

phorus were tried but with no avail, as the weakness and the œdema of the legs increased — the skin becoming cracked and irritated, and finally the whole body became anasarcaous. There was no albumen in his urine. He was slightly delirious the night before his death which took place on the 14th of January, 1876.

*Autopsy*—thirty-six hours after death :—

The whole surface was pale. The legs were swollen, and the abdomen distended with effused serum. A few small ecchymoses were found on the backs of the hands. *Rigor mortis* slight. In making the *sectio-cadaveris* the muscles were seen to be pale in colour, and no trace of adipose tissue could be found. The cartilages of the ribs were yellowish and fatty in appearance. About two gallons of dark greenish fluid was removed from the abdomen. Old adhesions united the right lung to the pleura, but otherwise this and the left lung were healthy. White patches and lines along the prominent veins marked the areas of attrition between the most prominent parts of the heart and pericardium. The heart itself showed no peculiarity, but on severing the large vessels coagula slipped out composed in distinct parts, of dark red clots, greenish-yellow, semi-purulent masses and smaller pieces of translucent fibrin. The right side of the heart was full of these, and they extended up into the pulmonary artery and its larger divisions.

The omentum, and peritoneum generally were found thickened, firm and sodden. The omentum had become attached in many points to the surrounding organs. Especially noticeable were two thickened bands, carrying large veins, that were attached to the abdominal walls at the edge of the ribs in front. The parietal attachment of the right band corresponded with the position of the fringe of vessels seen on the cutaneous surface and referred to already. In the thickened wall of the intestine the peritoneum in many places presented small depressions, about the size of a half