

injected a strong solution of *argent nit.* into the wound to-day, 20 grains to ounce.

Oct. 25. Patient remains much as he was ; no improvement in the appearance of the wound. Still injecting the solution of nitrate of silver ; eats well and sleeps well. Bowels every other day became relaxed ; stools exceedingly offensive.

Nov. 1st. Patient much changed to-day. Pulse 140 ; temperature 102°. Hectic flush on the face ; lost his appetite ; bowels very loose. Wound discharging pus profusely.

Nov. 2. Little better to-day. Diarrhœa arrested. Pulse 142 ; temperature 101½. Sordes on teeth ; tongue coated with thick white fur.

Nov. 3. Patient seems improved ; is eating a little to-day ; but he is greatly changed, the emaciated body and pinched appearance of the countenance all bespeak some serious trouble. In detailing to Dr. Ross the change that had come over my patient, he suggested that there might be some kidney complication ; but it was impossible to get any of his urine, as he invariably passed it in bed.

Nov. 8. Patient much emaciated ; bed-sores over sacrum ; diarrhœa ; eats nothing ; takes a little port wine and milk ; evidently sinking fast.

Nov. 14. Patient died to-day.

#### *Autopsy.*

Thirty-six hours after death, together with Dr. Rodger, I made a *post mortem* examination of the body. Extreme emaciation. On opening the abdominal walls nothing unusual presented itself. Bowels natural ; no sign of any inflammatory action. Spleen, normal.

*Right Kidney* very much enlarged ; general appearance pale and preternaturally soft to the touch. Dividing it, we found the cortical substance twice its normal thickness and pale ; obliteration of the pyramids. *Relvis* much enlarged, and a large calculus imbedded at its lower part, the remaining portion being filled with thick yellowish pus and