anterior edges. The left lung showed some pneumonia and some bronchitis, but neither was excessive. There was at the left apex a large scar, and also some cretaceous matter, as from changed tubercle. The liver was fatty, and rather wasted. The kidneys showed some cysts; the largest, near the pelvis of the left, was as large as a bean. In the uterus was a very large fibroid tumour, and in the dilated cervix clots of blood.

The most interesting points are the melancholic symptoms, with marked and old uterine fibroid, and next the sudden termination of what looked like being an ordinary case of chronic mental disease. The appearance is unlike any description I know of, but I have heard from one pathologist that he has seen something like it in early meningitis. The appearance of the membranes was very like that seen in the intestines in early peritonitis.

Cases Contributed by Dr. T. W. McDowall, County Asylum, Morpeth.

I.—*Acute Atrophy of the Liver following Rötheln (?) in a Melancholiac (with Temperature Chart).*

The following notes from the case-book give a very fair history of this most unusual and interesting case:—

A. B., æt. 52, widow, admitted 8th June, 1881, labouring under her first attack of insanity. She had, as a rule, good health, and was in comfortable circumstances, but during the last twelve months she has had much anxiety through her husband's illness and ultimate death five days ago. She is said to have been always of a fretful, anxious disposition. Three weeks ago she manifested delusions for the first time. She believed that some one was coming to hang her, and she desired laudanum with which to poison herself. The attack began with sleeplessness and depression; she cried constantly, "Oh, dear, what is to become of us?" During the last fortnight she took little food, but of late has eaten occasionally ravenously.

She has had three children; one died of dropsy, and two are alive and healthy. One relative (degree unknown) is said to have been insane, but not in an asylum.

9th June.—Since admission she has been quiet and depressed; has slept little, but taken food daily.

Physical condition.—Hair grey. Eyes brown, pupils normal, discs and fundus normal. Body well nourished. A few recent bruises (present on admission) on arms and body. Small cystic tumour of thyroid.

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Lungs.—Inspiration rather harsh, and expiration prolonged at apices. No cough. *Heart.*—Sounds normal. Pulse 116. Nothing further calling for notice except that tongue is pale and clean.

Mental state.—She is quiet, grave, and preoccupied, but when spoken to, she converses moderately readily, and quite rationally. She is quite conscious of all going on around her; her memory for recent and remote events is good, and no delusions or hallucinations can be made out. She knows that she has been low-spirited, but cannot well explain the cause.

10th June.—Rather restless at night; quiet and depressed by day. Does a little knitting. Takes food fairly.

13th June.—Very grave and taciturn. Occasionally knits a little, but for the most part is idle and meditative. Takes her food well, and sleeps better than before. Pulse still rather fast. No cough; no complaint.

25th June.—No improvement.

5th July.—A little better. She does not appear so dejected, and is more industrious. Pulse now normal.

12th July.—Seems to be gradually improving. Smiled cheerfully this evening, and talked more freely and naturally. Bodily health seems better.

13th July.—Last night she complained of feeling sick and ill, and this morning, on getting out of bed, she fell in a semi-fainting state. The skin is flushed, the tongue pale and furred; no sore throat, cough, or coryza. No account of any rigour or shivering. Some headache, and some pain in abdomen, but no tenderness. No paralysis of sensation or motion. She has a dull, heavy look, and says she feels very weak. For pulse, &c., see chart. Ordered diaphoretic mixture and milk diet. She complains much of thirst.

14th July.—A vivid red rash, formed of fine papules, coalescing and leaving small whitish patches here and there, has made its appearance on face, neck, trunk, and limbs, but most abundantly on former. She slept little last night. Skin fairly moist. No cough or sore throat. Tongue somewhat cleaner, and thirst not so urgent. Very prostrate.

15th July.—At visit last night the eruption was very abundant. It had become confluent over thighs. To-day bowels are confined. Ordered Seidlitz powder. Rash fading slightly on face.

