

and in both auricles were puriform and breaking down ball thrombi indicating a very feeble circulation.

*Lungs.*—Both showed adhesions to the diaphragm and elsewhere, and on section presented little beyond oedema, save that the lower lobe of the right lung was almost completely compressed and airless as a result of the right-sided pleurisy. The right pleural cavity contained about 700 ccm. of red stained fluid without floculi.

*Abdomen.*—The abdomen contained between 900 and 1,000 ccm. of turbid and greenish ascitic fluid. Neither liver nor spleen were visible.

*Stomach.*—This was long and narrow with mucosa thickened, the cardiac portion having a curious strawberry-like appearance with fine white dots standing out, but not projecting from the generally reddened surface. This faded off in the pyloric portion of the stomach where there was a fair amount of mucus.

*Duodenum.*—The first three inches presented an identical strawberry-like appearance to that seen in the cardia.

*Intestines.*—The small intestines in general were congested and the last three inches before the ileo-cæcal valve showed large prominent solitary follicles. The walls of the small intestine had a distinctly brownish tinge as of Von Recklinghausen's Hæmochromatosis. The mesentery of the small intestine was distinctly fatty and swollen, and upon section abundant milky lymph poured out wherever it was cut.

The abdominal lymph glands were in general reddened and succulent. The retroperitoneal glands, especially those in the neighborhood of the portal fissure and of the pancreas, were markedly enlarged.

*Liver.*—The liver was distinctly small, weighing 1045 grams or a little over two pounds; the two lobes were correspondingly diminished in size, the organ was pale and had a finely granular surface; there were abun-

dant old fine veil-like adhesions over the upper surface to the diaphragm. On section the organ cut fairly firmly more especially along the lower half of the right lobe and the under surface. On the whole the appearance on section was more fatty than fibroid. Microscopically, the organ presented along with fibroid thickening of the portal sheaths, a somewhat diffuse cirrhosis, the bands of fibrous tissue not being sharply cut and being infiltrated with a considerable number of small round cells. The cirrhosis was very obvious but not of the more usual type and the diffuse nature of the change may explain why the surface was finely granular rather than distinctly hobnailed.

*Gall Bladder.*—This had oedematous thickened walls.

*Spleen.*—Of normal size and rather soft, although on section the trabeculae were seen larger and more prominent than usual.

*Pancreas.*—Voluminous and moderately firm.

*Suprarenals.*—Of fair size.

*Kidneys.*—These were the hog-backed type of mixed interstitial and parenchymatous nephritis. This so-called "hog-backed" appearance is that which, as I believe, Formad of Philadelphia, was the first to point out, is the more common form of alcoholic kidney in North America. The organs were large with a finely granular surface and full and firm cortex. There were white infarctus both in the kidney and the spleen.

The body was still warm at the time of autopsy and I obtained numerous sterilized pipettes of tissue juice from the liver, spleen, kidneys, abdominal lymph glands, ascitic fluid, pleural fluid, pericardial fluid, blood, and lymph from the mesentery, and with these made a series of inoculations on the surface of sloping glycerinated agar tubes, as also some into broth.

Portions of the collected ascitic and pleural fluid were centrifugalized; the cellular debris dissolved by caus-