present appeared to be a case where the organising lymph owed its deep red color to excessive hyperæmia. It was impossible, of course, to prove the truth of this position by injection, the greater number of the highest pathologists having been hitherto unable to trace the vessels of organising lymph into the neighbouring tissues, if indeed they really have such communication; but it had been ascertained that channels for the conveyance of blood existed in the lymph before the existence of vessels with proper coats; and from the appearance of the lymph in this case it was probable that the hyperæmia here existed in such channels.

ACUTE GASTRITIS, WITH SYMPTOMS OF POISONING.

Mr. Robert W. Smith said he wished to lay before the society a specimen which was highly interesting in a medico-legal point of view. The subject was a female, aged twenty, who had been admitted into the Hardwick Hospital, in the last stage of peritoneal inflammation; she had been a prostitute, and had given birth to a child about a week before her admission; soon after parturition she was attacked with symptoms of gastritis and peritonitis, which proved fatal within twenty-four hours after her admission into hospital. The child had been found dead, concealed under the floor of the room in which the mother had been delivered. Upon examination of the body, the anatomical characters of acute peritonitis were found, lymph had been copiously effused; the stomach was in a state of intense inflammation; in some places the mucous membrane presented patches of the brightest scarlet, the vessels being distinct, and arranged in an arborescent form; in others the membrane was perfectly black, as in case of poisoning by sulphuric acid, but there was no abrasion either in the œsophagus or stomach; the most careful chemical analysis (in conducting which Mr. Smith had the valuable assistance of Professor Apjohn) failed to detect the presence of any poison.

CRYPTOGAMIC VEGETATIONS ON THE MUCOUS COAT OF THE STOMACH AFTER DEATH.

Dr. Lees produced portions of the stomach and upper part of the intestinal canal of a corpse that had been interred three months ago, and exhumed during the last week for medico-legal investigation. The mucous surface of the stomach was of a deep chocolate color, and on it were scattered numerous white circular bodies, elevated at the edge and depressed in the centre; some of these were very minute, and had the appearance of a white powder sprinkled on the membrane. This appearance had been noticed by Orfila as one of those which had been mistaken for arsenic. Buchner too had mentioned a white granular substance containing fat, found lining the stomach. The question arises, what is the intimate nature and origin of these bodies? Are they fungi? they are certainly not calcareous depositions. They are partially soluble in alcohol, and they melt before the blowpipe. They have not been described as fungi by any writer on medical jurisprudence that Dr. Lees was acquainted with. The scales in tinea capitis were by some supposed to be of vegetable origin. Christison and other writers might be consulted as to this appearance.

DISSECTING ANEURISM OF THE ASCENDING AORTA BURSTING INTO THE PERICARDIUM.

Dr. Lees exhibited to the society a specimen of an unusual variety of aneurism of the ascending portion of the arch of the aorta. The subject from whom the specimen was derived was a woman about sixty years of age, who was apparently in perfect health on the day of her death, which occurred during the last week. After breakfasting heartily, she suddenly screamed, fell back, and expired in five minutes. On opening the pericardium a large quantity of coagulated blood was found interposed between it and the heart, which was adherent at several points to the pericardium, evidently the result of a former attack of pericarditis. The heart was hypertrophied. There was a rent about two inches long in the cellular coat of the posterior wall of the ascending aorta. The longer axis of this rent corresponded to that of the artery just where the pericardium is reflected from the aorta on the pulmonary artery. The external and middle coats of the aorta in this situation were separated from each other for a considerable space by a quantity of coagulated blood, which reached superiorly as high as the junction of the transverse with the descending portion of the arch, and inferiorly as low as the base of the heart. The cellular coat having been slit up anteriorly, there was brought into view a large transverse rent in the internal and middle coats, not coinciding with the opening in the external coat. It was about an inch in extent, and was situated in the anterior wall of the ascending aorta, at the distance of an inch and a half above the heart. There was an atheromatous deposit in the mitral and aortic valves, and also between the internal and middle coats of the aorta and of the large vessels arising from the arch. Dr. Lees remarked, that this unusual form of aneurism had been described by Laennec, and that similar cases had been recorded by his friend Mr. R. W. Smith in the ninth volume of the "Dublin Journal of Medical Science."—*Dublin Journ. Med. Sci.*, March, 1844.

REPORT ON THE RESULTS OF INOCULATION IN MEASLES.

By Dr. M. VON KATONA, of Borsoder, in Hungary.

In a very malignant and wide-spread epidemic of measles in the winter of 1841, the author inoculated 1122 persons with a drop of fluid from a vesicle, or with a drop of the tears of a patient with measles. The operation was performed in the same manner as inoculation for small-pox. It failed in 7 per cent. of those on whom it was tried, but in all the rest it produced the disease in a very mild form, and not one of them died. At first a red areola formed round the puncture, but this soon disappeared; on the seventh day fever set in, with the usual prodromi of measles; on the ninth or tenth the eruption appeared; on the fourteenth desquamation commenced, with decrease of the fever and of the eruption; and by the seventeenth the patients were almost always perfectly well again.

—*Dub. Med. Press.*