16th July.—Bowels moved about five times to-day. Temperature and pulse falling. Rash fading generally.

18th July.—Patient seems generally better, but feels very feeble. Temperature normal. Pulse 88. She takes plenty of milk, but no other food.

22nd July.—Some fresh eruption to-day on body and limbs generally, mottle and confluent. She complains of flying pains all over body. Along with this eruption there is a distinct yellow tint

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of skin. This was slightly visible two days ago. Urine high-coloured. Bowels rather loose; motions pale.

23rd July.—Eruption very profuse and general. Jaundice well marked. Temperature has been high for the last five nights. She is very depressed, and says she will never get well. She is extremely weak and prostrate. Ordered ʒij of castor oil. Tongue not so dry, thirst gone, but she has no appetite. Takes milk only. No cough. Face flushed and slightly swollen. She says that her throat is a little sore.

27th July.—She has continued in much the same state since last note, except that the temperature has gradually fallen. Her body is generally covered with a profuse red eruption, slightly raised and confluent; quite distinctly visible in spite of the marked jaundice. Her motions have been very pale, and her urine like porter. She was ordered 3grs. of calomel every six hours yesterday. Since then the motions have become darker, and contain bile. For some days her tongue, mouth, and lips have been very sore. The appearance is as if the whole cuticle were off, leaving a smooth, glistening, exquisitely tender surface. The slightest movement of jaws or tongue causes acute suffering. This condition of the mouth cannot in any way be connected with the administration of calomel; it preceded it by several days. She continues very drowsy, prostrate, and depressed. There is no hepatic tenderness or swelling. No pain anywhere except in the mouth. Calomel to be repeated. There is a small superficial ulcer forming in the lower edge of the left corner, and there is some roughness at the same spot on right. Conjunctivæ very yellow, and congested. Skin of whole body is covered with a furfuraceous exfoliation of cuticle. To-day there were noticed a few dark clots of blood in her stool.

28th July.—Temperature normal. Patient looks a little better. No more blood in stool. Jaundice and eruption less marked. Mouth very sore; ordered a wash of borax, &c. She has taken more food to-day: milk and mutton broth.

29th July.—No special change.

30th July.—She takes a fair amount of nourishment. Still very depressed; says she will never get well. Jaundice intense.

1st August.—Her mouth is less sore. She says she feels a little better, but she does not look so. Skin dry, and peeling extensively. Rash almost gone. She has one motion daily, pale and thin. Pulse stronger. Temperature keeps low.

2nd August.—This morning she became rather suddenly faint and semi-conscious. Pulse almost imperceptible; respiration rapid and sighing. She revived after getting a draught containing spt. ammon. arom. and spt. æther. Soon afterwards she complained of great shortness of breath. Nothing special could be made out in the chest. Ordered small doses of whiskey-and-water. The temperature has risen again over 101°. Her general condition is evidently much worse.

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3rd August.—Jaundice very deep. Even her tears are deep yellow. Skin very dry and scaling. No hepatic tenderness or swelling; no tympanitis; no pain in abdomen, or indeed anywhere except the mouth. No motion for two days. Urine sp. gr. 1020, acid; contains about one-third albumen, also bile pigment and acids.

She gradually sank. Respiration became rapid, 40 per minute, then gradually slower and deeper. She died at 1 p.m.

Necropsy.—42 hours after death. Body well nourished, but extremely yellow. No injuries. Rigor mortis has disappeared.

Head.— Bones dense and hard. Dura-mater deeply yellow on its external and internal surfaces. About 1oz. of yellow fluid escaped during removal of brain. Subarachnoid fluid deeply yellow. Brain weighs 45ozs. Membranes thin, transparent, and easily removed. No trace of atrophy of the convolutions, which are large and well developed. Lateral ventricles distended with yellow serum, and the lining membrane stained yellow. Choroid plexures contain several small cysts with gritty contents. The convolutions surrounding the posterior extremity of the right lateral ventricle are very soft and watery, especially internally. No atheroma of vessels. Grey substance of fair depth and colour.

