sensible degree of heat of the surface; in all, the eyes were sunken, the nares constricted, the features pinched, the umbilicus drawn in; the colour of the skin still retained the same dusky hue, which it presented in life; the dark purple petechial spots which existed on various portions of the body before death, remained distinct; there was ecchymosis, or discoloration by gravitation, on all the depending parts; on two there were sudamina, or small vesicles, some entire, others ruptured. I may here remark, *par parenthêse*, that in all those cases which proved fatal at the Point St. Charles Hospital, in which stigmata or dark points were noticed, (resembling recent tatooing, and caused by punctiform extravasation of blood under the facial integuments,) these black papillæ were still visible several hours after death. Two irruptions of this cutaneous melanosis occurred at the above establishment last season, in the months of August and September, and both followed upon very heavy storms, accompanied by copious rain, and fall of the thermometer. Within twelve hours after the storms, my attention was drawn to this feature in upwards of twenty cases, in all of whom death occurred within thirty hours after the appearance of this new character of the disease. On dividing the integuments of the head, a large quantity of dark coloured blood always escaped; there was invariably a strong attachment between the calvarium and dura mater, ecchymosed spots on various portions, and of different sizes. On removing the former, the sinuses, and especially the lateral and torcular herophyli, were full of, and prominent with, similar dark coloured blood. On removing the dura mater, effusions between the pia mater and arachnoid were visible, occupying spaces of from a quarter of an inch to an inch of surface, the arachnoid sensibly elevated by the collection; on slitting open these sacs, a thin and clear watery fluid escaped; there was *no appearance of lymph, nor of pus.* The brain proper possessed a good consistence; the cerebellum was always rather softened; the surface of the hemispheres presented an universal network of dark red vessels; the pia mater was easily detached from the brain surface; bloody points were abundantly exposed to view with every section of the brain substance; the great commissures, and indeed the white or central medullary portions generally, were, if any thing, slightly softened; the lateral ventricles contained from one to three drachms of limpid fluid—sometimes this appeared to be a little discolored; some of the same fluid was always found between the arachnoid surfaces, at the base of the brain; in two cases, there was upwards of ten drachms; in all, the cineritious portions of the convolutions, thalami, corpora striata, and arbor vitæ were palpably darker in colour than usual, while the choroid plexuses in the lateral ventricles were flaccid, and resembled in color the gills of a fish many hours out of water. On raising the body, fluid, variable in quantity, always flowed out of the vertebral canal. In one instance only did I examine the spinal cord—it was in the case of a young woman of 18, who entered the hospital with fever, being at the time also pregnant, (this circumstance was not known, however, for upwards of a week after her admission); she had an abortion, rapidly fell into puerperal fever, and died. Allusion will again be made to this interesting case lower down. The same congestion of the membranes lining the canal and investing the cord, was found here; there was a considerable quantity of fluid, and the cord itself, and emanating bundles of nervous fibrils were rather less consistent than they are usually found to be; but it must be stated, that the minute examination of this portion, and its abstraction, in entirety with the brain mass, were not made for three days after death. (I am much indebted to Dr. G. Fenwick, Assistant House Surgeon of the Montreal General Hospital, for his kind and able assistance on this occasion). We could not detect any isolated ecchymosis on the membranes, they appeared to be throughout saturated by congestion and imbibition.

In making the usual sections of the thoracic and abdominal tegumentary parietes, I was struck with the quantity of subcutaneous fat exposed—in one instance only was this wanting—it was in the body of a little girl of 11 years of age, who came into the Hospital with dropsy consequent upon scarlet fever—this contracted seven weeks after convalescence from the fever, in this poor child there was absolutely no vestige of fat to be found in the body, and the mesenteric glands were enormously enlarged, some of them were nearly as large as ordinary English walnuts; their interiors presenting a cheesy granular structure, the centres having a yellowish brown colour. I would also remark in this place, that the peculiar ammoniacal odour so perceptible on drawing down the bedclothes of a fever patient while alive, became more strongly appreciable as soon as the division of the thoracic and abdominal parietes was made. On opening the thorax, in the majority of the cases examined, no trace of recent pleural inflammation was detected in them; there were old adhesions existing between the pleural surfaces on the right side; in several there was œdema of the upper and the thin margin of the middle lobes; fluid, variable in quantity, was found at the base of the thoracic cone, on both sides in all, but no flocculi of lymph; extensive congestion presented itself in the lungs of all, and to a striking degree, as was anticipated, in the inferior and posterior portions; the bronchi contained more or less frothy mucus, sometimes partially tinctured of a reddish colour. The bronchial mucous membrane was in these cases full and swollen; the sub-mucous cellular tissue also infiltrated, especially toward the back part of the lung; there was no abrasion, nor softening of the former; nor was there any false or adventitious membrane upon it. I never met with genuine hepatization of the lung, the solidifications appearing to be only the result of serous extravasation, consequent upon the congestion of the parenchyma; for on compressing these portions, a considerable quantity of the contained fluids could be forced out without breaking down their structure. In three cases, I found tubercles apparently in a dormant condition. Carnification with punctate malanosis, or sprinkling of carbonaceous matter was found in the lungs of one man, formerly a Cornish miner, who had contracted the fever