

murmur exists beyond prolongation of first sound. Jugular pulsation is very marked. For the past few days he has passed between 8 and 10 oz. of urine in the 24 hours. The œdema is slightly on the increase again owing to the openings in the extremities being very nearly closed up, and nausea has partially returned. Used acupuncture again to-day freely over both legs, all other treatment being useless.

20th.—For a few days while the acupuncture openings remained patulous, he again had a remission of all the urgent symptoms, but to-day he appears as ill and oppressed as ever, his cough is most troublesome, he cannot lie down or obtain rest in any position. His skin has now become more discoloured, having a dark-olive shade. Dr. Campbell saw him with me to-day, and confirmed my diagnosis; he also brought to light an important fact that he had treated him nineteen years previously for syphilis. The case was very persistent, requiring treatment for a long time; he is of opinion that the occasional pains which he suffered from that period were owing to the syphilitic taint. I shall summarize his condition when examined to-day. Temperature 99°; pulse 120, jerking and irregular; respirations 36; general anasarca, orthopœa, extreme restlessness. No desire for food, nor ability to retain it. Urinary flow diminished to about 4 oz. in the past twenty-four hours; dark coloured, containing a trace of bile acid. No albumen, confined bowels.

Examination of lungs: anteriorly no dulness on percussion over supra-clavicular regions. On left side dulness exists within an area commencing at the lower margin of the second rib to lower margin of mammary region. From right to left it is marked from one inch to the right of sternum, to nearly one inch beyond the infra-axillary line. Posteriorly, marked dulness exists from bases of both lungs, gradually shading off till it reaches the upper line of infra-scapular; on palpation a diffusible impulse exists over the space occupied by the heart corresponding to the dull area.

Stethoscopic signs.—No rales heard anteriorly. Heart's action very irregular, impulse full and heaving, aortic direct murmur loud and sharp, extending up carotids, and into