Thorax.—About 2ozs. of yellow serum in pericardium. Aortic valves competent. Heart weighs 8½ozs. Externally it is bright yellow. Left ventricle contracted and empty; the right contains some dark fluid blood and some pale clots. The lining membrane of the right side of the heart is deep purple. Slight atheroma at the base of the aorta. Left lung somewhat adherent at the apex and posteriorly. 15¾ozs. Upper lobe emphysematous and dry; the lower slightly congested. Right lung firmly adherent at the apex and posteriorly. 35¼ozs. Slight deposit of tubercle at apex. Greater part of lower lobe, particularly the deeper parts round the root, in a state of red hepatisation; a portion sinking in water.

Spleen.—4¾ozs., normal.

Liver.—37¾ozs. Very soft. Firmly adherent all over its upper surface to the diaphragm. On section it is almost black in some places, in others bright scarlet or orange yellow. It is so soft and pulpy that the finger can be run through it in any direction. The left lobe is reduced to a mere thin flap, containing scarcely any liver substance. Gall bladder and duct quite normal. About 2drs. of dark, thick bile in former, and no gall stones.

Kidneys.—Right 5ozs. Capsule adherent; substance deep brown, and appears congested and inflamed. Left 6ozs. same state.

Intestines distended with flatus. Pale, hard fœces in lower part of large intestine.

Uterus and ovaries normal.

Remarks.—From the very beginning of her fatal illness the patient's face gradually assumed a remarkable expression,

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or rather want of it. The skin became more and more smooth and glistening, and all movements of the features ceased. The eyelids remained half closed, and the jaws were never moved except when something was swallowed. One can easily understand why the jaws were not moved—the great pain caused by the slightest movement in the mouth; but I am quite at a loss to explain why the whole of the face should have undergone such a change. The smooth, motionless surface gave one the impression of a cast in yellow wax.

In an asylum a physician has rarely the opportunity of observing examples of the eruptive fevers; he is consequently lacking in that extended experience which would be of assistance to him in determining the true character of an anomalous case. His want of experience embarrasses him doubly—in arriving at a correct diagnosis and in obtaining much assistance from medical literature. When the first eruption appeared I saw that it was not an ordinary one of measles or scarlet fever, though a medical friend unhesitatingly declared it to be the latter when shown the fully developed eruption on the second day of its appearance. Had sore throat been present, his conclusion probably would have been right; but there was next to none. Only once did the patient say that her throat hurt, and careful examination proved that there was no congestion. Besides, at first the patient swallowed without difficulty or any indication of pain. Measles were excluded by the entire absence of coryza, &c. In concluding that the disease was rötheln, I am aware that the diagnosis may be contested. My efforts to satisfy my own mind as to the real nature of the attack have only been partially successful. A careful perusal of the literature within my reach has done little beyond convincing me of the uncertainty which exists amongst the authorities as to the differentiation of scarlet fever, measles, &c. The confusion appears at present hopeless—witness the discussion on rötheln at the Medical Congress.

It should be remembered that in acute atrophy of the liver an eruption resembling roseola occurs in rare cases. Thierfelder says:—"Upon the skin there appear in rare cases, besides the icterus and the extravasations, circumscribed hyperæmias, like those of roseola, or somewhat larger, which spread sometimes over the principal portions of the surface of the body, and at other times are confined to the trunk or to the extremities."

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So far as I know, this is the only case of acute yellow atrophy of the liver which has been observed in a lunatic, and on this account it appears worthy of record. The leading symptoms during life and the appearances after death were characteristic of the disease, and do not call for comment.

