

Circulatory System.—The pulse is 64, full, soft and regular, but not absolutely compressible. No thickening of the radial. The apex beat is displaced to a point almost five and a half inches from the mid-sternum, and two and three-quarter inches below the nipple. There is a systolic murmur heard with greatest intensity about one-half an inch above and external to this point. The murmur—a soft one—is heard over the area of circle about two inches in diameter. There is a slight creaking roughness heard just at the upper border of the fourth left costal cartilage at its junction with the sternum. This is systolic in rhythm. The second is also accentuated. There is also a bruit heard over the base of the heart.

Microscopic Examination of the Blood.—Red corpuscles 1,800,000 per c.m. There were present poikilocytes, megalocytes and pale corpuscles. No excess of white cells.

The urine contained little or no albumen, although numerous examinations were made.

The patient died about three years later.

Lesions of chronic nephritis were found. The kidney was of the large, white variety.

CASE NO. 3.

(Under Dr. MacMURDO. History taken by a Student.)

Mr. C. S., admitted December 14th, 1897. Height, five feet nine inches; weight 178; has weighed 203; lately weighed 164 pounds; has gained. Appearance—Well nourished; florid. Family history—Father living; mother died last spring, age 61, from inflammatory rheumatism, said to be followed by blood poisoning. Brothers—one, healthy. Sisters—five; one died, a child a year old; the others healthy. Private history—Never in bed except for typhoid fever nine years ago. Recovered perfectly. Six weeks in bed. Born and raised on farm. Has worked and travelled in British Columbia. Lived and worked outside. Travelled from age of nineteen. Has worked on the railroad overseeing men; and for the last six years in the electric works in Toronto. Present illness—Last August began to notice shortness of breath when going upstairs or walking fast. This difficulty increased. Saw a doctor, and after a short course of treatment thought he was cured, and took no more medicine. Had a slight cough, but could not raise anything up. Thought it was asthma. Could get on quite well in daytime. In the evening about seven or eight o'clock until about midnight suffered very much from asthma. Never had these attacks in the day. The shortness of breath then got much worse. Damp days seemed to increase it. Now expectorates a great deal. Expectoration greenish yellow in color, and some thick lumps mixed with mucus.

Examination of sputum—Muco-purulent; hard and viscid "lumps;" very tough; had to be cut with scissors in order to mount. Chlorides and sulphates abundant. Many squamous epithelial scales seen, and a large number of mucous strands, and pus corpuscles elongated in shape. Tubercle bacilli not present. Respiration—34 to 20 per minute; lungs normal; some cough. Circulatory system—Pulse 112-84. When patient first entered hospital the pulse was very hard and of high tension. After rest and administration of nitroglycerin, the pulse improved, becoming much softer, but rather weak. Vessels thick walled, evidence of arterial sclerosis. Pulse now fairly compressible. There is epigastric pulsation. Heart is enlarged. Heaving observed over extensive surface. Cardiac apex diffuse, and extends beyond nipple line. Impulse is felt faintly in nipple line in