the subject, it is difficult to assign a cause for these manifestations above referred to. Liebermeister considers that the vessels in common with the organs are apt to suffer severe parenchymatous degenerations, and this in combination with some blood dyscrasia is an exciting cause of blood extravasation. It is no doubt possible for such a condition to result from the action of the toxic products of bacillary metabolism. Some of the cases, too, if not indeed a large number, are probably septic in origin. Prof. Adami (Mont. Med. Jour., March, 1894,) reports a case in which empyema was present, followed by pneumonia in the left lower lobe. A week before death peritonitis set in with diarrhœa, tympanites and incontinence of fæces. The temperature was septic. At the necropsy the following condition was found: Healed empyema; five ulcers in the ileum, three of which had perforated; petechial and ecchymotic spots on neck, chest, in upper extremities, gums, tongue, tonsils, stomach, small intestine, large intestine; subendocardial and subpericardial petechiæ; hæmorrhages into liver, kidney, right suprarenal, retroperitoneal glands, bladder, into the consolidated lobe of right lung and into the pelvis of the right kidney.

Cultures from the organs gave a preponderance of the colon bacillus.

Some cases as they occur later on in the disease might be classed under the term cachectic. Thrombosis may play some role in the causation, as in certain cases of cutaneous hæmorrhages the capillaries supplying the subcutaneous tissues have been found plugged. In such cases the hæmorrhages usually take a ring-like form. The purely local effusions in some cases result from embolism or from vaso-motor derangements. That the nervous system can play a very important part in the production of hæmorrhages is seen in cases of hysteria and locomotor ataxia. Until the cases are studied more fully, however, it is quite impossible to give all these factors their proper weight.

CASE I.—A. L., male, æt. 27. Admitted to the Royal Victoria Hospital on Feb. 12th, 1895. Personal and family history unimportant. The patient came in with a history of malaise, headache, loss of appetite and diarrhœa for one week. The temperature had ranged from 101° to 103°. Two days before admission a slight cough set in, but with no expectoration. The condition on admission was as follows: Expression dull, cheeks flushed, tongue moderately coated. Temperature, 102.2°; pulse, 90; respiration, 24.

Except for a slight cough the respiratory system was normal.

Digestive System.—Anorexia and constipation. Abdomen not distended. No abdominal tenderness. No true rose-spots but a faint