II.—*Acute Nephritis and Disintegration of Cardiac Clots.*

The following notes present in a condensed form the history of the case:—

E. R., æt. 50, was admitted to the Northumberland County Asylum in June, 1875, having been previously in the Carlisle Asylum for eight years. On admission he was described as a tall, muscular man, with sallow complexion and grey hair; body well nourished; heart and lungs normal, and generally a clean bill of health. His delusions were very marked, and to the effect that the medical officers came to his room every night and injected poison into him, broke his bones, twisted his joints, and prevented him from sleeping by pouring stuff on his bed. At every visit he was ready to show his collar or some other bone in evidence of the brutal treatment he endured at night, but though he used threatening and abusive language, he was easily pacified, and would then joke and laugh with his tormentors. It was often remarked that it was unusual to see a man with such well-marked ideas of persecution so good-natured and harmless. He remained quite idle till May, 1878, when he began to assist the charge attendant of his ward, and he soon became a most useful man. So he remained, unchanged in mind and in excellent bodily health, till the beginning of April, 1880, when it was noticed that there was some puffiness of the lower eyelids. His feet and legs were markedly œdematous, and his urine was scanty, smoky, and highly albuminous. As from his delusions physical examination and medical treatment were impossible, he was merely confined to bed and ordered a diet of three pints of milk and two of water daily. The quantity of urine at once increased, though his legs did not diminish in size. For some days he seemed to improve generally, the œdema of legs gradually subsided, and he passed as much as 60ozs. daily of smoky, albuminous urine. On the 10th April the urine had become clear and yellow, and the albumen was less. He had, however, a slight cough, with frothy expectoration On 15th April his legs had again become very œdematous, and there was marked difficulty of breathing. There was abundant frothy, blood-stained sputum. An imperfect examination showed diminished resonance on both sides posteriorly, with some fine moist crepitation. At night especially the difficulty in breathing was very great, and so distressed the patient that he would not remain in bed or keep himself warm with blankets. He attributed all his sufferings to the attempts of the medical officers

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to drug him to death. On several occasions dry cupping over the back afforded speedy and obvious relief. Large poultices round the chest also did much good.

On 21st April an attempt was made to reduce the great and general œdema by the subcutaneous injection of pilocarpine, beginning with $\frac{1}{20}$gr. No sweating followed, but profuse salivation in about ten minutes. The same result followed several times with slightly increased doses, but that form of treatment had to be abandoned, as the patient objected vigorously. He continued so restless at night that he was ordered Tr. Cannabis Indic. m. 40. This usually procured him a few hours' sleep. His cough continued as troublesome as ever; the expectoration still copious and frothy, though sometimes rusty and streaked with blood. Hot baths were to be tried. His appetite remained fair; at his own request, he was allowed a pint of beef-tea and an egg daily. On 6th May he vomited his milk and egg, his cough was more troublesome, and the respirations more rapid. On 8th May his general condition was decidedly worse; he appeared more feeble, and his appetite was bad. A $\frac{1}{16}$gr. of pilocarpine four times daily produced considerable sweating, but no amelioration in his state. The expectoration consisted of almost pure, bright, clotted blood. The urine continued fairly abundant, about 60ozs. per diem, but smoked, highly albuminous, with numerous hyaline casts.

On 11th May he was drowsy and delirious; next day his tongue was dry and brown, and he appeared moribund. Gin-and-water were given every two hours. On the 13th he had rallied considerably, and was quite conscious, though markedly drowsy. He said he felt much better; was much pleased at getting gin, and declared that he should have got it before. So energetic was he that he became very abusive, and called the medical officers murdering rascals. Now for the first time there was observed a small purple-grey spot on the tip of the nose, as if gangrene had supervened. On the 14th he was evidently failing. Next day the spot on the nose was as large as a sixpence. He was exceedingly weak and harassed by cough, and complained much of pain in precordial region and left hypochondrium. He was conscious, but drowsy. Though in such a miserable state, he managed to get out of bed during the night whilst the attendant was temporarily absent, and sat by the fire. Another small gangrenous spot made its appearance on the forehead.

