minuria and icterus at that time, hemic and reaching both the liver and the kidneys in the blood.*

(*b*) Cirrhosis of the liver, biliary in type, not portal, the organ being now both cirrhotic and "nutmegged" from state of circulation.

(*c*) Splenic enlargement, due probably both to chronic venous congestion and to "vital reaction" to toxins reaching it by the blood.

(*d*) Myocardial degeneration, with dilatation, due to chronic toxemia.

(*e*) Low inflammation of bases of lungs, with edema, and later pleural effusion.

Case 2.—Mrs. G's girl, seen in consultation in March, 1900, and again in November, 1901. History of chronic intestinal dyspepsia, with tympanites, etc. Large, well grown, but flabby child, with mild, chronic icterus, for past three months little or no ascites, very protuberant abdomen, capricious appetite, foul, irregular stools, diarrhea and constipation alternating, and the usual train of symptoms seen in chronic intestinal indigestion. Examination showed very large, smooth, hard, painless liver, lower margin down almost to navel, and left almost, if not quite over to left side of body. No heart or other visceral complication. After spending the winter in Bermuda, she is now at home doing very well, playing about all the time, and with health apparently restored. Examinatic of the liver this week shows it to be much smaller, thoug.. still distinctly enlarged, but soft and natural to the touch, and free from tenderness.

Case 3.—H. H., brought to Children's Hospital from country last November, aged 12. A well grown girl, well nourished, had been at school till three weeks before, when the parents began to notice swelling of abdomen. Father said he could feel hard lump in epigastrium a year before. Previous history very indefinite; nothing beyond the ordinary digestive disturbance of childhood—malaria, alcohol and syphilis all definitely excluded.

Present condition.—Abdomen enormously distended with fluid, very breathless, face edematous and typically suffused and congested by obstructed venous return; not able to walk 20 feet, nor to lie down, particularly on left side. Edema of

* This toxemia is familiar to us in the form of scarlatinal nephritis, and in those cases of hepatic cirrhosis which die from sudden so-called "uremic" poisoning instead of the gradual effects of circulatory embarrassment, though one must remember the important point that it is parenchymatous and not mainly interstitial in its effects, as seen in scarlatinal nephritis. I am not, of course, in a position to deny that the whole trouble arose from an undetected or unreported valvular lesion of the heart, perhaps of long standing, with compensation breaking down under pregnancy and parturition.