

with alcohol for evaporation; blister to nape, and between shoulders; calomel ℞i. statim, et post horas duas, ol. tig. gutt. ij.

6, P.M.—Complete coma; pupils still small; pulse 112; no buffiness on blood; no vomiting; no stool; no convulsive movement; apply sinapisins to feet and legs, which are not cold; blister over liver; calomel grx. om. bihor, ol. tig gutt. ij. at 9, P.M.

Died at 5½, A.M., of 10th, (Saturday), 41½ hours after my first visit.

Autopsy 50 hours after death; decomposition had commenced.

Abdomen—Intestines inflated, without any appearance of inflammation, but reddened here and there with congested vessels, and effused blood in maculae of different sizes. The mesentery, in like manner, was spotted with specks of blood. No fluid in abdomen. Stomach presented nothing important; nor spleen, which was natural in size. Kidneys large, ochre-yellow on surface; within congested, and tubuli ecchymosed; weighing 7½ and 8 oz. Liver much diminished, especially left lobe, which was very thin, and of ochre-yellow throughout, with scarcely any congestion. The right lobe was proportionally less reduced in size, and of a dark red colour, especially towards depending portion. When upper part was cut into, the yellow appearance was very distinct, small central dark points being surrounded by yellow-coloured substance. The whole was very soft, breaking down under the finger. The weight was 2 lbs. 4 oz. The biliary ducts were pervious. The gall bladder contained some fluid, probably bile, but reddened by transudation of blood. Thorax not examined.

Head.—Dura mater, on both sides, of a generally yellow aspect, but color very distinct in some spots, and scarcely seen in others. Spinal arteries full of blood. Brain nearly natural in consistence, with many red points on section; scarcely any fluid under arachnoid, or in ventricles, and very little at base.

REMARKS.

How do the instances of this "terrible disease" differ from ordinary cases of icterus? One important difference is, that the bile ducts are in almost all the cases patent; and another, that there is a deficiency of bile in the small biliary vessels. If we suppose with Cullen, that "bile cannot produce jaundice from any interruption of its secretion, but, after it has been secreted, must be taken into the blood-vessels," how are we to explain these facts? The icterus *spasmodicus*, which he supposed, might, indeed, account for the sudden evolution of jaundice *post pathemata mentis*, but would not explain the two conditions above stated. That strong mental emotions have frequently been followed by sudden jaundice is certain, for, as Dr. Watson says, "there are scores of in-