the second day of January she died, greatly emaciated.

Dr. Henry G. Clark saw the patient several times with me in consultation; and I deem it not improper to state that he agrees with me in the diagnosis and in the foregoing account of the case.

In regard to treatment, I can only say it was eminently simple. From the beginning it was but too evident that nothing could be done to stay the progress of the malady; and the only course we could pursue was to study the comfort of the patient as far as possible, and to see that no injury was done by the interference of quacks and other officious persons.

The diseased limb was the only part we were allowed to examine after the death of the patient. Some of the *post-mortem* appearances have already been spoken of. *Above the knee* the skin was of a dirty livid color. Scarcely a trace of tubercles was to be seen. The only mark which indicated the spots where they had existed, consisted in the peculiar shrivelled or collapsed condition of the cuticle, from beneath which the tubercles had disappeared a few days before death. The integument of this portion of the limb was thickened to a moderate degree—say from a line to a line and a half.

Below the knee, the skin had a very dark reddish brown color ; or a deep brown with a purplish tint. So far as relates to the mere color of this portion of the limb, a very tolerable representation of it may be seen in the London edition of Bateman's *Delineations of Cutaneous Diseases*, Plate XXXI.

Dr. Ellis made several longitudinal sections through the integument, extending from the upper portion of the tendo Achillis several inches along the external gastrocnemius muscle. Blood followed the track of the knife quite freely. The derma was much congested. It varied in thickness from four to six lines by accurate measurement. It was thickest at the upper part of the leg. The line of demarkation between the derma and the subcutaneous cellular tissue was well defined. The substance of the muscular tissue was œdematous, and extremely tender, so that in handling it for examination it was easily torn. The transverse striations were brought out in some specimens that were examined with the microscope ; in others, none could be found. The cavity spoken of in connection with the large mass of tubercles, was found to have extended itself in different directions between the derma and the subjacent cellular membrane so as entirely to separate them. This space or cavity was filled with bloody serum.

The following report of the microscopic appearances of the morbid products, from time to time, was furnished by Dr. B. S. Shaw :

[Fragments taken from the surface of the nodular masses, and the purulent fluid from the cavities in the centre of the larger elevations, were several times microscopically examined, during the progress of the disease. The fragments proved to be composed of *epithelium*, nucleated, in large, flat scales, and in some the epithelium was very granular and evidently in process of decomposition. The matter in the cavities was *pus*, presenting, in every instance but one, well-marked nuclei upon the application of acetic acid.

On microscopic examination of the parts removed at the autopsy, the following appearances were found.

The *epidermis* was composed, externally, of scaly epithelium, as in the normal condition ; deeper, and in connection with the dermis, the epithelium was more or less globular, all the cells nucleated, many of them quite small, as in young epithelium, and accompanied by a large quantity of free nuclei. This deeper part of the epidermis was infiltrated with a serous fluid, which would account for the approximation to the globular form in the epithelium.

The thickened *dermis* was composed of the normal tissues, a great portion of it being more or less interspersed with fine granulations. In some of the reddened portions, blood globules were numerous, and in other parts the coloration seemed to be due to an infiltration of red coloring matter. The *cellular* and *adipose* tissues presented no well-marked microscopic deviation from their normal character, though their appearance to the naked eye was not natural; except, that in the *cellular tissue* as well as in the *dermis*, were large numbers of *free nuclei*, generally oval, pale and free from granulations, and containing very large and pale nucleoli. These nuclei resembled very much some of those contained in the deeper part of the epidermis, and in some of the epithelium cells, though they were generally more oval, somewhat larger, and enclosed larger nucleoli. They varied so much in size that no just estimate of their diameter could be obtained by measurement. Many of them were of the size of and resembled cancer nuclei, but the indistinctness of their contour, and the paleness of their nucleoli (the highly-refracting properties of the cancer nucleoli being absent), seemed to distinguish them from cancer. Very few cells were found accompanying them, and these were very indistinct. To classify these nuclei under the name of cancer, epithelium or other term, would seem at present impossible.

The *muscular* tissue immediately beneath the seat of disease, was degenerated, consisting of granulated fibres, presenting only here and there traces of striæ.]

The case in question is one of rare occurrence and rare interest. To my mind it sheds important light upon several others of a kindred nature that have been presented to the consideration of this Society; and in relation to which no little doubt and obscurity have prevailed. And especially do I regard it as substantially the same as that of Mr. Walcott which terminated fatally, some months since, at the Massachusetts General Hospital. His was doubtless a case of *erythema tuberculatum*; whereas, the one whose history I have now presented, is an instance of *erythema tuberculatum et oedematosum*. That both had a perfect unity of elementary type, is to my mind as certain as it is that the sun yields to us the light of day. The gross, outward appearances of the two, so far as relates to all the important diagnostic features, were essentially the same. I am furthermore able to say, that so far as the testimony of the microscope is entitled to confidence, the two cases, in all their minutiae, were the same also. In the case I have related, no tubercular deposition took place subjacent to the skin. In the one at the Hospital, tubercles of different sizes were found implanted among the tissues underlying the derma; some being buried quite deeply beneath the muscles. But wherever they existed, whether upon the skin or below it, and whether large or small, they were identical in substance in both patients.

