

December 27th.—Only one ulcer left on cheek.

December 28th.—A third attack of epistaxis. Careful examination of all the palpable arteries revealed sclerotic condition; the blood current being cut off by pressure, left them as hard, resistant cords, the walls being evidently sclerosed and the stream needing firm pressure to be cut off; heart enlarged, left border being to left of nipple line. This condition of vessel wall readily explained the difficulty of controlling the hemorrhages which had occurred from the mouth and nose.

January 3rd.—Epistaxis occurred; vessel could be plainly seen spurting from right septum.

Urinalysis shows albumin 3 per cent. bulk, specific gravity 1008; microscopic examination negative; has been quiet and drowsy for the past three days; amount of urine passed in twenty-four hours, 29½ ounces.

January 7th.—Has great dyspnea; respiration rapid and labored. Precordial distress—hard cough with pain, especially over liver region; pulse 130, strong and regular; liver extends three inches below costal margin, very tender on pressure; heart, apex displaced downward and outward; impulse diffused but strong; a strong, rough, systolic mitral murmur; veins in neck prominent; *alæ nasi*, dilating.

January 8th.—Easier to-day; abdomen has become tympanitic; pulse, 125.

January 9th.—Bowels have not moved since January 6th, resisting all purgatives and enemas; abdomen still more tympanitic; pulse, 90; temperature, 95°; heart sounds weak.

January 10th.—Gradually weakened during the night; respirations very slow, intervals of five to twenty seconds; died at 10 a.m.

Treatment consisted of antiseptic mouth washes: soda sulphocarbonate solution every hour or two with local applications of solid perchlorid of iron and internally potassium chlorate and muriated tincture of iron for dyspnea; morphia and strychnia were given, and towards the end glonoin and nitrite of amyl.

Prof. Anderson submits the following microscopic report:

Kidneys both presented practically the same condition. The capsule showed marked fibroid thickening and beneath the capsule is an area in which there is great increase of the interstitial tissue, so as almost to replace the parenchyma of the organ. This area is infiltrated with large numbers of small round cells, mostly proliferated connective tissue corpuscles, but some polymorphonuclear leucocytes. Throughout other parts of the sections there is a well marked fibrosis, in some places almost replacing the tubules. Many of the glomeruli show extreme fibroid, hyaline-fibroid, or hyaline change. The vessels of the kidneys show all degrees of sclerosis, with narrowing of their lumina, some of the smaller ones being practically obliterated. Their walls in places present hyaline or hyaline-fibroid changes. There is considerable polymorphonuclear infiltration of the interstitial tissue and glomeruli in all parts of the sections. The epithelium, especially of the convoluted tubules, is swollen, opaque, granular, and often desquamating so as to fill up the tubules. Many of the tubules contain casts, hyaline, granular, or at times, partly