hyaline and partly epithelial. In fact the specimens show the contents of the tubules in various stages of transition from the fairly definite epithelium to partly or completely hyaline material, giving a beautiful illustration of this method of cast formation. The vessels throughout present well marked congestion. Many of the tubules contain polymorphonuclear leucocytes.

The histological examination would indicate an advanced degree of interstitial nephritis with arterial sclerosis and an acute inflammatory condition grafted on top of the chronic process.

The femoral arteries were the only ones submitted for examination. They show well marked sclerosis involving all the coats to some extent, and narrowing the lumina. There is thickening in some places internal to the subendothelial elastic layer. The vasa vasorum in the media and adventitia also present sclerosis, in places almost obliterating them. Around many of the vasa vasorum is a proliferation of connective tissue cells. The inner parts of the tunica adventitia and the tunica media present a more or less hyaline appearance in places, a degeneration possibly resulting from the interference to their nutrition from the morbid changes described in the vasa vasorum.

Report of the post-mortem examination on the body of W. T., aged twelve years, autopsy January 10, 1901, six hours after death. Rigor mortis well marked. The usual post-mortem staining is present. Veins over the upper part of the thorax are prominent. Slight pitting about the ankles from edema. The arteries at the wrist, elbow, in the axilla, neck, thigh, popliteal space, and at the ankle are readily felt and can be rolled beneath the fingers.

THORAX.—Pericardium contains 2½ ounces of slightly turbid fluid; no pericardial adhesions.

The heart weights 8½ ounces. On the anterior surface of the right ventricle is a rough, reddish, granular patch the size of a twenty-five cent piece, and some similar patches are seen at the base of the great vessels. The coronary arteries show well marked general fibrosis with some patchy areas of atheromatous deposit. The heart muscles is hard and presents extensive areas of fibrosis. The endocardium, especially in the right ventricle, is whitened and thickened. The walls of the left ventricle are markedly thickened from hypertrophy, those of the right ventricle are hypertrophied to a lesser extent. Both auricles appear somewhat enlarged. The valves and orifices present nothing worthy of mention except slight thickening of the margins of the mitral cusps. The ascending and transverse portions of the aortic arch show nothing abnormal; the descending portion shows some scattered, irregular, yellowish patches of atheroma. These patches of atheroma become more numerous and extensive lower down, and in the abdominal aorta are particularly well marked. All the branches of the abdominal aorta stand open on section and show very definite fibrosis; the smaller the vessel the more marked the condition.

Left pleural cavity contains 2½ ounces of straw-colored fluid. No pleural adhesions. Right pleural cavity adhesions of lower lobe to diaphragm, readily broken down. Both lungs crepitant throughout; some hypostatic congestion.