

After leaving the ward, the assistant physician observed to the visitor that the case was one of unusual character, "Oh, yes, replied the man," when he was at home the first thing we had to do, on entering the room, was to knock him down."

I think this mode of reasoning was hardly necessary, for he was very susceptible of kindness, and although vociferous and very restless, he was devoid of malice.

During his residence, he had one or two fits of a *quasi*-epileptic character, and he said he had formerly been subject to such.

Three months' prior to death, anasarca of the limbs appeared, and resisted treatment. He continued, however, to enjoy his food, and would have eaten very ravenously, if allowed all he wished. On the morning of his death, he took his breakfast as usual, and shortly after called, in a loud voice, for some mutton. The attendant presently entered his room and found him dead, leaning over against the wall, adjacent to which he had been sitting in his bed.

*Post Mortem*.—Anasarca general over the lower parts of the body.

Skull unusually thin, and the dura mater adherent to it, in a few places near the summit.

The arachnoid was thickened and opaque, over all its superior aspect.

Each lateral ventricle contained about an ounce of serum. The substance of the brain was softer than normal.

The lungs shewed old pleuritic adhesions, and contained tubercles, but none yet advanced to maturation. A considerable quantity of water was effused in both cavities, as