He died at 2.30 a.m. on 16th May, after passing into a state of complete coma.

Necropsy.—Fifty-nine hours after death. Marked œdema of legs and trunk; considerable hypostatic congestion in dependent parts. There were no marks of injury, but there was a grey spot on tip of nose, and another, not so well marked, on forehead. The scalp was œdematous, thickened, and congested, the blood being bright red. The membranes of the brain were thin, transparent, œdematous, and

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stripped readily. The visceral layer of pia mater was adherent to parietal layer by old fibrous bands. Subarachnoid effusion considerable.

Brain weighed 51¼ozs. There was slight general atrophy of the frontal and parietal convolutions, and most marked about the superior and inferior parietal lobules on each side. There was a distinct patch of atrophy, about the size of a small walnut, at the inferior surface of anterior extremity of third frontal convolution. The brain presented nothing further unusual to the naked eye.

Thorax.—Pericardium contained about 2ozs. of clear yellow serum. Heart large, and covered with considerable quantity of fat; weighed 22¼ozs. All the cavities contained dark fluid blood, dark post-mortem clots, and large decolourised ones. In addition, the apex of each ventricle was occupied by a very tenacious clot, whose yellow-grey colour and firm texture clearly distinguished it from the others in the cavities. When cut across they were found to be honey-combed by small cavities, about the size of a pea, containing a sanious, puriform fluid, evidently the clots in the process of disintegration.

The right ventricle was dilated, and walls very thin; the left also dilated, but hypertrophied. Aortic valves incompetent. Right aurico-venticular opening much dilated.

Lungs.—Left weighed 24ozs.; congested and œdematous. A large quantity of turbid yellow serum in pleural cavity. Right weighed 27ozs. No fluid in pleural cavity. Generally congested and œdematous. Posteriorly at base was a pulmonary apoplexy as large as an orange, firm, and almost black. The pleura over it was covered with a thin layer of recent lymph, and was adherent to the costal layer.

Abdomen.—Liver weighed 72ozs., markedly congested. Kidneys: Left, 9¾ozs.; cortical substance brilliantly red, the pyramids deeply congested, and almost black. Capsule adherent; when detached it left a rough, brown, mottled surface. Right 10¾ozs. in same condition, and contained a cyst. Spleen 4ozs., normal.

Remarks.—The record of this case is manifestly imperfect, but it is necessarily so, as satisfactory physical examination was impossible, and anything worthy of the name of medical treatment could not be carried out. But there are two points of interest to which I would direct attention. The first is the condition of the kidneys. As is well known, acute nephritis is exceedingly rare in the insane; the present is the only example in my experience. In connection therewith it may be well to direct attention to a paragraph in the manual of psychological medicine by Drs. Bucknill and Tuke, 4th edit., 1879; it is as follows:—"The kidneys are remarkably free from disease in all the forms of insanity, and the changes which give rise to albuminous urine are especially

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rare in them. We have only met with three instances of decided Bright's disease among the insane; and upon inquiry in other asylums, we have found that the experience of others has been of a similar nature. Prior to observation, we should have expected Bright's disease and insanity to have been frequently concomitant, on account of the common influence of intemperance in the production of the two disorders; or even that the former might be the occasion of insanity, through the influence of its accompanying anæmia, and the toxic action of unsecreted urea upon the brain." Griesinger is then quoted to the effect that "Bright's disease is exceedingly rare amongst the insane as a primary affection, but the slighter forms which accompany the various marasmatic states are naturally common." He wrote this twenty years ago, at a time when the true significance of renal cirrhosis was not well understood. Atrophy of the kidney is not only a disease of old age or decrepitude, but is found exceedingly frequent in all forms of mental disease independently altogether of the mode of death. True, extreme cirrhosis is comparatively rare, but a moderate amount of it is, in my experience, very common. Its existence has, I believe, a most important bearing on the mental and intercurrent diseases of the insane, and explains in great measure why the latter are so serious and so rapidly fatal. We are in the habit of attributing such results to a "diminished vitality." There may be some truth in the somewhat vague phrase; but I believe that the true source of the evil is in the kidneys. This is not the occasion to go into this important matter in detail, but I ask asylum physicians if it is not the fact that contracted kidneys are more frequently found in the post-mortem room than healthy ones.

