

The dyspnoea might be accounted for by the action of the poison on the nerve mechanism of the heart.

A Case of Pericarditis.—Dr. C. A. TEMPLE then read a paper, "The History of a Case of Pericarditis."

Dr. GREIG—There are one or two points in Dr. Temple's paper that call for remark. I could not help noticing the high temperature present; I think it was unusually high— 104° . Under such circumstances one would expect to find pus. However, I suppose that can be ruled out, because in children, if the nervous element is present, the temperature rises from slight causes. But in older persons, with a temperature of 104° , I would strongly suspect pus. I had a case of pericarditis with effusion two years ago which was secondary to an attack of sub-acute rheumatism, which was very well marked. The diagnosis of pericarditis was not difficult. There was a to-and-fro friction rub on the left side of the sternum. The effusion was excessive, causing dullness on the left side. If I had not heard the friction rub I would have suspected pleurisy. The case did well and finally recovered. The treatment I followed was the administration of the salicylate of soda, but I found that it inclined to depress the patient. The salicylates have a well-known tendency to deteriorate the blood. The patient was losing ground. As soon as I noticed this I put the patient on iron, arsenic, and cod liver oil, and stimulants. As soon as the effect of these began to show itself recovery was rapid. During convalescence the girl was indiscrete, going out and getting her feet wet. A relapse followed. She was sent to the hospital. I heard no more about the case.

Dr. POWELL asked Dr. Greig a question—If, at the base of the heart, the friction rub having been heard in the early stage, and the effusion subsequently becoming very large, he found it to be the case that the friction sound persisted throughout the existence of the effusion? Dr. Powell said that he had noticed in the last edition of "Quain's Dictionary" the statement that when once heard in this location it did not disappear, no matter how much the effusion. He did not know of any other author who made the statement so positively. With regard to the iron used in these cases it seemed to him that there were two forms especially useful. One was used largely by Loomis. He (Loomis) said it was nonsense, qualifying it with an expletive that he (the speaker) would not reproduce, but which was very emphatic, to give the syrup of the iodide of iron in any less quantity than a dram every three hours. Thus kept up it produced rapid absorption. It should be given largely diluted. The other form was the ferri-salicylic acid mixture, advised