however simple, where we do not know the early history. I believe that it is not a case of typhoid fever. I believe that the view that it is a case which had its root in the kidney disease, with peritonitis and pleurisy super-added, is the correct one. You will say, there is the epistaxis, headache, fever, and the age of the patient. These are all strong points in favour of typhoid fever. You may even say that the congestion of the lung was in favour of typhoid fever, but I still think that the balance of evidence is in favour of the other view.

Let us take these points up for discussion. First, the epistaxis. This we find did not happen till he had been ill three weeks. Please mark this. This is not the kind of epistaxis we have in typhoid fever; it is an early symptom in typhoid, not a late one. Therefore, the time of the occurrence is very important. But epistaxis is also a symptom of Bright's disease. It appears in Bright's disease when the kidney disorder is chronic, and when an exacerbation occurs in the course of the chronic malady. The epistaxis, in the present case, then, admits of this explanation.

Now, for the peritonitis. Does this happen in typhoid? Yes. In Bright's disease? Yes; not unfrequently. But when does it happen? Peritonitis in typhoid occurs with the acute symptoms; peritonitis without perforation is so rare that its possibility has been denied. I will not say so, but will state that, as a rule, it happens after perforation, coming on directly. It was not so here. In typhoid fever it is very unusual to see a case of peritonitis of gradual development. Then the course which the peritonitis has taken is against this view.

Let us turn to the other side of the question. Does peritonitis happen in Bright's disease? It does, at times, and in a very chronic form, and is part of the influence upon serous membranes peculiar to Bright's disease. That such an influence exists in the present case is shown by the co-existing pleuritic effusion. So you see that the case can be explained on the supposition that it is Bright's disease, as well as that it is typhoid fever, and rather better by the former than the latter.

Now, the kidney. You will say that the examination of the urine settles the question. The casts show that it is a case of Bright's disease, and not typhoid fever. But kidney disease may happen as a consequence of typhoid fever. You will not, therefore, be able to lay much stress upon it in the diagnosis. This is the least valuable point in the argument, although we must admit that it is a point. But when I look at the urine report, I find the amount of the albumen moderate, and the tube casts are granular and fatty. Now, a moderate amount of albumen happens in a kidney complication of typhoid fever, but it also happens in some of the chronic forms of disease of the kidney, just as in one of the preceding cases I have shown you, where there was granular contracting kidney. I lay particular stress upon the microscopic appearances, the granular and fatty tube casts. These microscopic appearances are in favour of old kidney trouble, rather than the acute kidney complications, such as would occur in typhoid fever. This is the one point in the case that shows the existence of old kidney disease. In typhoid there are small amounts of albumen and few epithelial casts. The granular and fatty casts belong to old Bright's disease.

I have endeavoured to show you that this may, after all, belong in my series. He has been taking five drops of laudanum ever hour, with reference to the peritonitis, turpentine stupes and subsequent blistering, and he had enough stimulant to sustain him, half an ounce every two hours, which was found to be absolutely necessary.

Now, what change shall be made in his treatment. You see him better as regards the peritonitis; the pleurisy I have already referred to as having disappeared. Shall we go on with the opium treatment, though, perhaps, not pushing it as actively as before? On account of the Bright's disease my opinion would lead me to discontinue it, as we run a risk of checking the secretions of the kidneys and of producing uræmic convulsion. You remember that I told you that in kidney disease opium must be given with great care. As he is getting so much better, I will reduce it to five drops every third hour, and discontinue it as soon as possible. A blister shall be applied to the right side, followed by poultices. We will