

Ordered calomel, digitalis and large blister. Next day, 22nd, greatly relieved, which at first attributed to treatment, but on narrower enquiry into the history, I found she was laboring under severe intermittent, and I had seen her during or towards the close of the hot fit. Her apparent amendment to-day was therefore owing to her being in the intermission. I was, then, told that she had two paroxysms each day, the cold stage lasting nearly two hours. The fits had commenced 12 days before, and had continued single till within a couple of days. The right hypochondrium was tender, but liver not felt. Bowels loose and the stools occurred almost always during the cold stage, and two or three of them. At the same period, but not at other times, vomiting frequently came on. From this time, till March 5th, on which day she died unexpectedly, the paroxysms continued generally twice a day, though once or twice only one fit occurred in the day. They, however, lost the regular period of return, commencing at irregular hours—1, 2 or 5 in the morning—at 5 or 9 at night—sometimes at 9 a. m.—and once at noon—latterly, the shaking became less, and only cold was complained of at the beginning of the paroxysm. The strength gradually declined and she died quite conscious, having had three “turns” as if fainting, in the last of which she expired.

POST MORTEM, 43 HOURS AFTER DEATH.

Pericardium adhered universally to the heart by a false membrane which was easily lacerable, and had a remarkable appearance, being of a dark greenish color, exactly like gangrene. This color was only in the false membrane, not in the layers of the pericardium. Heart was flabby, not large, some blood in left ventricle. Blood in all parts very thin and watery. Large numbers of fat globules, were seen floating in the fluid that ran from the incisions. The lung of both sides adhered to the pericardium. In other respects, they were quite healthy, except an old adhesion on right side, to diaphragm. On cutting up the aorta, the valves were found hardened and thickened on edges like a cock's comb, but they retained fluid when poured into the vessel.

About an inch above the valves was a pouch having an orifice fully half an inch in diameter, and the pouch itself was about an inch across. (being an aneurism with rupture of internal coats.) But, what was very curious, at the distal side of this orifice was attached a concretion (apparently lymph, but very firm), about two inches long and of irregular thickness, and free within the aortic cavity. Mitral valve healthy; pulmonary artery somewhat dilated at orifice; a polypus of some size in the ventricle, extending into auricle. Liver large, uniform in color, but not engorged. Spleen very large, weighing one pound, and pretty