

neuritis, especially in the left eye. In every other respect the patient is much improved. Her memory is very much better, and she says that is constantly improving. She looks much better and brighter. Temperature, $97\frac{1}{2}$; respiration, 20; pulse, 92. Knee jerks absent, and legs seem to be much atrophied. Speech slightly drawling. (Patient still under observation.)

CASE NO. 2.

Jeremiah Duggan, aged fifty-eight, born in Canada. Occupation, teamster in woods and sawmills. Married; three children.

Family history. Parents both living and in good health. Four brothers and two sisters living. Three sisters dead; one, aged eighteen, died of typhoid; two died when children.

Previous history. Has always had good health, with the exception of an attack of typhoid fever about fifteen years ago.

Present illness. About eleven years ago he fell on a log, and struck on his abdomen. That evening he had a passage of blood from the bowel. He was unable to work for four days, and then resumed work as a teamster. Three years after, when he had begun to do heavy work, he had a second passage of blood, which was so severe that he had to leave his work. He then secured a job at the street-car stables. About nine months later he had a third severe hæmorrhage, which laid him up in bed for about four months. This was at the hospital. The hæmorrhage continued during four days' time, and was accompanied by an obstinate diarrhœa. During his stay at the hospital he had phlebitis in both legs. About a year after he had another hæmorrhage. He was at this time working at the stables, and had been for four or five months. This time the hæmorrhage lasted about two or three days, and was again accompanied by diarrhœa, and laid him up for about three months. He went to work, and continued for about three weeks, when he hurt his leg, for which he went to the hospital. While there the last attack came on, and lasted about two days, and was accompanied by diarrhœa. The diarrhœa came on first at the second attack, and has accompanied each attack. It comes on after the attack, and continues without any intermission, except under treatment. When it is stopped, he bloats up, and his head aches until diarrhœa recurs. The number of stools varies from ten to twelve a day at the time of hæmorrhage, and three or four during the intervals.

He first began to get pale and weak after the second hæmorrhage. The anæmia would be as bad or worse than at present at each hæmorrhage. He is also much weakened at each attack. He says that between the attacks he gets somewhat better as regards anæmia and strength, but he says that he has never been restored to his original health. He has noticed some little swelling under the eyes at intervals of a year or so. He has also noticed that he has been much more thirsty than before illness; and that the urine has for some time been increased in amount and is very clear.

Present Condition.—The patient is a well-nourished man, being rather stout. He says, however, that he is thinner than he was. The sclerotics are of a slightly yellowish hue on the most exposed surface, but on the corneal portion they are a little paler. The complexion is markedly anæmic and somewhat muddy. The surface of the body shows a number of milk-white spots, which are slightly elevated. They are more abundant on the arms and hands than on the rest of the body. There is a cicatrix of an incised wound on the wrist, which has become very white. The lower end of the right tibia is covered with a mottled scar, the result of an ulcer which he had six years ago.