

tinctly alkaline in their reaction. The heart affection did not appear to have increased in severity, and everything promised well. It was observed, however, on Thursday last, that he appeared highly emotional and irritable. He had, I should remark, had rather severe epistaxis—he wept as he told me that the nurse had insisted on his eating some corn starch which he did not relish—and the patients in the ward united in saying that he appeared low-spirited, peevish, and disconsolate, frequently declaring that he should die. On Friday evening delirium set in, he became very restless, tossing about in his bed as though he either did not feel or was indifferent to the pains in his joints. He even sprang from his bed and tried to run towards the window, and that night he had little or no sleep. On Saturday, at the hour of visit, he returned rational answers to the questions asked; complained of pain in his head. The pupils were natural. He had no vomiting. The pulse was about 100. His face did not appear unusually pale or flushed. The tongue was but slightly furred. The surface warm and slightly moist. His expression was rather mild and excited, and now and then he would utter some rather incoherent expressions. That night (Saturday) the delirium returned with increased violence, and towards morning he died. The immediate cause of death was not very apparent, but from the description it seems to have been from syncope. The treatment adopted was the application of nine leeches to the temples and a pill containing 2 grs. Pil. Hyd. 3 grs. Scilla, and $\frac{1}{2}$ gr. Digitalis every four hours. I was induced to apply leeches from the fact that his nose had previously bled, which I inclined to regard as a natural effort at depletion and an indication of cerebral congestion. I now believe I was in error on this point, and I wish you to remember that I mention this not for your imitation, but as a warning—not that I consider the trifling loss of blood could have seriously diminished the chances of recovery—but it was certainly a step in the wrong direction, and as such I caution you against repeating it. And yet what could be more natural at first sight than to refer the wild excitement and delirious raving observed in this case, to inflammation of the serous membranes of the brain. We know how frequently other serous membranes as the pericardium and pleura are affected in the course of rheumatism; what was more likely than that the serous membranes should also occasionally suffer in a similar way. The post mortem examination, which was made with considerable care, very decidedly negatived such a supposition. We found the Dura Mater very adherent in the course of the longitudinal fissure, owing to the pressure of an unusually large number of the so-called Glandulæ Pacchioni, which