anterior to the optic chiasm, and extending into the longitudinal fissure, and over the anterior part of the corpus callosum. On separating the orbital surfaces of the frontal lobes, an aneurismal sac, the size of a large pea, was seen springing from the anterior communicating artery and partially embedded in the contiguous brain substance, which was a little lacerated. When removed and washed, the sac was found to arise by a small orifice from the anterior communicating artery close to the right anterior cerebral. It was full of dark blood, and had ruptured at the lower surface, the rent being about two millimetres in length. The hemorrhage had extended along the sheaths of the optic nerves to the eyeballs. The other cerebral vessels were healthy. There was no heart disease.

Dr. Ross remarked on the difficulty of diagnosing the case at first, and of the assistance rendered by the development of subconjunctival ecchymoses. In his experience this was a very rare occurrence in cerebral hemorrhage.

Dr. Osler called attention to the fact of the frequency of aneurism of the cerebral vessels and to the fact that many cases of apoplexy in young persons were caused by them. This was the eighth instance which had come under his observation in the past few years, and all the specimens had been shown at the Society. Of these, four were of the middle cerebral artery, two of the basilar, and two of the anterior communicating. In seven of them death was caused by rupture of the sac. He remarked that in cases of fracture of the sphenoidal bone, or in instances such as this, where the hemorrhage occurred in the neighborhood of the optic nerves, the subconjunctival hemorrhages would be more common; but when the fracture was in the middle or anterior part of the orbital plate of the frontal, the hemorrhage was into the more superficial parts of the orbit, and more likely to produce ecchymosis of the lid.

ULCERATIVE ENDOCARDITIS, SIMULATING TYPHOID.

DR. Ross reported the case; that of a man aged 26, admitted to the General Hospital on the 2d, in a state of delirium, with temperature 104°, pulse 100, and respiration 28. Though delirious, he would at times answer questions. Face was flushed, eyes bright, pupils small; expression nervous and anxious. Tongue dry, cracked, and brown; abdomen full; marked tenderness in right iliac fossa; no rose spots. Examination of heart and lungs revealed nothing abnormal. The following history was obtained: Had never been very sound in mind, but has been healthy; was at work on January 29th, when he was taken with a severe chill, followed by headache, vomiting, and nausea. Went to bed that evening; became delirious, and has been feverish, with severe headache, ever since. There have been several loose stools each day. On the night of the 2d he was very delirious, talking loudly, and getting out of bed. Passes fæces and urine involuntarily. On the 3d the temperature was 102°, pulse 125, and weak. On the 4th, after a very bad night, the patient was much quieter, dull and stupid; face dusky; can get no reply to questions; temperature 103°, pulse very weak; passed stools in bed. Patient gradually sank, and died on the next day —the third after admission, and the eighth of his illness. The heart and kidneys were exhibited. The autopsy showed extensive ulcerative disease of the aortic valves, two of which had fused (congenital), and were sclerotic. The vegetations were soft and recent, and there was a small perforation of one segment. The mitral valve was unaffected. The spleen was about twice the normal size, but presented no infarctions. The kidneys were enlarged, and showed six or eight recent infarctions. In the small intestine there were half a dozen spots of hemorrhagic infiltration of the submucosa, the centre of each occupied by a small white necrotic patch (infarctions). In the left occipital lobe there was a spot of recent red softening, the size of a small apple. No other foci in the brain.

Dr. Ross stated that he had thought the case one of typhoid fever from the mode of onset and the pronounced abdominal symptoms. The only suspicious features had been the bright eye and injected conjunctiva, and if a murmur had been heard a correct diagnosis might have been reached. The experience of a considerable number of cases had now made both physicians and attendants at the General Hospital tolerably alive to the subtleties of this disease, but in none of the previous ones with typhoid symptoms had the course of the disease been so rapid.

In reply to a question by a member, Dr. Ross remarked that the state of the valves was certainly such that a murmur might have been expected, but none was heard when he examined the patient the day after admission. The condition of the vegetations would almost prevent a regurgitant murmur.