

both sides, appeared to be greater in proportion to the fibrous substance than in the same parts of healthy brain with which I compared them.

When removing the dura mater, it was observed to be more adherent than usual to the surface of the convolutions, on each side of the superior longitudinal sinus, by firm vascular connexions with the pia mater and Glandule Pacchionii. The sinus was turgid with blood and a decolorized fibrinous clot which filled its cavity. The veins on the surface of the convolutions were also much congested and turgid with blood, while the whole surface of the pia mater presented a bright rosy colour, from the increase in the number and size of the vessels visible to the naked eye.

*The following are the Measurements of the Head, Cranium, and Brain:—*

(a) Horizontal periphery of the head,.....	20.5	inches.
(b) Horizontal periphery of the denuded cranium,.....	19.25	—
(c) Horizontal periphery of brain <i>in situ</i> , and enclosed in } dura mater,.....	18	—
(d) Greatest antero-posterior diameter of skull,.....	6.75	—
(e) Greatest transverse diameter,.....	5.25	—

Nothing abnormal was observed in the nerve substance of the cord. Its sheath enclosed fluid in the usual quantity. All other internal organs healthy.

*Remarks.*—The morbid appearance of the body which have been found in cases of chorea, have not as yet thrown much light on its pathology. Sydenham, Cullen, Rostan, Bright, Stoll, Pinel, and others, who have had frequent opportunities of examining cases of this disease, failed to detect any other morbid appearances than those which were commonly seen in other affections of the brain and spinal cord. Accordingly, by one class of pathologists, chorea has been regarded as entirely a functional disorder, independent of organic change: and by another class it has been considered as associated with some other diseases, whose pathology is better known, either as a concomitant feature, or as a necessary consequence of their previous existence; such, for instance, as rheumatism and diseases of the heart.

Much evidence has been brought forward in favour of the humoral or rheumatic character of the disorder. Dr. Copland (*London Medical Repository*, vol. xv.) has the merit of having been the first to indicate the complication of chorea with that class of diseases; and his views have been subsequently confirmed by Drs. Prichard, and Roeser, and more recently by the elaborate researches of Dr. Begbie \* and Dr. Secl. † Numerous instances have also been adduced by Andral, Bouillard, Bright, Mackintosh, Watson, and others, in which diseased conditions of the heart and pericardium have been attended with, or have given rise to, spasmodic diseases of the nature of chorea, paralysis, mania, or dementia; and the evidence of these writers is amply sufficient to prove, that a considerable number of individuals affected with chorea have suffered from cardiac or synovial rheumatism. But it is unquestionable that all have not so suffered: and indeed the history of the majority of the cases clearly shows that chorea has a more intimate connexion with mental disease, such as imbecility, or even insanity, than with perhaps any other morbid state.

The history of this case of chorea and the examination after death, as now described, present the following points of special interest in its pathology:—

1. The condition of slight mental imbecility which characterized the patient during the whole of life, and which appeared to be congenital, and probably hereditary.

2. The altered condition of the nervous substance, not indicated by any very obvious deviation from the healthy structure, but sufficiently manifest by various observations made upon the brain.

These observations are (a) *a difference in the comparative bulk of the two*

\* *Edinburgh Monthly Journal of Medical Science*, 1847.

† *Memoires de l'Acad. Nationale de Medicine*, vol. xv. page 373. et seq.