enlargement, which was recognized as commencing ascites. He was ordered to bed, and, after a couple of weeks' rest there, was allowed up and about the house. The accumulation of fluid was slow, so slow indeed that he was able to move around the house for at least six months after, just taking to bed when he was compelled to. The fluid now began to accumulate rapidly in the peritoneal cavity, and oedema of the extremities showed itself. The patient had been treated by purgatives, divretics and diaphoretics ever since ascites began to show itself, and there had been no appreciable benefit. A later, i.e., about a year and a half from the time first consulted me, he presented the following condition. Emaciation considerable, anemia marked. skin of a decided icteroid hue. Abdomen largely distended with fluid, which, pressing on the diaphragm, interfered with breathing, and patient was unable to lie down. Abdomen shows distented superficial veins and measures at the umbilicus 43 inches. The oedema of the extremities is extreme and extends to Poupart's ligament. limbs are so heavy that it is almost impossible to lift them from the bed. This oedema of the legs is largely due to pressure on the return circulation by the ascites, and partly on account of the anemia and increasing pressure of the blood in the capillaries. There was a small quantity of albumin in the urine which was scanty in amount. Under the microscope there were no casts. Regarding the case, as threatening a somewhat speedy, fatal termination, a consultation was held principally to settle the question of tapping. After fully discussing this operation, it was decided to postpone it for a short time. The very serious condition of the patient was placed before his wife. The evening after the consultation I determined to place my patient on what is sometimes called Addison's pill, and which is as follows:

Within a week of commencing this pill the improvement was most marked; the amount of urine passed was