

*Physical Examination.*—Undersized girl, poorly nourished, bad color. Tongue coated. Left hemiplegia with some rigidity. Sensation diminished in the lower extremities.

*Heart.*—Apex beat in the axillary line. Action forcible and tumultuous. Systolic murmur at apex, also at the aortic orifice. Second aortic accentuated and reduplicated. Radial pulse tense, artery thickened and tortuous. Liver dulness extends from the fourth space to the lower border of the ribs. Urine, neutral, albumin 1.4 gms. to the litre; uræa,  $6\frac{1}{2}$  grs. to the ounce; hyaline and granular casts and a few pus cells present. After a long illness, with temperature, during which patient was comatose, she died.

*Post-mortem.* — Pulmonary edema; brown induration of lungs, hemorrhages into lungs, spleen and mesentery; lobular pneumonia; cardiac hypertrophy; general chronic arteritis; chronic congestion of liver with calcific deposits; acute splenic tumor; catarrhal inflammation of the gastro-intestinal tract; chronic interstitial nephritis (small, red kidney). Main points of interest: 1. The occurrence of an advanced primary chronic interstitial nephritis at the age of fourteen years. 2. Its presence in other members of the same family. 3. The extensive and marked arterial changes present. 4. The hemorrhagic diathesis, and especially the occurrence of a large hemorrhage in the mesentery. 5. Calcific deposits in the liver. 6. The latency of nephritis in children. The author thinks that many of them are treated as diabetes insipidus; others are treated for anemia without the cause being ascertained; others do not present themselves until a fatal termination is near at hand.