

*Pathology in
Typhus resembling Cerebro-
spinal Meningitis.*

Blood fluid and dark.
Lungs rarely healthy; usually hypostatic congestion, sometimes amounting to consolidation; both equally affected; œdema at times.

Spleen enlarged and softened.
Liver softened.

*Pathology in
Typhus not resembling
Cerebro-spinal Meningitis.*

Pneumonia not common, 43 in 288 cases.

Occasionally recent pleurisy.

Not mentioned.

Rarely signs of inflammation in heart.

Liver not enlarged.
Peyer's glands healthy; no signs of inflammation in the intestines.

"*Post mortems* show that inflammation of the brain or its membranes rarely if ever occurs, even as complication, in typhus."

*Pathology in
Cerebro-spinal
Meningitis.*

Blood fluid and dark.

Lungs, when affected, showing hypostatic congestion; sometimes exudation of blood into their parenchyma.

Pneumonia not so common, except when that form is epidemic.

Pleurisy not observed.

Effusion of lymph into the pericardium.

Marks of inflammation in heart.

Spleen enlarged and softened.

Liver softened.

Liver enlarged.

Inflammatory spots on the intestinal mucous membrane; Peyer's patches enlarged and sometimes ulcerated, though not as in typhoid fever.

Principal and most frequent lesions show inflammatory action within the cranium and spinal canal.

REVERSED POSITION OF LIVER, SPLEEN AND HEART.

[Communicated for the Boston Medical and Surgical Journal.]

SOON after the commencement of lectures in the Albany Medical College, a colored subject was received at the dissecting room. The weather being very warm, the body was put in Goadby's solution, the cavities of the abdomen and thorax being merely pierced to allow the gas to escape. After a few days it was deemed best to remove the viscera of both cavities, to prevent decay and putrefaction. After opening the abdominal cavity, I removed the intestines from below upwards, beginning with the rectum. When I came to the liver and spleen, I found their position reversed—the spleen on the right and the liver on the left side. The large lobe of the liver and the gall bladder were situated entirely on the left side, and the small lobe on the right side of the large lobe. The liver was otherwise normal, the parts and position only being reversed. The spleen was also normal. On opening the thoracic cavity, I found the heart also reversed, the apex pointing to the right, and situated about three or four inches from the centre of the sternum. The cavities of the heart were also reversed, the right auricle being on the left side, and the other cavities in the same way reversed. The ascending vena cava crossed over to the left and entered as usual. The aorta twisted round so as to descend in nearly the same position. I regret that the parts were too much decayed to admit of injection and pre-

paration as a dried specimen. Deceased seemed to have attained about the 22d year. The body was well developed, and nothing unusual could be found externally. Nothing could be ascertained about the previous history of the case.

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CASE OF CHOLERA.

[Communicated for the Boston Medical and Surgical Journal.]

AT 10, A.M., on the 3d inst., I was called to visit a woman in a house on Hanover Street, in this city, and as there are some interesting points in the case, I give the following brief report of it.

Elizabeth Gardner, æt. 27, was taken ill at 5 o'clock, on the morning of the 3d, with vomiting and purging. Her husband had been taken ill in a similar manner on Sunday, and died on Tuesday, the 2d. (Dr. Ayer, I understand, was in attendance.) Mrs. Gardner attended him through his illness, but I could not learn that she had any diarrhœa, or other premonitory symptoms up to the time of attack, which was quite sudden. The vomiting, though distressing for a short time, was not profuse, and the same may be said of the alvine dejections, which indeed had entirely ceased at the time of my visit. Cramps, however, had supervened; her strength rapidly failed, and on my arrival she was on the verge of complete collapse; pulse at the wrist imperceptible, extremities cold, skin livid, nails discolored, burning pain and oppression at the præcordia, and jactitation.

I prescribed the usual remedies:—Tr. opii, grt. xxx.; spt. vini gall., ℥ ij. M. Ft. haust., rept. pro re natâ; friction, bottles of hot water, sinapisms, &c. For a time it seemed as though our endeavors might prove successful, but about noon she again began to sink, and died at 6, P.M., thirteen hours from the first attack of the disease.

Dr. Williams, who saw the patient with me, regarded the case as hopeless from the time we saw it, being of that type which experience has shown to be but little amenable to treatment.

The case is interesting from its similarity in many points to that of the late lamented Dr. Gould; the slight dejections and scanty vomitus (which, however, were of the characteristic appearance), the temporary and fallacious appearance of improvement, and the utter inutility of treatment of the most energetic kind, to prevent the approaching collapse, were similar, and testify to the extreme malignity of the disease.

Could the woman have contracted the disease by attendance on her husband? This supposition would necessitate our acceptance of a much shorter period of incubation than that generally supposed, unless we admit that the disease, if contagious at all, is so during the preliminary stage, and before serious symptoms manifest themselves.