21st. Condition unchanged, except that the surface of the body has become extremely sensitive; patient screams if touched.

22nd. Left side of body somewhat purple, and left foot cold, but acutely sensitive; muttering delirium.

23rd. Foot completely dead, and black as high as two inches above ankle.

24th. Being the fourteenth day of the disease, the pulse suddenly at 2.45 P. M. became normal, dropping at once from above 200 to 75, at which rate it continued, or nearly so, until death, four days later.

The following brief notes complete the case:-

25th. Raved all night; throat sore; tongue dry; petechial eruption on chest and limbs; flushed face, and appearance of emaciation so astonishing in its rapidity as to excite the attention of friends and attendants; pulse and respiration normal; temperature, 95°.

26th. Same condition, but raving frantically; easily rallied, however, when spoken to, and answering questions intelligently; complains of great pain in the back of the head. Paraplegia, with involuntary evacuation of bladder and bowels. Intermittent respiration; intervals of sixty to ninety seconds between breaths; pulse singularly even, strong, and regular. Death on the 27th of the month, and seventeenth of illness.

Autopsy, sixteen hours after death. Present, Drs. Southard, E. A. Osborn, Bleylie, Haight, Burrage, and Holden. Body rigid, of strongly cadaverous odor, and threatening rapid decomposition. The mortified foot somewhat reddened: lungs normal; pericardium somewhat reddened about the efferent vessels; effusion within slight; heart somewhat loaded with fat; apex and base, together with two inches of the aorta, externally injected; right auricle and ventricle slightly dilated; left ventricle normal, save that within it and lying entangled in the chordæ tendineæ was a cyst, the size and shape of a large filbert, entirely detached and empty. The position and character of this were verified by the gentlemen present, before removal.

Upon searching carefully, another was found, but attached to the anterior aspect of the ventricle, just beneath the mitral valves, and band-like appendages which they throw out are

bound down by the columnæ carneæ. No further examination was deemed necessary. Microscopical examination, made by Dr. Geo. A. Van Wagenen, of Newark, N. J., may be best reported in his own language:

"I have examined the small cyst from left ventricle of heart. The tissue composing its walls does not resemble that of a fully organized cystic tumour. I could find no epithelial or endothelial layer lining it, and no signs of blood-vessels. It consisted of a mass of small, round, ovate, and caudate granular cells, about the size of, and much like, pus-cells in general appearance. The whole seemed to be held together by a very delicate reticulum of fibrous tissue, which cropped out along the edges of the In some places organization had gone so far that the tissue was partly striated. The whole appearance resembles that which is found in a fibrinous clot undergoing some organization. I think it comes fairly under what Laennec has described as globular vege-There were a few fibres floating free, which I had torn from the edges of the specimen mounted."

The remarks of Rokitansky, already alluded to, so aptly describe this ease, that I trust it may be pardonable to quote them; they are as follows:—

"Globular Vegetations.-The formations distinguished by this designation are generally round concretions, varying from the size of a pin's head to that of a nut, attached by means of ramifying, cylindrical, or flat appendages or bands, which entwine themselves among the trabeculæ of the heart, and are of a more or less uniformly dirty, grayish-red, or white colour. They are hollow in the interior, but contain, within a wall of irregular thickness, a dirty, grayish-red, or even chocolate-coloured thickish fluid, resembling cream or pus, and which is occasionally of a dirty whitish or yellow colour. One or more of these concretions very frequently burst, when the fluid may be seen effused into the cavity of the heart, and distributed over the recent coagula which have been formed either in the death-struggle or shortly after death, or it is found mixed with the fluid blood contained in the cavity.