Dr. James Jackson saw Mr. Walcott before he went to the Hospital, and also afterwards. He likewise saw Mrs. Capen with me

a few weeks before she died. On our return home from South Boston, I asked him if he was ready to express his opinion. He replied in the affirmative, and added: "I think this woman's case is substantially the same as Mr. Walcott's, and your views are undoubtedly correct."

Elliotson, in his "Principles and Practice of Medicine," has more extended remarks upon erythema tuberculatum than any other author with whom I have met; and I trust the Society will allow me to call their attention to a few extracts from his work:

"If there be small papule, it is designated erythema papulatum. If instead of papules, you have slightly elevated tubercles, it is called erythema tuberculatum. If you have large lumps, it is then designated erythema nodosum. Now and then, instead of lumps, you have tubercles in the common acceptance of the word. * * * This affection, as I just now said, is called erythema tuberculatum. * * * The tubercles are like peas. It is worth knowing, because patients die when they have it. * * * I mentioned to you that in one variety of this affection there was great redness of the skin, with hard lumps; not so large as in erythema nodosum, but small lumps about the size of peas, or smallpox pustules. This is a state of the parts which I have never seen but once; and then I confounded it with erythema nodosum, and thought nothing of it, imagining that I could cure it. The lumps had no sooner disappeared than the man became paralytic, and then hectic, and died in an extraordinary way with symptoms of various diseases. I was not then sufficiently aware of the distinction between erythema nodosum and erythema tuberculatum; but Willan says he had seen but three cases of erythema tuberculatum, and all of them proved fatal. Two of his patients died of hectic, just as mine did, and one died of subsequent hydrocephalus. My patient died hectic, and if he was not hydrocephalic, he had affection within the brain, for he was paralytic. * * * The treatment, I presume, would be the same as for erythema nodosum; bleeding to a certain extent and colchicum. I gave it to this man, but to my astonishment he did not get well.

"Of course this disease does not give rise to paralysis or hectic; but I presume it is one which only takes place in constitutions which are exceedingly bad—which are strongly disposed to some internal disease, and when the patient is on the eve of laboring under it. When you see patients with red patches on the skin, of this description, and with scarcely any complaint, you may be sure the affection is erythema or roseola—call it whichever you please. Now and then you have it very troublesome in females, and with lumps; and now and then you have the tubercular form, which is usually the prelude to a severe and fatal complaint."

Willis, in his "Illustrations of Cutaneous Diseases," says:

"Instead of appearing in broad patches, with little or no elevation of surface, as in erythema simplex, erythematous inflammation occasionally appears concentrated in isolated points of a rounded or oval form, of a very vivid color, and raised like papulæ above

the general level, or otherwise a number of these papulæ are developed in the vicinity of each other, and becoming connected by their margins, or associated by the meeting of the inflamed rings around their bases, they form irregularly tuberculated patches of the size of a half-penny, penny or crown-piece. The disease is distinguished in the first instance as erythema papulatum, in the other erythema tuberculatum."

In regard to the different colors exhibited in this disease, Prof. Wilson says: "Upon the dispersion of the redness, the skin retains for some days a purplish and bluish tint, and the epidermis exfoliates in the form of a furfuraceous and laminated desquamation. * * * The peculiarities of color observed in the disease under consideration are explained by reference to the general principles of inflammation. During the period of excitement the blood is of a bright red color; it courses rapidly through the part, and the vessels become dilated. After the subsidence of the excitation, the stream of blood flows languidly through the dilated vessels and assumes a venous character through its course. Hence the bright red tint of the early periods of erythema, and its purplish and livid hue during the subsequent stages."

I could cite other authorities; but I consider that the chain of evidence on which I rely to sustain my views in the matter of diagnosis is already complete. I know of no link, no symptom, no fact, that is wanting. And, I can truly say, in conclusion, that my opinion in the premises is not the result of impulse or haste.

FIBRINOUS CLOTS FOUND IN THE HEART POST-MORTEM.

[DR. HENRY CADY, of MONSON, Mass., recently sent to us the following account, accompanied by the specimen.]

"The heart was taken yesterday (March 2d) from the chest of a female child, 11 years of age, and who died very suddenly, after a week's illness, from what appeared to be acute inflammation of the serous membrane diffused throughout the chest (there was no cough), as well as the superior portion of the abdominal viscera. On *post-mortem* examination, it was found that the marks of inflammation were strongest on the costal pleura, the pericardium and the pulmonary pleura of the left side. The anterior surface of the liver and the external membrane of the stomach showed fainter marks. The mucous coat of the stomach showed slight traces of inflammation.

"Vomiting was a prominent symptom from the outset of the disease until death, which took place on the 7th day after the seizure. I send the specimen as nearly in the condition in which it was found as practicable. On opening the ventricles, the bodies you will observe, were found, covered with dark coagula. The right one you will find attached to the left wall of the ventricular cavity. The left hand body, you will perceive, is vermiform; the large end passed