

Nine days before admission, after getting wet, he began to suffer from general malaise with severe pain in the back, some headache, and diarrhoea. His past history was negative. He was an exceptionally well built, muscular young man. His temperature was 101, pulse 80, respirations 24, conjunctivæ distinctly icteroid. The thoracic organs were negative, the abdomen slightly distended, liver  $2\frac{1}{2}$  inches in vertical diameter, and spleen readily palpable. There was occasional vomiting of bile-stained fluid.

The urine averaged 12 oz. daily, was of sp. g. 1011, albumen, casts and bile were definitely present.

On the following day the Widal reaction was positive and on the 27th, 6 days after admission, the following note was made: "For the last few days, patient has complained of pain and tenderness in right hypochondrium. There is distinct resistance and a sense of fullness quite absent on the left side."

The bile in the urine is quite marked and also the icteroid tint of conjunctivæ; stools are of normal colour. There is considerable pain over left side with hurried respiration but nothing in thorax to account for it. There have been at intervals distinct attacks of chilliness. Cholecystitis was suspected and Dr. Elder who saw the patient concurred in the opinion. Examination of the urine at this time showed albumen and casts, and *haemoglobin*; spectroscopic examination gave definite spectrum of methæmoglobin. No red cells were found.

On the 29th, two days later, there was occasional vomiting and considerable hiccough, with a feeling of suffocation. Patient had grown very noticeably paler and blood count which showed 75% Hg. on the 24th showed only 50% on 27th with a diminution in red cells from 2,830,000 to 2,706,000 and 16,200 leucocytes.

Differential count showed:

Polymorphs . . . . .	90
Large mononuclear . . . . .	4
Small " . . . . .	3
Transitional . . . . .	3

with poikilocytosis and polychromatophilia. There were numerous deeply staining very small red cells, and the other red corpuscles showed marked anaemia. Shortly after midnight of the 29th, patient was suddenly seized with a convulsion consisting of a series of tonic spasms affecting the right side of the face and right arm, the right leg jerked rarely. There was conjugate deviation of both eyes to the right, pupils equal but inactive. Face was drawn well to the left side.