

but talked and laughed with the other patients after two o'clock on Friday morning. The vomiting returned at intervals, but she complained of no pain. About 3.30 a.m. she was found sitting up in bed, with her head on her chest and a chamber pot between her knees. Mrs. Smiley was then called upstairs and found her rigid, but soon her hands and arms began to work convulsively. After a time these movements ceased and then recurred, the limbs in the meantime being rigid. The pulse was full and not rapid; the heart's impulse was weak. The eyes were fixed, and the pupils were larger than natural. The spasms soon became more violent, the hands and arms worked violently, and the teeth were clenched. She passed a fair quantity of urine and of a natural colour. Dr. Browne was called in, and drew off a small quantity of dark-coloured urine, containing a large quantity of albumen and some granular casts. The woman died about five o'clock in the morning during a convulsion. This is a case of special interest, as the woman complained of nothing, and was apparently well when she went to bed. She had taken her meals through the day, and during the night was seized with severe convulsions, and died in three hours.

At the autopsy we found that the brain was full, the convolutions flattened, and the vessels tolerably injected. At the base, blood was seen projecting immediately in front of the optic commissure, at the infundibulum, and was extravasated beneath the meninges on the left side of the pons, left side of the medulla, and projected from the fourth ventricle, when the cord was cut, and also extended down the cord as far as could be seen. When the ventricles were opened we found the condition as here seen in the specimen. The left lateral ventricle contained an enormous blood clot, forming a complete cast of the chamber. This clot infiltrates and breaks up the corpus striatum, through which it has burst, but the superficial layer of the corpus striatum is

still seen covering the clot. The blood has burst into the third ventricle, and into the right lateral ventricle, and the clot is moulded to its shape, but it is smaller than on the other side. The blood has passed through the iter, into the fourth ventricle, and forms a very perfect cast of that cavity. I do not remember ever to have seen a more complete set of blood casts of the ventricles.

On opening the abdomen the pregnant uterus was seen to reach nearly to the xiphoid cartilage, and when removed was found to contain a nearly mature fetus. Covering the surface of the liver were numerous superficial extravasations.

In the thorax there was nothing of note in either pleural sac. The heart was of full size; the left ventricle a little enlarged, but the walls were not specially increased in thickness. They were pale, and under the microscope showed signs of slight fatty degeneration. The valves were healthy.

There was a good deal of serous infiltration in the connective tissue in the abdomen, especially about the kidneys, omentum, and retro-peritoneal tissues.

The kidneys presented the following conditions:—they were slightly enlarged, weighing 180 and 200 grammes. The capsules were exceedingly opaque, thicker than natural, and somewhat adherent, in places tearing the substance in the removal. The exposed surface was of a dark brownish-red colour; smooth, except where torn in the detachment of the capsule. On section they cut with slightly increased resistance. The cortices were full in volume, and blood in considerable quantity dripped from the surface, more particularly from the large veins at the base of the pyramids. The tissue looked turbid, and had not the usual clear appearance of healthy renal substance. There were no spots of localized opacity. The medullary rays were not specially marked. The malpighian bodies were only just visible. The pyramids, deeper in colour than the cortex, showed the straight vessels with great distinctness. On microscopic