

of blood with much the same result as before. Noticed that the white corpuscles varied in size. Some were large, larger than ordinary, others again were normal in size while those of a third variety were about the size of red corpuscles. There were also microcytes present.

For the last day or two patient has complained of severe pain in the stomach.

Thursday, November 25th.—Morning, pulse, 120; resp., 48; temp., 100. He slept better than usual last night. Breathing is quick and shallow. He still feels pain over the stomach and also in the left side.

Evening, pulse, 120; resp., 36; temp., 100. Patient has vomited at intervals during the day. He had a very good sleep during the afternoon.

Friday, November 27th.—Morning, pulse, 120; resp., 42; temp., 99.5; vomiting continues at intervals. Breathing laboured. Patient complains of extreme weakness. The gums are not so swollen or spongy as formerly. They still continue to bleed occasionally. The tenderness over the hepatic region is not so great, but he complains of great distress in the lower part of the left chest. Ordered pills of morphia and hyoscyam to relieve the pain.

Evening, pulse, 126; resp., 36; temp., 100. Patient much weaker. Vomiting not so severe.

November 26th, morning, 1.—Pulse, 126; resp., 36; temp., 100. He slept moderately well last night. He still complains of severe pain and distress in lower part of left chest.

Evening, 5 p.m.—Pulse, 144; resp., 51; temp., 99. Patient was moderately comfortable until about noon, when he was seized with spasmodic dyspnoea. During the afternoon he had three or four violent spasms accompanied by pain over the epigastric region. When I saw him he had just recovered from one. Pulse exceedingly feeble.

8 p.m.—Patient is suffering from most intense dyspnoea.

9 p.m.—Dr. Reeve examined his eyes with the ophthalmoscope. Owing to the great weakness of the patient the examination could not be made satisfactorily. He found retinitis

with slight extravasations. The blood corpuscles were again counted. There was an immense number of white, and a great diminution of red. From several counts made with a No. 7 ob. Hartnack we found on an average 500 to 300 white. In some fields the white exceeded the red in number.

At 11.30 p.m., patient died. A short time before his death oxygen gas was administered with the object of allaying to some extent the severe dyspnoea.

Autopsy 14 hours after death. Body well nourished. Legs and feet œdematous. On opening the chest and abdomen serous fluid flowed from the cellular tissue. Ecchymotic spots were found on the surface of the liver and on the surface of the right lung, corresponding in situation with the purpuric spots previously described.

Heart enlarged, weight 14 oz. The surface presents a pinkish appearance. In the right ventricle a considerable quantity of partly coagulated blood was found. There were no valvular lesions.

*Lungs.*—The upper part of the left lung was apparently consolidated. This condition arose, to a great extent from œdema. The lower lobe of the same lung presented a remarkably pale appearance, and was more or less solidified. The part was to a great extent devoid of hæmamine as though the circulation had been obstructed in the artery supplying it. The surface was mottled by ecchymotic spots. There were pleuritic adhesions existing between the two lobes. Small lymphoid deposits were found in parts of the diseased lung. Other portions presented the appearance of catarrhal pneumonia.

The right lung was œdematous throughout. The anterior surface was mottled by ecchymotic spots.

Liver enlarged, weight 4lbs. 7oz. It was so firm as to resemble cirrhosis, and rather pale in colour. Microscopical examination demonstrated the presence of lymphoid deposits in parts of the organ. These deposits existed principally in the outer margin of the lobules, but they were also found near the centre. A more detailed description of the morbid anatomy will be found further on.