Passing now to the second point of interest, the softened cardiac clots, I may state that they are the only ones in my asylum experience, though more than once I have found old, firm, and organized clots in the auricles or their appendages. Dr. Bristowe, in his papers in the "Transactions of the Pathological Society of London" (vols. 7 and 14), has so thoroughly settled the mode of their formation and subsequent disintegration, that it is sufficient to state that my case entirely supports his views, which, indeed, are those now universally accepted. He, however, takes no notice of those cases where the clots have become so softened that the pus-like fluid in their substance escapes, and entering the circulation, produces effects corresponding to its quantity. There

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can be no doubt that cases having ultimately many of the characters of pyæmia are due to this cause. It appears to me highly probable that the small areas of gangrene seen in my patient were due to the escape of this matter, or to the detachment of microscopic portions of the clot which were arrested at the very extremity of the arterial circulation. The walls of the clots were so thin in several places that it is to be wondered that they were able to withstand the pressure of the cardiac contractions.

From the observations of Virchow and others there can be no doubt that the pulmonary apoplexy had its origin in an embolism from the right side of the heart. Being of some standing, it became, as has been so often observed, surrounded by a slight amount of inflammation, which on its pleural side was indicated by the effusion of lymph.

This case may be of more interest to general medicine than to our speciality, but on that very account I have recorded it for the benefit of my co-workers.

III.—*Foreign Bodies in Colon.—Abscess pointing through Thoracic Wall.—Localised Emphysema.—Pyœmia.*

We are well aware that one of the most common habits of the insane is rubbish eating. Certain patients, chiefly chronic, degraded dements, swallow whatever they can, and it is surprising that we observe evil results so seldom. Had, therefore, this case been one of an ordinary kind, it would have been unnecessary to place it on record; but it presented during life several features of great interest to the physician in regard to diagnosis.

J. W. was admitted to the Northumberland County Asylum twenty-two years ago, and was then 31 years of age. He had been in a private asylum for several years, and was, what he continued to be, an incoherent, mischievous dement, occasionally dirty in his habits. He enjoyed excellent bodily health. There is no fact in his history calling for special notice till 27th December of last year (1880). Whilst being bathed it was observed that he had a small, tender spot on the left side between the eighth and ninth ribs in a line with the axilla. With great difficulty it was elicited from him that he had fallen on the edge of his bed. The probabilities were that he had broken a rib; but there was no crepitus, and the swelling was rather between the ribs than on them. As a precautionary measure, he was kept in bed for about a fortnight. One day he had a great rise of temperature, a rigour, and subsequent sweating; but these untoward symptoms never returned. The swelling and pain disappeared; the

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patient was in his usual excellent health, and his physicians were much puzzled by the symptoms.

On 12th August of the present year he was reported to be very feverish. On examination swelling was detected on the former spot, and as his temperature was 104°, he was at once transferred to the sick ward for careful observation. Most minute examination failed to detect anything wrong in any of the cavities, except that the left chest was decidedly contracted, as if from chronic pleuritic adhesions, and that it moved *en bloc*. Movement caused the patient considerable pain, but moderate pressure did not. When he got out of bed he moaned, and placed his hand on the tender spot. At evening visit the temperature had fallen even below the normal, and he had taken a good supper. So he continued for several days, apparently quite well in every respect. The slight swelling between the eighth and ninth ribs did not change, and I am not ashamed to admit my total inability to arrive at a satisfactory diagnosis.

