

region, continued with exacerbations and remissions for two or three days, when they suddenly ceased. Patient could not bear to be moved or to straighten himself during this attack, and could not give any cause for symptoms coming on. Since then he has had several attacks similar to the first, but pain not so acute or severe. Patient noticed the urine somewhat dark in color, and had a somewhat reddish-brown sediment. Urine about normal in amount, or slightly increased. Feet and legs used to swell slightly. Present attack came on about six or eight weeks ago with severe pain in the lumbar region, increased on deep pressure; more marked on right side; shoots down the thigh.

Present Condition: Pains in lumbar region, shooting down the thigh; increased on deep pressure; much increased on sudden movement, but not on slow bending of the back. Micturition more frequent and more urine passed, but no pain of any account on micturition or on pressure over the bladder. Complains of slight dizziness; appetite fair; tongue not coated. Puffiness, below the eyes, but no marked œdema of feet and legs.

Circulatory System: Pulse, 80; full and tense. Arteries have a cord-like feel and are tortuous. Apex beat displaced considerably to the left and slightly downwards. Second sound in both pulmonary and aortic areas increased in intensity. Peculiar murmur heard at lower end of sternum. Systolic mitral murmur heard at apex and traced round to right angle of scapulæ.

Respiratory System: Normal.

Alimentary System: Appetite fair; bowels slightly relaxed.

Urine: Deep amber color. Flocculent precipitate; sp. gr. 1020. Albumen present in small quantity; no bile. Microscopically, abundance of uric acid crystals. Red and white blood cells; a few casts (looked like hyaline).

Temperature: Slightly elevated.

Treatment: Mistura tonica. Pil. nitro-glycerine, $\frac{1}{100}$ grs. three times a day.

On Dec. 2nd, just after retiring, between 9 and 10, patient began to feel uneasy with feeling of impending death; tried to fight it off, as he says, but it increased, and patient got out of bed to walk around, when feeling increased to such an extent that he appealed to the nurse,

who got him back to bed and called a house surgeon. Patient said he had memory of his former days, etc. Feeling of compression of chest, as if held in a vise, and extreme difficulty of inspiration. Patient had not noticed any suppression of urine, and could give no cause of attack. House surgeon gave him a draught, which did not relieve him, and soon after gave him an emetic, which relieved him somewhat, but attack did not pass off until about 4 o'clock in the morning, at which time patient fell asleep, and when he awoke feeling had entirely gone. Had feeling of another similar attack on the next night, but it passed off.

Dec. 7th. Patient was restless and even semi-delirious through the day, getting up and going to bed alternately, and getting worse later in the day. In the night patient was very delirious, tearing round the ward and halls, and ward-tender could not keep him quiet and in bed. Pulse full and strong until about an hour before his death, at which time it began to weaken and flutter. About half an hour before death patient quieted down, and, as nurse says, slept away. Died about 5 o'clock a.m., on Dec. 8th.

Autopsy showed: Right pleura normal; left pleura strong, apparently old adhesions over greater part of surface. Heart: Weight, much increased (not weighed); blood, *post* and *ante mortem* clots; muscle looks healthy; valves, competent; right side not very thick; left side, thickness greatly increased; for. ovale closed. Lungs: Left lung, œdematous, weight small; right lung œdematous; black nodules in apex, probably tubercular. Spleen: Weight very small; dark, but firm. Kidneys: Left kidney, weight $5\frac{1}{2}$ ozs.; capsule peels readily; cortex thickened; shows numerous depressions, evidence of local interstitial nephritis; large cyst in upper end; more recent parenchymatous nephritis. Right kidney: Weight, $3\frac{1}{2}$ ozs.; capsule peels readily; cortex much diminished fibrous to cut, very small; calculi found on section. Bladder: Normal. Testes retracted strongly. Small intestines and mesentery, normal. Stomach and œsophagus, normal. Liver and gall bladder: Small calcareous nodule in liver. Aorta shows some signs of atheroma. Smaller arteries much thickened, but not calcified. Brain and membrane: Nothing abnor-