

been suffering from severe headache, loss of appetite, and general weakness. He had been obliged to give up work several times.

On admission he was found to be a powerful young man, very somnolent and mentally dull. Temp. 103.6°, Pulse 104, Respiration 36. Skin warm and moist. The tongue was coated and dry; abdomen distended, tense and tender. Fading rose spots were visible and spleen was palpable. Bowels constipated. The pulse was dicrotic. Apex beat felt in fourth interspace, half an inch beyond nipple. Heart sounds clear.

*Respiratory System.*—Expansion, greatest on right side. Some impairment of the note in left axilla. A few moist, crepitant and sub-crepitant râles heard in right side. The lungs were not examined posteriorly owing to weakness of the patient.

Urine, sp. gr. 1012. No albumen. No sugar.

The blood, as tested by Prof. Wyatt Johnston, gave the typical serum reaction.

From the 8th to the 13th he was semi-comatose and then low muttering delirium set in, with vomiting. At first the bowels were constipated, but after the first week there were involuntary evacuations. The average temperature for the first week was 103° and after that slightly lower. On the day before death it began to rise again and and just before the end reached 106.6°: the pulse 160; respiration 62. Cultures made from the blood the day before death were sterile.

Death ensued on the 21st.

*Autopsy.*—Eight hours after death (by Drs. J. G. Adami and A. G. Nicholls). Body that of a young adult male with the usual signs of death. Pectorals and recti of fair size and colour. No intra-muscular hemorrhages or abscesses. Peritoneal cavity dry.

*Cranium.*—Brain, weight 1250 grains. Slightly hyperæmic.

*Thorax.*—Bilateral adhesive pleurisy. Trachea reddened and containing frothy mucus. Epiglottis and vocal cords somewhat cedematous. Peri-bronchial glands enlarged. *Right lung*—very cedematous. Lower lobe presented condition of broncho-pneumonia.

*Left Lung.*—(Edematous. Lower lobes; areas of broncho-pneumonia. Mucopurulent bronchitis.

*Heart.*—Right side contains adherent ante-mortem clot. Valves normal. Muscles of left ventricle pale, cloudy, fatty and friable. Double right coronary. Recent milk spot on right ventricle.

*Abdomen.*—Spleen. Old perisplenitis. Weight of spleen 375 grms. Numerous infarcts. On section dark red and pulpy.

*Intestines.*—Mesenteric glands were generally enlarged, congested and succulent, especially about the ileo-caecal region. Rectum congested and had a distinctly diphtheritic membrane which is most marked in a zone one inch in depth, two inches above anus. The membrane higher up diminished and was present as a dirty greenish layer lying on the rugæ. (Condition probably due to enemata of whisky.) Large intestine somewhat congested and rather slaty with very slight prominence of the solitary follicles. The lowest three Peyer's patches of the ileum were very slightly raised above the general surface but showed no signs of inflammation. Remaining