

in the walls of the aorta. Similar deposits existed in most of the large arteries examined. A clot filling three-quarters of the lumen of the artery extended along the aorta from the origin of the left subclavian artery to a point 4 inches below. A large calcareous plate one inch square was found in the anterior wall of the same vessel immediately opposite the renal arteries. The lungs were oedematous and emphysematous with double pleural effusion and numerous adhesions. At the junction of the left lung and diaphragm, a bony plate, 1 inch by $1\frac{1}{4}$ inch, and $\frac{3}{8}$ inch thick, was found embedded in the lung substance. The abdominal cavity contained a considerable quantity of ascitic fluid, and several long standing adhesions bound the liver to the anterior parietes. Liver small and congested; weight 55 oz. The kidneys were slightly enlarged but otherwise healthy; combined weight 14 oz.

ASCITES—UMBILICAL HERNIA—PARTIAL
CONSTRICTION—URÆMIA—DEATH.

S. F—, æt. 51, a domestic servant, was admitted to the Toronto General Hospital, on March 20th, suffering from ascites with symptoms of chronic hepatitis. Besides the usual characteristics there was nothing worthy of note in the case, except a long-standing umbilical hernia, which, as the belly became distended, dilated, presenting a roundish bladder-like protuberance about the size of walnut. The patient, on her own admission, had been a hard drinker for years past, and of late, her indulgence in intoxicants had very much increased. She had always been of a full habit, but with the exception of dyspeptic and vesical troubles her health had been good. On her admission to the hospital she was ordered tr. ferri mur. $\mathfrak{z}\text{iv}$. sp. ætheris nitrosi $\mathfrak{z}\text{i}$ acid nitro-mur. dil. $\mathfrak{z}\text{iv}$. glycerini, $\mathfrak{z}\text{i}$, aquæ ad $\mathfrak{z}\text{viii}$, $\mathfrak{z}\text{ss}$. to be taken every four hours.

April 4th.—Paracentesis was performed to-day, and about a gallon and a half of fluid, deeply stained with bile, removed.

April 5th.—Suffered some pain during the night; bowels were moved several times; pulse 106.

April 6th.—Expresses herself as feeling as well as she ever did, were it not for pains in

the back. Urine is passed freely. Does not get much sleep. A linseed meal poultice was ordered for the back, and the following draught to be taken at bed-time:—Tr. camph. co. $\mathfrak{z}\text{ii}$, sp. frumenti, $\mathfrak{z}\text{ii}$, aquæ ad $\mathfrak{z}\text{iv}$.

April 7th.—Bowels constipated; ordered Potass: bitart, $\mathfrak{z}\text{iv}$, sulphuris, $\mathfrak{z}\text{ii}$, four powders, one to be taken night and morning.

April 12th.—The constipation continuing, the powders were repeated.

April 14th.—Still progressing favourably. Large quantities of urine are passed; the average for the 24 hours being estimated by the patient at 3 quarts.

April 16th.—The abdomen begins to show signs of redistension. Over two quarts of urine (by measurement) were passed during the last 24 hours.

April 19th.—Powders were repeated; and the patient complaining of rheumatic pains the following lotion was ordered to be applied:—Chloroformi, $\mathfrak{z}\text{iii}$, lin: belladonn, $\mathfrak{z}\text{iii}$, tr. aconiti, $\mathfrak{z}\text{i}$, lin. opii, $\mathfrak{z}\text{iii}$, lin. sap. co., ad $\mathfrak{z}\text{ii}$.

April 23th.—Constipation continues; powders repeated with the substitution of Pulv. jalapæ co. for the sulphur.

May 1st.—Patient complains of great pain and incessant vomiting, the ejecta liquid, greenish black in colour, and very offensive; pulse 73.

The abdomen gives a dull note on percussion, except immediately over the umbilicus, which is again tumefied and tense; at this spot resonance is elicited, but there is no sign of constriction of the umbilical ring, the gut being apparently adherent on left side but allowing the finger to penetrate between it and wall on right side. Ordered an enema of turpentine and soapsuds, and the following:—Morph. sulph. gr. $\text{i}\frac{1}{2}$, atropiæ sulph. gr. 4-25, bismuth. trisnitr, $\mathfrak{D}\text{iv}$, acid. hydrocyan (Scheele) mviii , mucilag. acaciæ $\mathfrak{z}\text{iv}$; $\mathfrak{z}\text{ss}$ to be taken every two or three hours.

May 2nd.—The vomiting continues; complains of intense drowsiness; morphia mixture suspended.

May 3rd.—When seen at three o'clock this afternoon the patient was comatose, having been in that condition since 8 o'clock this morning, when the vomiting ceased. Pulse 128; temperature 102.25. Pupils dilated, breathing