

hæmaturia, hæmatemesis and melæna; a blood count taken on Jan. 27th, showed Hg. 75, R. B. C. 3,640,000, W. B. C. 15,900. A blood count taken by Dr. Gillies on Jan. 29, showed no growth and examination for malarial parasites was negative. The patient died on Jan. 30th, the 36th day of his illness.

The autopsy, performed by Dr. Gillies, showed great swelling of both eyelids from which strepto and staphylococci were grown.

Large purpuric patches were seen over thorax, abdomen, face, arms and legs. There were hæmorrhagic ecchymoses of conjunctivæ, sub-mucous hæmorrhages throughout gastro-intestinal tract, and pigmented scars above ileo-cæcal valve. The kidneys showed swelling of cortex and pelves are filled with clotted blood.

A large purpuric patch was seen at the base of the epiglottis.

The next case was that of a young Englishman of 26, a labourer who had been in this country about 6 months.

Three weeks before his admission to the hospital he complained of some cough and pain across the chest and of feeling seedy. He took to bed and there remained until the entrance to hospital and aside from some headache and rather profuse diarrhœa he was fairly comfortable.

On inquiry into his personal history he stated that for the past 3 years he had suffered from fits nearly every night, but denied ever biting his tongue or passing urine.

His habits were good, there being no alcoholic nor venereal history.

He was a tall thin man, poorly nourished and though clear in his mind, was of a rather low order of intelligence. His temperature on admission was 103 2-5, pulse 98 and respiration 22. The pulse was soft and markedly dirotic, the abdomen slightly distended and showed a profuse rose rash. The spleen was slightly enlarged and the Widal reaction present. The urine averaged 30 oz. and on entrance contained a trace of albumen, no casts and showed sp. g. 1011.

His condition continued good until the 15th of January. The temperature had dropped the day after admission to 99 and gradually rose to 103 on the 14th, dropping again to 99 2-5 on the 15th. Coincident with this fall in temperature he had a slight convulsion, the first since his entrance, and during the next few days they recurred frequently until, on January 19th, patient was going from one into another. On a few occasions these were general with loss of consciousness, but the majority were local, beginning by contraction of left side of face, turning of face and eyes to left side, spasm frequently extending to left arm and sometimes to left leg and opposite side. The right pupil is contracted, but there is no enuresis nor biting of the tongue.