the diagnosis is most difficult between chorea and general paralysis. The special lesion which causes them in this case must be high up, and I have no doubt it is in a special region of the convolutions that preside over the motions of the face.

An unprecedentedly high temperature during a Congestive Attack in General Paralysis.

A gentleman in the end of the second stage of general paralysis, whose symptoms, mental and bodily, had all along been mild, and who had had two or three slight congestive attacks, without convulsion, in an earlier period of his disease, with a temperature in each attack of 102°, was noticed to be very stupid; to be more than usually hemiplegic (he had been so on the left side to a slight extent during most of the disease), and on the following day twitchings of his face commenced, with increasing stupor. The convulsions increased, being more marked on the hemiplegic side, his temperature gradually rose from 101° 24 hours before death to 105° 12 hours before, until on the second evening of the convulsions, five hours before death, it reached 107·4°. He died comatose next morning, the convulsions continuing almost until he died.

At the post-mortem examination, in addition to the usual thickening of the membranes, a gelatinous false membrane, granular ventricles, and intense congestion of the brain everywhere, there were found apoplexies in the right hemispheres, from the size of a pin's head up to one or two inches, by one-and-a-half, in the middle lobe, where the brain substance was very much softened. Growing from the right corpus striatum, and projecting into the ventricles, was a small pearl-like glioma.

This case is interesting, not only in regard to the high temperature, but as showing, in an extreme degree, the tendency to blood stasis and apoplectic effusion in the brain during a congestive attack in general paralysis. I have never seen so large a clot in this disease. General paralytics are often seen to be more paralysed on one side than the other, especially after congestive attacks, but we do not always find any appreciable extra disease on the opposite side of the brain after death. In this case, however, this was most marked. The side that was most paralysed was most convulsed, and after death the congestion and the apoplectic tendency were far more evident in the opposite hemisphere of the brain.

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