At morning visit on the 22nd the attendant reported that the patient had had a severe shivering fit, and had taken no breakfast. When visited he was perspiring profusely; his temperature was 100·2, his tongue was furred, and his general appearance was decidedly worse.

By the 25th these symptoms had so developed that there could be no doubt of the existence of pyæmia. The rapid variations of temperature first led to this diagnosis. There were also distinct rigours once or twice in the twenty-four hours, followed by hot and sweating stages. The skin was markedly icteric. As if further to complicate the diagnosis, slight emphysema was detected at and immediately surrounding the painful spot. It was now surmised that some collection at the base of the left lung was on the point of escaping. Next morning, however, though some slight emphysema continued, all swelling had disappeared. An exploratory needle was inserted, but with negative results.

On 28th August he was decidedly worse. The tongue was dry and furred. Pulse 100. Resp. 34. Temp. 101·4. He would take no solid food, but drank milk with avidity. To ascertain the effect on the temperature, he was ordered 4grs. of quinetum three times a day.

No effect was produced on the rigours, but the temperature was rapidly lowered to 95° in the morning and 94·8 in the evening of the next day, when the use of the drug was discontinued.

The patient died on the morning of 31st August.

Necropsy.—Twenty-six hours after death. The body was free from bruises and bedsores, but there were numerous traces of small scars. Some of them resembled those seen on the back of a soldier who had been flogged. Hypostatic congestion well marked. Skin of abdomen greenish yellow. Where the punctures were made there was slight swelling of a greenish tint, as if putrefaction had begun; and there were indications of a few drops of bloody fluid having escaped. Rigor mortis well marked.

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Head.—In frontal region the external surface of dura mater was slightly wet with a pale yellow fluid. The whole internal surface was in the same condition, just as is seen in fatal jaundice, but not so deep in tint. The brain weighed 47ozs. There was no thickening or opacity of the membranes. They were not adherent, but stripped with difficulty. The convolutions were slightly atrophied in the frontal and parietal regions, and there was a corresponding amount of subarachnoid fluid. The vessels were not atheromatous. On section there were the usual appearances of chronic brain disease, hypertrophy of the minute arteries, &c.

Thorax.—The pericardium contained about 2ozs. of yellow serum. The cardiac valves were competent; the muscular substance soft. There was no atheroma of aorta, and only a trace on the mitral valves. The cavities contained bright yellow, moderately firm clots, largest on the right side. Organ weighed 12ozs.

Right lung firmly adherent by old fibrous tissue. The left pleural cavity contained 6ozs. of clear yellow serum. Both lungs normal.

Abdomen.—Deep in the left hypochondrium, and attached laterally and posteriorly to the diaphragm, but moderately free in other directions, was a swelling slightly larger than the clenched fist, growing out, as it were, from the junction of the transverse and descending colon. It was doughy, irregularly lobulated, and in its substance there could be felt the sharp ends of several hard bodies. On cutting down on these, they were found to consist of wood and wire, nine in number, and from three to five inches in length. From the same spot there were removed several pieces of stocking and ticking, a small quantity of what appeared to be leaves, and two or three ounces of rubbish which was not minutely examined on account of the atrocious smell. These articles lay in the bowel, imbedded in fœces, but the larger ones projected through it posteriorly, and lay in a mass of thickened material. This new formation consisted largely of small purulent cavities, and these cavities communicated on the one hand with the bowel, and on the other with the spot between the eighth and ninth ribs, having first penetrated the diaphragm, but without opening into the pleural cavity. There was no indication that the foreign bodies, or the inflammation and suppuration around them, had in any way interfered with the function of the gut. There was no dilatation of the transverse colon, or hypertrophy of its muscular coat.

Liver.—The structures at the fissure were matted together, and surrounded by some thickening. The portal vein was markedly distended, and when it was cut across much blood escaped. Its appearance was unusual. It was changed in colour, and contained innumerable small yellow masses, exactly as if largely mixed with pus. The liver contained a great number of small purulent deposits arranged like very young grapes, the branches of the portal vein being the stems. The large branches of the vein contained firm, tough, yellow clots.

