

swollen tonsils; no albuminuria. The patient was then moved into a larger room, and was immediately seized with a severe epileptiform attack, which threatened suffocation, there being much spasm of the facial muscles. This convulsion was limited to the face and neck. Soon afterwards she seemed more comfortable. Pot. brom. and asafetida were given by the mouth and rectum. At the request of her friends, Dr. A. J. Johnson was now called in consultation, meeting Drs. Graham and Oldright about 11 o'clock p.m. Drs. Graham and Johnson left about midnight. Shortly afterwards Dr. Oldright left the sick room, going downstairs; he had been seated but a few minutes when the nurse came down to ask a question, received her answer, went upstairs and immediately called the doctor, who, on reaching the bedroom, found the patient dead. A friend in the room said she had been seized with a convulsive attack similar to the one described above and died in it.

The family history in this case is good in all respects, and throws no light upon it.

*Post-mortem* examination of the body was made next morning about twelve hours after death.

*Report:* Inspection shows the body of a female of apparently about thirty years of age; nutrition very good; *rigor mortis* well marked; *post-mortem* staining well marked in usual positions; external orifices all right.

*Section:* Shows a large amount of subcutaneous and subperitoneal fat; muscle in good condition; omentum presents numerous yellowish white nodules, varying in size from that of an ordinary bean downwards, in which, on cutting them open, whitish spots like caseous matter are found—these were at first supposed to be tubercles; mesenteric glands are enlarged and some show central opaque whitish areas as from necrosis; all the abdominal viscera exhibit marked venous congestion, but, with the exception of the pancreas, appear otherwise healthy; the thoracic viscera are in very good condition: heart contains fluid blood and no clots.

*Pancreas:* Much larger than usual in cross measurement and also thickened: the capsule is tense and distended over the parenchyma by a reddish fluid, and here and there upon the surface yellowish spots similar to those in the omentum are to be seen; similar spots are noticed in the peripancreatic tissue. On cutting into the organ a quantity of blood at once oozes from its surface, the whole tissue seeming to be soaked with it. Closer inspection shows that the blood is diffused through the interstitial tissue and underneath the capsule, but does not apparently invade the parenchyma. At no point is a clot visible. No ruptured vessels can be found, nor are there macroscopic changes noticeable in the vessels anywhere in the