ness of breath. A history of dyspnea, for some years. He had frequent attacks at night, and any ordinary exertion was difficult. With this he has had frequent cough. He had little appetite and the bowels had been loose.

Examination: Dyspnea, cyanosis, and edema. The arteries were very sclerotic. There was fluid in the left pleural cavity; over 600 cc. were withdrawn. The heart's action was rapid, with gallop rhythm; on January 20, 900 cc. were withdrawn from the left pleura, and the following day a friction-rub was heard in the left axilla. There were albumin and tube casts in the urine. The dyspnea gradually lessened, and by February 16 his condition was much improved.

The patient remained in the hospital until April 29; on discharge he was still slightly cyanotic, but the dyspnea had gone. There was slightly impaired resonance on the left side of the chest. There was nothing noteworthy about the abdomen. During his stay there were no gastric symptoms and the general condition of the patient improved.

Second admission, May 19, 1891, three weeks later. He looked very ill, cyanosed, and with dyspnea and hiccough. The pulse was scarcely perceptible. On May 23, 260 cc. of fluid were withdrawn from the left pleural cavity. His condition remained much the same until death on June 5, 1891. There was no complaint of any gastric symptoms. The temperature was practically normal during both admissions. There was no loss of weight on the second admission, and the nephritis and arteriosclerosis seemed to account for the symptoms, and no stomach-symptoms were present to draw attention to that organ.

Autopsy showed carcinoma of the stomach and esophagus, there being an elevated tumor-mass 7 by 2 cm., which was half in the stomach. The center was ulcerated. There was chronic diffuse nephritis, arteriosclerosis, aortic and mitral insufficiency, and chronic pericarditis. There was pleural exudate with a fibrinous pleurisy over an infarction in the right lung. There were no metastases. Thrombi were present in both sides of the heart and in the pulmonary artery.

CASE II.—*General edema; albumin and granular and hyaline tube casts in urine, rapid emaciation; vomiting at onset, but none during his stay in hospital; diagnosis of nephritis.*

No. 73. T. C., Hospital No. 10,234, male, aged 61, admitted June 26, 1894, complaining of swelling of the legs. His family history was negative. He gave a history of an attack like the present 20 years ago, which lasted for 2 months. He then had both edema and dyspnea. In the last 5 years he had gradually lost over 40 pounds. His present illness began about 5 weeks before with persistent vomiting which lasted for one week. Swelling of the legs then appeared, and the vomiting stopped. He was able to keep at work until 4