

was much dilated, the left contracted, his breathing spasmodic, with long intervals between each inspiration, the bronchi charged with mucus, producing a very loud râle, and threatening suffocation. A few drops of blood had flowed from his mouth when first attacked.

On my arrival, about half an hour from his seizure, his breathing had become more regular, the râle somewhat diminished, and the pulse, which was still very slow (forty-five), rather more perceptible, but in other respects he continued as above described.

He remained in this state until about ten p. m., the pulse at times a mere thread, at others somewhat fuller; the mucus now increased in quantity, the respiration becoming more laborious and spasmodic, the left pupil began to dilate, and bloody frothy mucus flowed in large quantities from the nose and mouth until about half-past ten p. m., when he expired.

Section Cadaveris fifteen hours after death.

The face and body generally were pale and exsanguine; but the ears and posterior part of the scalp were of a purple color. On dividing the scalp half an ounce of dark fluid blood flowed from the wound; the bones of the cranium also bled freely when cut with the saw.

On removing the calvarium, the dura mater was found highly congested, and between it and the tunica arachnoides on the left side, an extensive clot of extravasated blood was perceived extending from the middle of the anterior to the back part of the posterior lobes of the cerebrum, and reaching upwards to within an inch of the sagittal suture. On removing the brain from the skull, blood was found extensively extravasated between the pia mater and the substance of the brain, particularly around the circle of Willis, and more on the left than on the right side. The exact spot from which it had flowed could not be found until a very careful dissection of the arteries was made, commencing with the basilar.

At the termination of the internal carotid in the arteria communicans posterior, arteria cerebri anterior, and arteria cerebri media, a small clot was discovered which seemed to proceed from one of the above-named vessels, and upon a more minute examination, the arteria cerebri media was found dilated about a quarter of an inch from its origin to the size of a small garden pea, which dilatation was filled with a clot connected with the small external coagulum above mentioned, by means of an irregularly shaped opening in the dilated part of the artery, and from which it was evident the whole of the blood had flowed. The continuation of the arteria cerebri media in the fissure of Sylvius was

normal. The brain itself, although very large, was perfectly healthy, nor were there more vascular clots perceived on cutting it than usual. The lateral ventricles contained about 3ij., each of bloody serum. The plexus choroides in the left lat. ventricle was somewhat paler than that on the opposite side, a fact arising no doubt from the rupture of the arteria cerebri media, so near the origin of the artery of the plexus choroides.

Chest.—The lungs were somewhat congested, particularly their posterior portion, nor did they crepitate as much as in their healthy condition; on cutting into them, a very large quantity of frothy mucus, tinged with blood, flowed, and the trachea and bronchi were completely filled with the same. Each plural cavity contained about two ounces of clear serum.

The heart appeared to us as if the left ventricle had contracted very firmly on a hard clot, as it gave the idea of being completely solid, but upon opening it, its cavity was quite empty, but its walls thickened or hypertrophied to very nearly an inch. The other cavities and the valves were quite healthy. The thymus gland was very large for a boy of his age. The whole of the abdominal viscera were quite healthy—the bladder was half filled with urine.

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CONTRIBUTIONS TO CLINICAL MEDICINE.

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Case, Erysipelas, Rheumatism, Jaundice, and Abortion, followed by Puerperal Fever and Death.

Mary French, ætatis 19, a Canadian, unmarried, of spare figure, dark sallow complexion, and bilious temperament, was admitted into the Montreal General Hospital, (18th October, 1845) for an extensive erysipelatous eruption over the right arm, elbow and forearm, which she has had for six days. About two or three days previous to the appearance of the erysipelas, her right elbow and right knee were affected by rheumatic pains, which subsided on the appearance of the exanthem; and she has not had any pain since, unless what may be attributable to the erysipelas; she has also been affected by jaundice for about the same length of time. She had not any thing done for her complaints previously to her admission; at which time her right arm and forearm were considerably swelled, and covered by a bright erysipelatous eruption. The adnata of her eyes was very yellow, and her skin generally tinged of the same hue; her urine was also deeply coloured. The limb was stiff and painful, but nothing to compare with the pain she had suffered at first. She