No further examination was made on account of the intolerable stench.

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Remarks.—These need be few, and only refer to the diagnosis—1st, of the original lesion; 2nd, of the pyæmia.

Was it possible to diagnose a small collection of rubbish surrounded by numerous small, suppurating cavities, deep in the left hypochondrium? Under the circumstances, I think not. There was throughout an entire absence of localising symptoms, and physical signs gave entirely negative results. The left chest was contracted, and moved *en bloc*, it is true, but beyond these facts there was no indication of anything wrong with that cavity. Empyema was, therefore, excluded. Abscess of the left lobe of the liver was also excluded, as such percussion as could be effected gave no enlargement of hepatic dulness. It must be admitted, however, that percussion of his abdomen was not a very satisfactory proceeding, as he usually contracted the wall until it was quite hard. When the localised emphysema appeared, it was conjectured that there might be an internal abscess connected with a rib and communicating with the lung, or that an abscess had formed in the lung and was pointing externally, having made its way through the diaphragm. But these were simply conjectures, and were dismissed, because there were no constitutional symptoms before the pyæmia declared itself, and the results of the puncture were negative. The case, therefore, ended without the original lesion having been discovered.

The diagnosis of the pyæmia was comparatively easy, though from the irregular way in which the symptoms appeared, there was some difficulty at first. This difficulty was increased by the fact that the patient had what must now be considered a characteristic pyæmia rigour eight months before. This would not have obscured the diagnosis had I been aware of a fact mentioned by Mr. Erichsen in his admirable article on pyæmia in his "Science and Art of Surgery," p. 560, 6th edit. He there states that "a single rigour only may occur, and the disease pass off." The thermometer settled the diagnosis. Through an unfortunate misadventure, I am unable to give the temperature chart. The variations, however, were most characteristic, ranging on one occasion from 104·6 to 96 in less than twelve hours. As Erichsen and others have pointed out, if thermometric observations be made often enough—at least four times in the twenty-four hours—it should be impossible to fail to recognise pyæmia, or to confound it with ague, as has been done, especially in puerperal cases where the disease may not be acute.

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One word as to the pyæmic deposits. They were found only in the liver, and their arrangement corresponded exactly to that described by Erichsen—"When, however, they occur as primary abscesses without any deposits in the lungs preceding them, they may appear as simple collections of pus, having a more or less branched arrangement." After a perusal of the literature of the subject, I now much regret the omission of a microscopic examination of the blood and yellow clots in the portal vein. It could not be expected that an examination of a single case, however careful, could settle the various disputed points relative to their real character, but it would have gone far to complete the record of a most interesting and unusual one.

OCCASIONAL NOTES OF THE QUARTER.

Moral or Emotional Insanity.

We are desirous of directing the attention and enlisting the help of our readers from time to time in regard to subjects of special importance, the elucidation of which can be best secured by concentrating the attention of a number of observers at the same time on the same object of research, and accumulating by this means a large number of clinical facts from the wide experience of mental physicians. At the present time we take the disputed question of Moral Insanity. In the July number of this Journal there appeared an article on the subject which may serve to form the first of those contributions towards its study and illustration which we now solicit. In the present number will be found the report of a case of ungovernable temper and homicidal violence, illustrating the influence of race, forwarded to us for publication, the writer desiring that his name should not appear. It is one of the difficulties which attach to the discussion of this alleged form of mental disorder that the particulars of a case cannot, in many instances, be properly given to even the medical world. Publicity would often entail unwarrantable annoyance or suffering upon the friends of the patient, and, indeed, might sometimes divulge criminal facts which would blast character and lead to legal proceedings.

One condition is essential to the value of cases contributed to this Journal illustrative of Moral or Emotional Insanity—

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