THE WESTERN CANADA MEDICAL JOURNAL. 189

material and there is extensive broncho-pneumonia, especially in lower lobe.

*Right.* Some recent pleurisy over lower lobe, and bronchi show similar changes to those in left lung.

Liver.—Cloudy swelling.

Spleen.—Pale, soft and septic, with numerous hemorr-hages.

Kidneys.—Increase of perinephric fat. Tubules in deep cortex are swollen and show some fatty changes. Capsules do not strip freely. There are slight interstitial changes with atrophy of kidney substance.

I examined the spinal cord and the sciatics, the anterior and posterior tibial nerves from both sides, the anterior and posterior tibial arteries and bits of the calf muscles.

The most noticeable changes are the following:-

Spinal Cord.—The arteries show extensive hyaline changes, not limited to any special vessel or segment of the cord. The two photographs, Fig. 1 and 2, demonstrate the extent of this hyaline change fairly well. Fig 1 is a fairly large artery in the first cervical segment, close to posterior commisure and in the postero-internal column. Fig. 2 is a long stretch of a smaller artery running right across the postero-internal and external columns near their middle in the 7th cervical segment.

There are few definite cell changes. The mu tipolar cells show some early chromatolysis, but there is no recognisable alteration in the cells of the intermedio-lateral tract.

The Nerves.—The anterior and posterior tibial nerves show a definite degree of parenchymatous neuritis. The neuritis is limited and even in the most markedly affected funiculi many nerve fibres are apparently normal. Fig. 3 shows a hemmorrhagic effusion round one of the smaller intra-funicular arteries. It is in the right posterior t bial nerve and is in my opinion a bit of corroborative evidence in favour of the existence of parenchymatous neuritis, with which such hemorrhages are often associated.

The arteries in the nerve bundles as well as those which are extra-funicular show most advanced changes. Fig. 4