

almost imperceptible. She subsequently became insensible, and died on the 3rd Nov.

*Autopsy*, 26 hours after—Considerable œdema of feet and legs; no cadaveric rigidity.

*Head*.—Calvarium thin, with adherent membranes; superficial cerebral vessels very full and tortuous; weight of brain, 47 oz. In the course of distribution of the left middle cerebral artery and its branches, patches of softening had occurred—

(a.) At the extremity of the superior temporo-sphenoidal convolution (adjoining the sylvian fissure).

(b.) At the operculum (the junction of the 3rd left frontal, ascending frontal, and ascending parietal convolutions).

(c.) At that part of the anterior convolution of the Island of Reil which immediately adjoins the operculum.

(d.) There was marked softening, with red extravasation, of the posterior thirds of the 2nd and 3rd left frontal, and, to a less degree, of the ascending frontal convolutions. This involved, mainly, and very extensively, the white matter, and extended in the direction of, and to, the ventricular wall.

(e.) Softening, but not marked disintegration, of the left corpus striatum was also present.

Microscopically, the softened white substance showed numerous irregularly defined and broken nerve-fibres; in the gray, oil globules were abundant.

*Thorax*.—3 oz. serous effusion in cavity of pericardium; weight of heart, 18½ oz.; right cavity full of clotted blood; aorta greatly dilated, as was also the tricuspid orifice. The cusps of the tricuspid and mitral orifices were thickened and contracted; the right lung was studded throughout with hæmorrhagic infarcti.

*Abdomen*.—Liver cirrhotic; kidneys granular and contracted with embolic infarcti in process of disintegration; spleen fibroid; mucous membrane of stomach rough, and dusky from venous congestion.

This case is simply recorded as an example of insanity associated with the other sequelæ of long-standing heart disease, and as a contribution to the already numerous instances of embolism of the left middle cerebral artery following valvular disease of the heart, in which the sudden nature of the lesion prevented the anastomosing vessels accommodating themselves to the increased current of blood necessary to the establishment of the collateral circulation.

#### EXPLANATION OF ILLUSTRATIONS.

Fig. 1.—Transverse section of the internal carotid artery, at its termination, showing syphilitic thrombosis, and partial infiltration of the elastic coat. (× 150.)

Fig. 2.—Showing aneurisms of the basilar and posterior cerebral arteries.