

note that the vena cava in the specimen presented, lies on the left side of the aorta, as far as the right renal vein. The vena cava along with its two main branches, the common iliac veins, are thrombosed throughout, and the thrombi pass into the external and internal iliac veins on both sides. From the appearance of the thrombus, particularly to be noted in the firm grey character, one is led to believe that the iliac veins on the left side were first involved. On the right side the iliac veins contained a more recent adherent clot, which, no doubt, extended downwards from the thrombus as it was advancing from the left iliac vein into the inferior vena cava. It is remarkable that, although both iliac veins were completely plugged there was no evidence of oedema of the lower extremities when the case was seen at autopsy.

As to the paratyphoid infection, the paratyphoid bacillus was isolated from blood cultures some days after the appendix operation. What association this infection had with the appendicitis is not easy to say, and the question arises whether the appendicitis was the original and only lesion at the time of operation, or whether the paratyphoid infection was then present and had its main and most severe site in the appendix. I am rather inclined to take the latter view, and think that the severe symptoms of the appendicitis over-shadowed the manifestations of a general paratyphoid infection. The apparent normal condition of the patient without the signs of paratyphoid fever after the operation is probably to be accounted for by the general effect of the operative procedure on the body during a mild grade of infection.

The paratyphoid organisms were again isolated from cultures of the blood and spleen at autopsy.

F. J. SHEPHERD, M.D. Dr. Klotz's remarks are very fitting. I have seen several cases operated on for appendicitis which contracted typhoid fever in the hospital, but never attributed it to the appendix condition. I was interested in the fact that there was no cedema. Another fact was that the thrombosis commenced in the left iliac vein, why this should be so I do not know. Nearly always when you get a thrombosis after operation you get it on the left side. I think it is probably due to the enemata given in these cases. I am interested in the fact that the patient had a double inferior cava, due, no doubt, to the persistence of the left cardinal vein.

#### DIPHTHERITIC PARALYSIS.

A. H. GORDON, M.D. A report of this case will be found on page 237 of this number of the JOURNAL.

A. T. MUSSEN, M.D. In looking up an old number of *Brain* of some