

especially in the right eyelid. The pulse is slow and weak. Density of urine is 1014, with no albumen, but a large deposit of mucus and pus-like matter.

Nov. 29th and 30th.—Œdema of the feet and eyelids has almost entirely disappeared, but the weakness and emaciation increase; pulse failing fast: indications evidently are to death by asthenia. Three ounces of brandy have been ordered.

Dec. 4th.—Has not changed much in any one respect for the past four days, but complains bitterly of cold, though well covered. An examination of the chest shows nothing definite, although the cough still continues to trouble him greatly. All œdema has disappeared. The amount of brandy last ordered has been increased to four ounces, and the cough mixture discontinued. As an anti-septic Sulphite of Soda is prescribed in Gr. xv dose three times a day. The urine to-day has a Sp. Gr. of 1010; urea entirely absent; no Ammonia in the breath to indicate any tendency to Ammonæmia.

Dec. 8.—The pulse to-day is scarcely distinguishable; hectic flush well marked; extremities very cold; and features pinched. The urine is being passed to some extent in bed, and the bowels are very loose. From a distinctly bronzed appearance of the neck and face Dr. MacCallum stated that the suprarenal capsules were probably involved in disease. The patient complains of a great pain and tenderness over and above the left iliac crest, obliging him to lie altogether on the right side. The abdomen is very tympanitic and largely distended. The bladder and urethra give no trouble whatever, though the urine shows a larger deposit now than it has ever done.

Dec. 12th and 13th.—The pulse at the wrist is with difficulty felt. Slight œdema in the feet is noticeable. The urine is being passed wholly in bed, and the bowels are very loose. The voice is failing, and the abdomen still retains its large size and high tympanitic note, while the extremities are icy-cold.

Dec. 15th.—At two o'clock this morning he became slightly delirious, and at five lapsed into a comatose state which terminated in death in about four hours.

AUTOPSY TWENTY-EIGHT HOURS AFTER DEATH.—Emaciation very great.

PLEURÆ—Strongly adherent to the walls of the chest and to the lungs and diaphragm.

LUNGS—Non-tuberculous, though somewhat emphysematous-looking. There was carnification of the base of the left lung; and strong attachments by old adhesions in this quarter to the pleura,