

faeces, of which there was a history of ten months at least. Marked diarrhoea from use of saline and other hydragogue purgatives.

(e) *Urinary System*: Free diuresis from action of drugs; urine very dark-colored, containing very large quantity of bile pigment. The kidneys were found after death to be apparently normal in gross appearance, except for marked biliary staining. About the third day of his stay in hospital the scrotum and penis suddenly became very oedematous, but under increased purgation and diuresis the effusion largely disappeared in two days' time.

(f) *Respiratory System*: Normal; ascitic distention not enough to impede respiration much.

4. *History of Present Attack*: Patient noticed ten months before the paleness of stools and jaundice already mentioned, and for the past three months the ascites and oedema of lower extremities. Jaundice had thus preceded ascites by seven months. Was treated during all this time at the city dispensary and in private practice, with some temporary benefit at times. At the tapping already mentioned, two weeks before death, considerable fluid was removed; but no reliable data could be got as to quantity. What was oozing at the fistula spoken of was limpid, not viscid nor highly colored.

5. *Progress of Case—Treatment*:

(a) *Dietetic*: No fats, sugars, or alcohol were allowed; otherwise ordinary hospital fare—porridge and milk, meat, bread, rice, and vegetables. Ingestion of fluids limited so far as possible

(b) *Medicinal*: Salines were given copiously, pot. tart. acid; Guy's pills were ordered four in a day, then omitted for a day; then four more and two days omitted. Not more than eight, or at most ten, were taken in all. A tonic was also given of quinine, tincture of iron, chloride of ammonia, and the bichloride of mercury. Purgation was free, twelve to fifteen liquid stools in the twenty-four hours, and diuresis marked.

On his sixth day in hospital patient seemed less bright, but was still up and about at intervals, and at 10 p.m. was sleeping rather heavily, respirations not stertorous nor rapid. About 4 a.m. the house surgeon was called, and found him in a state of coma, insensible—extremities cold, heart feeble and rapid, pupils very much contracted, respiration regular, full, slightly

quickenened, and forced. Expiration was marked by loud monotonous groaning phonation without opening of lips; and inspiration was short, quick, and deep, with marked muscular effort, both acts nasal; pause marked, but not long, except occasionally, when it was followed by fuller respiratory cycles.

The diuretic treatment already pursued could not be further pushed, so that warmth and stimulants seemed the only available course; hot water cans, and ether and brandy hypodermically. Death ensued in a couple of hours, apparently from a variety of toxæmia from retained excrementitious substances. The pupil and respiration were much like those of uræmia, but there were at no time any convulsive seizures.

Permission to do a *post mortem* was not obtained, but the friends seemed pleased with the suggestion that the appearance of the remains would be improved by the removal of the ascitic fluid, and a small incision for that purpose was permitted, judicious enlargement of which allowed of the removal of the liver and kidneys.

The liver weighed 76 oz., instead of 52-56 oz. It was externally of pale green color, and on section quite yellow and bile stained. It was of density to the finger almost like that of well-soaked sole leather. Enlargement was not in any place localized, but evenly distributed cirrhosis was seen, almost perfectly unilobular; scarcely any groups of more than one or two lobules being found, and the uncut surface being consequently comparatively smooth. The kidneys, as already stated, were normal but for bile staining.

Microscopic Examination: The specimens submitted will be described under the four heads of:

1. *Cirrhosis* and other change in the *stroma*.
2. *Atrophy* and other change in the *parenchyma*.

3. *Pigmentation*.

4. *Pylephlebitis* and other *vascular* change.

1. *Cirrhosis*: Very marked increase in the amount of fibrous tissue; almost absolutely unilobular. In some lobules the cirrhotic tissue can be seen throwing partitions across and shaving off portions of the lobule, much as the similar process goes on in the plugged alveoli of the lung in fibroid phthisis. In such cases the