

pressure was 105 on the 10th day, 110 on the 21st day; then came three hæmorrhages and a fatal termination on the 24th day.

Of seven cases noted as severe, the lowest reading was 80 with prostration, delirium, cardiac enlargement and relative insufficiency; one case of 80 after three severe hæmorrhages; others of 98, 99, 95. One with old disease of the aortic and mitral valves showed 110 on the 43rd day during relapse, and 115 during convalescence. Readings of 90, 85, 96 were found in cases of mild or moderate course.

One case of acute parenchymatous nephritis and an average urea excretion of 240 grains per diem during seven days, was slightly sub-normal (105) on the 12th day, and quite low (85) on the 29th day, when convalescent. The highest reading was 140 in the first week in a case with chronic interstitial nephritis and an average urea excretion of 73 grains per diem. during seven days.

A large proportion of these typhoids had cold baths or cold spongings. In only one or two instances were observations made within two hours after application of cold. In one case, 20 minutes after general cold sponging, pressure was 85. The fingers were slightly bluish and possibly there was a certain degree of local asphyxia. Gartner states that observations under such conditions are not reliable.

*Chronic Nephritis, 19 cases:*—In this group the highest readings were found, *viz.*, one of 260, two of 255, one of 240, one of 225 and so on, or an average of 208.5 for the thirteen high pressures. Six were at or below normal, giving an average of 178.9 for the 19 patients. One case of chronic parenchymatous nephritis with persistent and uncontrollable vomiting and normal tension proved fatal; one slightly sub-normal (106) with œdema and ascites died; and one of 100 with extreme general œdema, ascites and hydrothorax, was of course a bad prognosis. Two cases of normal tension showed no bad symptoms, and in these no doubt the prognosis is very good, much better than in those with no bad symptoms apart from high pressure.

Probably in chronic nephritis a considerable fall in blood pressure, which has long been high, with increase or appearance of œdema and increase of other symptoms, indicates a very serious condition.

One case was brought in almost in a state of collapse, but improved rapidly with hypodermics of strychnine, and with the improvement the blood pressure rose and remained very high (190 to 200). Another case presenting the picture of failing heart power with enormous œdema of lower extremities, hydroperitoneum and hydrothorax, had a pressure of 162 when I first saw her, the day after large doses of digitalis had