

A careful examination showed the spleen, liver and lungs to be normal. Heart not increased in size, but on auscultation there was a loud blowing murmur at the apex, systolic in time and propagated to the left. Murmurs systolic in time, were also heard over the 3rd left and 2nd right cartilages. These were not nearly so loud as that heard over the mitral area.

Urine. Jan'y 10th. Pale amber, slightly acid, sp. gr. 1013, a trace of albumine, no sugar, a few leucocytes. Jan'y 25th. Urine, faintly acid, clear, sp. gr. 1012, no sugar, albumine $\frac{1}{2}$ ppte, urea, $1\frac{1}{2}$ per cent., slight mucous deposit. A great many epithelial casts, a few hyaline and blood casts, pus cells in considerable quantity, chlorides and sulphates sub-normal. No diazo reaction.

On the same date an examination of the blood showed 2,500,000 red blood cells per c.m., leucocytes increased, hæmoglobin 35 per cent., and a few nucleated red blood cells.

She vomited at times during the whole course of the disease. On Jan'y 24th her feet and face became œdematous and on the 26th she developed well marked signs of pneumonia from which she died on the 30th. During the month she was in hospital she was perfectly conscious and complained only of weakness, and that the chills followed by the high temperature and sweating were very disagreeable.

In trying to decide what was the matter with this patient, we considered first, typhoid fever. From the history, repeated chills, irregular temperature and sweats, and the absence of all the ordinary signs of typhoid fever, we had not much difficulty in excluding it.

We then thought of malarial fever and even without examining the blood for the parasite of malaria, we excluded malarial fever on account of the extreme irregularity of the paroxysms and also because a few large doses of quinine had no effect whatever on the paroxysms.

We then asked ourselves whether the disease was not septic. The type of temperature, the rigors, sweats and anæmiâ were suggestive of this. In this connection we considered the possibility of the patient suffering from acute miliary tuberculosis, which we excluded because of the absence of signs which would likely have developed during the three months that the patient