

tite, morning vomiting, abdominal pain, and had been ill for about one year with so-called digestive troubles; liver was enlarged and tender, the spleen was not palpable; the face was muddy. There was a history of alcohol; there was dulness in both flanks. The test was positive at the end of the first hour.

Case VI.—No 14,571.—Male, aged 40. Gastric disturbances for some time, abdominal distress, dulness in both flanks, slight jaundice, with bile in the urine; liver enlarged below the costal margin. The test was positive from the first hour.

Case VII.—No. 15,343.—Male aged 49. An indefinite history of tuberculosis many years ago. Recent illness of nine months with slight jaundice, indigestion, and fever. No alcoholic history, no syphilis. Abdomen distended and other signs of fluid. The test was positive in the first and second hours, $2\frac{1}{2}$ per cent. of levulose in the second specimen.

The patient died some three or four weeks after the test was made, but no autopsy was performed.

Case VIII.—No. 15,161.—Male, aged 45. History of alcohol to excess for several years. When under treatment two years before the test was made, the liver was $2\frac{1}{2}$ inches below the costal margin, tender and rather hard, patient was somewhat jaundiced. During this period the patient had been an abstainer and had complained of loss of appetite. There was often considerable epigastric distress, particularly three or four hours after food. The liver was felt just beneath the costal margin. The levulose test was positive in the second, third and fourth hours.

Case IX.—No. 15,242.—Female, aged 41. Diarrhoea was the chief symptom. The patient was a gin drinker for some two years or so and lost weight. There was no jaundice. The test was positive in the second hour, $\frac{1}{2}$ per cent. of levulose being present.

The patient improved and no further observations have been made in the past three months.

GROUP II.

Cardiac Cases with Infections.

Case X.—No.—Female, aged 48. General oedema, ascites, history of alcohol, considerable irregularity of the heart; no albumin in urine. Doubtless a case of myocarditis. Levulose test negative.

Case XI.—No. 15,406.—Male, aged 10. Streptococcus, septicæmia, blood culture positive; malignant endocarditis involving both mitral and aortic valves. Mitral stenosis and aortic insufficiency; fever; no albumin and no casts when the test was made. Spleen and liver both enlarged. Test negative.