

swelling of feet. On admission, mitral murmur, heart 11 cm. to left, liver one finger's breadth below costal margin; edge not felt, edema of legs, ascites. Diagnosis not clear; most likely cause of findings is myocardial failure, perhaps with chronic peritonitis. No symptoms of hepatic insufficiency. Blood examination: Hb., 60 per cent; R. B. C., 4,400,000. May 17, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 31 per cent. June 10, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 31 per cent.

(63.) No. 89439. J. K., age 56, male, colored.

Clinical diagnosis: Acute cholecystitis. Previously well. Acute onset with nausea, pain below right costal margin. Rigidity of upper right rectus, slight icterus. Leucocytosis, 22,000. Rapid recovery. Blood examination: Hb., 70 per cent; R. B. C., 4,000,000. May 29, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 30 per cent.

(64.) No. 89593. H. A., age 52, male, white.

Clinical diagnosis: Tuberculous peritonitis (?). Cirrhosis of liver (?). For six months increasing weakness and abdominal pain, with gradual ascites. Hemorrhoids 8 years. Emaciation, anæmia, ascites, paracentesis—cloudy, brownish fluid, specific gravity 1017. Liver felt almost at umbilicus; surface irregular, firm, and slightly tender. June 3, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 22 per cent.

(65.) Bay View. E. T., age 33, male, colored.

Clinical diagnosis: Syphilis of liver, syphilitic endarteritis, mitral insufficiency. Very large liver reaching to level of umbilicus in right flank, slightly irregular, and knobbed. Slightly tender. No other masses. Ascites. April 22, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 18 to 22 per cent.

(66.) Bay View. G. A. S., age 27, male, colored.

Clinical diagnosis: Syphilitic hepatitis? Amyloid? Pulmonary tuberculosis. Definite primary and tertiary lesions with positive Wassermann reaction. Two months before admission: swelling of legs, shortness of breath, cough and expectoration. Examination: Ascites, liver very large, smooth, not tender, does not pulsate, 8 cm. below costal margin. Moderate, irregular fever up to 101° F. in afternoon. Hb., 75 per cent. April 22, 1913, injected 400 mg. Amount in urine, 0. Amount in stools, 40 per cent. Autopsy: B. V. 41. Liver.—Microscopical section shows well-marked passive congestion, with central atrophy involving about $\frac{1}{2}$ of each lobule, where the liver cells have undergone advanced atrophy, and in some instances even complete death. The sinusoids are engorged with blood. The liver lobulation is quite regular. Kidneys show advanced chronic nephritis. Lungs.—Bronchiectasis and organizing bronchopneumonia.