

dyspeptic symptoms—morning vomiting of glairy mucus—flatulence and irregularity of the bowels, (alternating constipation and diarrhoea,) and hemorrhoids, but has had none of these since renouncing stimulants. Has lost forty pounds weight within the last two years. The trouble in the leg began eight months ago by a spontaneous spot of inflammatory swelling which, after a slight injury, rapidly ulcerated, and the dead surface of the shin-bone was left exposed. He is a large man, with flabby, flaccid muscles, face rather pale. Malar prominences and eyelids present venous stellate injection. Skin smooth and dry. Abdomen distended by moderate ascites—girth forty-one inches. Superficial veins considerably enlarged. Feet, ankles and scrotum are œdematous, slight nodes on shins and some copper-colored scars on legs. Vertical liver-dullness, three inches. Urine scanty, dark-brown, with abundant lithates, no albumen. He was treated by diuretics and occasional purgatives, but little impression could be made upon the kidneys, and the dropsy of the abdomen gradually increased. By the 19th February the girth reached 45 inches, and he was tapped with the small trocar, nearly twenty-three pints of serum being removed. Two days after he was languid and weak, and quite delirious, was inclined to retch. Tongue red glazed and irritable. On 3rd March delirium had disappeared, and seemed better. Dilatation of left pupil and slight dropping of left eyelid was observed. On 4th March there was some loss of power in all the branches of the left third nerve. Very drowsy and very weak. Pulse has become morbidly slow—to-day fifty-seven. The following day there were patches of purpuric spots on the back of both hands and wrists, and seemed much exhausted. From this time he lay in a very prostrate condition, and after having been insensible for twelve hours died on the 12th March.

The autopsy showed a rather small, rough, hard and well marked “drunkard’s liver.” No other lesion of moment. There was no sign of visceral syphilis.

*Remarks by Dr. Ross.*—In the first case death occurred from peritonitis, no doubt induced by the puncture of the trocar.