

was quite healthy, with the exception of a slight incompetency of the aortic valves, caused by a swelling, about the size of a pea, between two of them. The aorta was dilated and rough immediately above the valves, and was, to a slight degree, atheromatous. The *Left Lung* was adherent to the ribs, especially posteriorly, where the adhesions were quite cartilaginous, and nearly an inch thick. The upper lobe was completely consolidated, with an exudation of a simply fibrous character. No trace existed of either cancerous or tubercular deposit. In the centre of the lung there was a fetid, disintegrating cavity, about the size of a walnut. The *Right Lung* was very oedematous, especially in the upper lobe, with some pneumonic consolidation, and a few emphysematous patches along the anterior border. The *Liver* was normal. The *Gall-Bladder* elongated with an hour-glass contraction in the middle. *Kidneys* contained a few cysts. *Supra-Renal Capsules* rather larger than natural, but normal in structure. *Spleen* normal. *Testes* the same. All the arteries in the body, as far as they were examined, presented here and there patches of atheromatous deposits.

Dr. Laycock pointed out the points of similarity between this case and that of Scott. The leading symptoms were the same, but in Edgar they occurred in a man much more advanced in years, and with much more extensive structural disease. In Edgar there was the same recurrent hæmoptysis, offensive breath, and fecal or butyric sputa. There was also the same cachectic character, excessive thirst, and sensorial hebetude. The latter symptom was, indeed, so decidedly marked, that Dr. Laycock diagnosed obscure disease at the base of the brain from the first admission of the patient. His general morbid condition was, in fact, such that considerable mental depression and irritability are almost always experienced, unless special centric causes are in operation to diminish the sensorial sensibility of the cerebral centres subservient to the feeling of corporeal well-being or ill-being (according as the bodily states vary), and which Dr. Laycock places in the posterior portion and the base or the encephalon. He therefore diagnosed probable disease of the cerebellum or medulla oblongata in the case of Edgar, before any special symptoms involving the motor system showed themselves.

Functional disturbances of the nerve-centres in relation with the lungs may, however, be associated with butyric or fetid expectoration in bronchitis. In proof of this Dr. Laycock called the attention of the class to a case observed by him twenty years ago, and reported in the *London Lancet*.