sion was tympanitic over the whole abdomen, especially the epigastrium. Some flatus was passed per rectum. The patient was able to take nourishment and water freely. On October 21st had some hiccough. The bowels were emptied by enema every second morning up to the time of rectal medication. The stools were characterized "milk" stools, usually semi-formed.

Termination: Death from exhaustion on the 24th day of the disease. For the last three or four days the patient had been delirious and unable to swallow at times. The day before death showed signs of collapse and appeared to suffer acute pain though the temperature during these last days was mostly subnormal.

Treatment: The patient was kept on a milk diet; he was sponged, and we attempted to abort the chills by dry heat; quinine was given during the first week in the hospital but appeared to have no effect. On the 15th day in hospital collargol was commenced per rectum, three grains twice daily. This undoubtedly controlled the condition sufficiently to prevent the severe chills as after commencing this treatment the rigours ceased. After October 27th the patient was given freely saline solution by transfusion and per rectum which seemed to improve the pulse and the mental condition. The temperature then was mostly subnormal; the hiccough was relieved by champagne. Strychnia and morphia were given hypodermically as indicated for the pulse and sleeplessness. The Widal and diazo tests were done frequently and were always negative. The blood showed a marked leucocytosis; on October 10th Dr. Gordon reported 20,800, and on October 18th Dr. Nicholls did a serum test for tuberculosis and reported negatively. The urine was normal at first but later showed bile pigment and an occasional epithelial cast. During the last few days there were slight albumin reactions to the contact test, no sugar, the specific gravity was normal throughout.

On October 27th, in consultation, it was decided to explore the abdomen but the patient collapsed before anæsthesia was complete and was with difficulty restored. The operation was abandoned. A partial autopsy was secured, which was done by Dr. W. J. Derome, whose report is as follows:

Dr. W. J. Derome: I was only able to obtain a partial autopsy in this case. An incision was made to the right of the median line extending from the ribs to below the umbilicus. On opening the abdomen sero-purulent fluid oozed from the incision which was strongly tinted with bile. The liver appeared enlarged, of a mottled greyish-color and rather soft. The gall bladder was largely distended, the size of a large orange; palpation, however, did not reveal the presence of calculi. A little to the left of the suspensory ligament of the liver,