lbs. weekly in weight. The expectoration increased, varying from 8 to 14 oz. daily, continuing extremely offensive. Profuse sweating was also noted. Coarse crepitant râles developed on both sides, and on March 12th, there was a dullness from the 4th to 6th rib, and in the lower axilla on the right side. Blowing breathing and bronchophony were present over the dull area. Evidence of consolidation ultimately spread over the whole posterior surface of the right lung.

Dr. Birkett examined the throat and reported marked anæmia of the soft palate and atrophic rhinitis and superficial ulceration of both the cords.

The sputum was examined repeatedly for tubercle bacilli, but they were never present.

Marked prostration of strength, slight wandering, and, on the night of his death (April 3), wild delirium preceded the fatal issue.

Autopsy—Performed by Dr. Wyatt Johnston, April 4, 1897.

Anatomical Diagnosis.—Chronic putrid bronchitis and bronchiectasis with multiple dissecting pneumonia; great enlargement of bronchial glands; chronic catarrhal ulceration of larynx; cloudy swelling of kidney.

Somewhat emaciated young man.

Rigidity present in all parts; lividity slight.

Abdomen.—Well marked anæmic areas over surface of liver; organ shows some furrowing on the surface; veins lying at bottom of these furrows.

No evidence of gummata.

Microscopic examination of liver tissue shows nothing special.

Spleen—Large, rather soft, one accessory spleen size of a cherry.

Kidneys—Large, moderately injected, typical cloudy swelling, but little opacity on M. E.

Intestines—Show nothing special.

Stillate injection along rugæ of the stomach.

Thorax.—Universal adhesions of both sides.

Left lung.—650 grams, partly collapsed, on separation greatly injected; a few consolidated areas; bronchi much dilated, with thickened walls; fœtid yellowish-brown contents.

At base some consolidation irregularly distributed, but always in the vicinity of the small pocket containing the grumous fœtid material just mentioned. It is difficult to establish whether these pockets result from necrosis or bronchial dilatation.

Bronchial glands enlarged to size of walnuts, gray, succulent, soft and œdematous.

Right lung.—1820 grams, greatly enlarged, practically solid throughout, and very heavy; pleura adherant throughout; pleural surface studded with grayish yellow elevations resembling tubercles, but seem to be collections of yellowish pasty matter in minute cavities. Similar pockets filled with pasty matter are distributed through the lung, involving greater portion of the tissue. On washing the surface these stand out as small rounded sacs with shaggy inner walls, not showing granulation tissue or lining membrane, though often surrounded by firm, indurated areas.

On microscopic examination these spaces show no signs of tubercles, and are lined by altered, and to a large extent, necrotic epithelial cells, which are large and loaded with fat granules, and have a somewhat villous arrangement like hypertrophic epithelium in bronchiectatic cavities. The interior of the cavities consists almost entirely of cells; shows little or no elastic tissue. The intervening space between