bismuth and hydrocyanic acid was ordered by the visiting physician, who at 12a.m. saw him for the first time, and diagnosed typhoid with meningeal complications, or poisoning from ptomaines in food served on the passage.

March 30—Delirium more marked; tenderness over abdomen persists; no eruption; no diarrhœa.

March 31-Patient much worse; morning temperature 1031°; pulse 120; vomited considerably during night; low muttering and answers questions irrationally; at 6 p. m. enema given bowels freely moved; erythematous patches on arms and prominences on body excoriated from constant movement and paralyzed condition of vaso motors. Temperature at night 1013°; pulse 112; very delirious; head shaved and vesicating fluid applied; pupils react to light and normal; some opisthotonos and ptosis of right eyelid. At 9 p. m. 20 grs. hyd. sub. chlor. given; urine highly albuminous.

April I—Mustard applied over kidneys, to be followed by hot linseed poultices; back of head well blistered and mercurial ointment applied; case shows no improvement. Temperature by rectum at noon 104°. Following prescribed:—

R Pot. Acetatis 3iiss. Tr. Digitalis M 80. Liq. Ammonii Acetatis ad. 3 viii. Sig. 5 iv. every 4 hours.

6 p. m.—Bowels moved very freely several times; pulse very weak and rapid; cyanosis of hands marked; not so fiushed in face; pupils dilated; tr. opii. 10 gtt. every 2 hours prescribed to control excessive restlessness; watching effects. 10 p. m.—Growing gradually weaker; delirium very pronounced; refuses to swallow; very restless; continuous jactation of hands and legs; talks about his home, his ticket, prays, &c.

April 2-2 a. m., death occurs.

RESULT OF POST MORTEM ON APRIL 2.

Nothing much to note in appearance of body; been vaccinated apparently in both arms; some post-mortem staining of skin; body well developed and fairly well nourished.

On opening chest both lungs receded; right lung attached to pleura by several small bands; left by one band; lung substance normal.

Heart tissue softened, but otherwise normal.

On opening abdomen bowels notably congested; marked congestion of peritoneum passing from ascending colon to back. Mesenteric glands enlarged and inflamed.

The appendix vermiform 10 inches long passing up along the right side of the spine.

The spleen very slightly enlarged; dark in color, soft and easily broken down.

Liver substance dark and congested; the intestines markedly hyperaemic; the ileum shows patches of denudation of mucous membrane; the "shaven beard" appearance very prominently brought out. A great number of Peyer's patches show inflammatory changes. The ileum, especially the seat of active congestion, the inflammatory condition not so marked at upper portion of bowel.

Brain substance normal.

Pia mater thickened and reddened; the arterioles very much congested and veins filled with blood; some serous effusion on surface of pia mater; the pia mater of spinal cord congested; spots of an opaque fatty exudate around vessels on posterior aspect of cord; the exudation not purulent. Some turbid fluid in most dependent portion of spinal cord (lumbar region).

R. L. MURRAY.

V. G. Hospital, May 1, 1893.

[Note.--This patient was one of two immigrants who were taken to the hospital from the Long