

Pulse 80, rather weak; temperature $99\frac{1}{2}^{\circ}$ F. A sound was passed and the bladder explored for stone, but none was found. The bladder appeared to be very sensitive. Ordered liq. morphinæ *mxx* three times a day.

Oct. 1st.—Had a rather severe chill yesterday and to-day. Temperature is 103° F. Much thirst. Ordered in addition: *℞*. Spts. chlorof. *m x*. Liq. Ammon, acet. *℥ij*. every 4 hours.

2nd.—Urine of same milky appearance. Same minute white deposit and faint appearance of albumen on resting. Another severe chill to-day. From this time throughout the whole of the remainder of this month, the patient continued steadily to emaciate and become weaker. Rigors followed by pretty high temperature were recorded every three or four days. Constipation prevailed, and required the occasional use of purgatives. The condition of the urine remained continuously exactly the same as already reported. Local pain and tenderness rather increased. Abdominal walls always tense and resisting palpation. No enlargement of the kidney could be found. He took quinine gr. *xv* every day or two according to circumstances.

Nov. 2nd.—Severe vomiting to-day. Urine becoming very much diminished in amount.

4th.—Has passed no urine for 15 hours.

5th.—Passed 10 oz. of urine last night, albuminous as usual. Pain in kidney and during micturition very severe. Ordered vapor bath twice a day.

22nd.—Has been getting very weak. A very few ounces of urine only passed each day. The last two days has been much troubled with hiccough and some vomiting. The extremities are clod and blue and the pulse rapid, very weak and compressible.

28th.—Almost daily chills. An extremely exhausted condition; vomiting and hiccough constant and severe. Quite cyanotic with arms and legs very cold.

Dec. 3rd.—Very low. Urine scanty and contains more albumen and pus than heretofore; lies in a torpid, drowsy condition, hardly even moving himself to speak.

6th.—Has been gradually sinking. Average amount of urine