

diagnostic signs of scurvy were wanting; his pulse was small and frequent, skin cold; his appetite for food under these circumstances was, nevertheless, tolerable. His treatment had now for its main object the restoration of strength, and to sooth the occasional intestinal irritability. On the 19th he for the first time experienced an indescribable sensation of præcordial anxiety, and on the same night he had a short fit of dyspnœa and cough, increased rapidity and weakness of pulse, without pain or fever indicative of inflammatory action. This state of anxiety continued until the 26th, when a stupor supervened, from which he was roused by the irritation of a vesicatory; a degree of incoherence was perceptible during the day, which increased in the evening, and by midnight had become furious delirium. In spite of his debility, he was with difficulty held in his bed, anxious to escape imaginary dangers, and attempts upon his life. It was midnight of the 27th, before this mental agitation subsided, leaving him in a rational state, but exhausted by his struggles, and evidently sinking apace. On the 29th he relapsed again into a stupor, almost unconscious of surrounding objects, and on the morning of the 30th he breathed his last.

On opening the body after death, about two pints of serum were found in the cavity of the abdomen, the liver was preternaturally enlarged, but in other respects sound; a few of the mesenteric glands were indurated; the rest of the abdominal viscera offering no morbid appearance.

In the thorax, the pericardium contained three or four ounces of fluid. The heart was small, its parietes attenuated, flaccid, and pale, and its cavities filled with firm coagulated lymph.

Both lungs were collapsed and shrunk to half their natural bulk, externally firm and livid, on making incision into them. The parenchymatous substance appeared condensed, and converted into a liver-like substance of a livid hue. There was no sign of tubercle or abscess, nor was there any exudation into the cavity of the chest, or adhesion of the pleura.

The morbid state of the thoracic viscera, discovered by the dissection, elucidated many of the distressing symptoms, the cause of which was in-