Dec. 3. Restless and irritable. Abdomen distended, with marked tenderness in the left flank. Over the knees the skin is dry, cracked and raw. Marked lividity. Respirations gasping. Lungs normal. Pulse 120, temperature 95°; respirations 23. Distinct pulsation in the veins of the neck.

Dec. 4. Lividity marked. Hæmorrhagic spots as a fairly copious eruption over abdomen, back, and upon the feet. Delirious. Given inhalations of oxygen without apparent benefit. Coffee-ground vomiting and altered blood in the stools.

Dec. 5. Numerous crepitations at the base of the right lung. Heart dulness greater than before. Marked delirium.

Dec. 6. Extreme dryness and fissuring, with petechial spots upon the extensor surfaces of the extremities. Crepitations in the lungs a little less. Coffee-ground vomiting. Marked emaciation. Pulse 148, temperature 97°, respirations 28.

Dec. 8. Urine normal. Numerous crepitations over the bases of the lungs. Resonance fair. Petechiæ on the inner side of the thighs.

Dec. 9. Pulse 160. Voice hoarse. Colour sub-icteroid.

Dec. 10. The patient died with gasping respiration at 9 p.m.

NECROPSY (performed by Prof. Adami)—Abstract from Post-mortem Note Book: Right pleural cavity contained 30 c.c. of turbid blood-stained fluid with flocculi. Left cavity contained 170 c.c. of similar fluid.

Lungs—Broncho-pneumonia in parts. Infarcts.

Heart—Pericardium contained 100 c.c. of clear, slightly blood-stained fluid. The heart was very large and all the chambers were dilated, but especially the right side. Tricuspid orifice admitted the tips of five fingers. Mitral orifice admitted four fingers. Aortic and pulmonary valves normal. Heart muscle pale. Commencing fatty change about sinuses of valsalva.

Kidneys—Cortex pale.

Liver—Pale, fatty and friable.

Spleen—Not enlarged. On section fairly firm, with congested appearance. White infarcts present.

Pancreas—Pale and very firm.

Intestines—The ileum presents occasional areas of hæmorrhagic congestion of the mucosa. In the lower three feet were numerous ulcers, with smooth floors, of oval shape, with long axis transverse to the bowel. A typical typhoid ulcer was found just above the ileo-cæcal valve. In the last foot of the ileum was a development of small lymphoid miliary nodules protruding above the surface.

MICROSCOPIC EXAMINATION.—*Lungs*—Areas of broncho-pneumonia. Infarcts. Either a diplococcus or a very small bacillus, whose ends are stained deeply, was found enclosed in large cells. A few cocci were present.

Kidneys—Congested. Generalised chronic interstitial change, with recent parenchymatous. Chronic glomerular nephritis. Same bacillus found as in lung.

Liver—Brown atrophy. Along the portal sheaths are occasional infiltrations of small round cells extending into or replacing the liver cells. The same bacilli as before.

Spleen—Congested. Infarcts. Hæmorrhages into the stroma. Slight tendency to general fibrosis, Bacilli as before, the largest being about one-half to two-thirds the diameter of a red corpuscle in length.