

was a clot in carotid, plugging the opening of anterior cerebral and extending out into middle cerebral for about two inches along the fissure of Sylvius. The anterior cerebral must have received its blood through anterior communicating. The posterior communicating was open up to middle cerebral. In other respects brain was normal. Sinuses contain dark clots—(p.m.), some patchy atheroma in basilar.

*Thorax.*—Pleuræ show a few old apical adhesions and in left lung are two or three small healed tubercles toward apex. Left bronchi contain much thick mucus throughout lungs.

*Heart.*—9 ounces. Milk spot on ant. wall, right ventricle. Muscle looks well nourished. Right auricle contains an attached white clot (ante-mortem), size of walnut. Valves normal on right side. A few pieces of attached clot in left auricle and on thickened nodules on edge of initial valve. These nodules are old and sclerotic. The left ventricular wall is slightly hypertrophied.

Aorta shows scattered patchy atheroma.

Oesophagus shows thickening epithelium (alcoholic sign usually),

*Abdomen.*—Very marked linea albicantes. Liver and stomach and intestines show considerable ptosis, lower edge of liver being below umbilicus.

*Stomach.*—20 ounces capacity; thick walled; mucosa papillated and covered mucus. (Chronic alcoholic gastritis.)

Intestine normal. Pancreas normal. Liver 40 ozs.; somewhat fatty.

*Gall bladder* contains several ounces green bile.

*Spleen* shows four marble-sized haemorrhagic infarcts.

Left kidney 4 ozs.; granular surface with adherent capsule; granular kidney (interstitial).

Right kidney 5 ozs.; some pus in renal pelvis from an old cystitis.

*Bladder* thick-walled and contains some purulent urine; mucosa slaty.

Uterus—parous—bilateral laceration of cervix with cystic erosion.

Death due to cerebral embolism; origin left heart in tags of clot on mitral valves.

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