

and enjoying the fun in which he would not take a part. For a number of years, he had had a dry cough often severe. There was observed from childhood a peculiarity in his breathing, which continued till his death. His inspirations were made by a double effort or sob, or catching of the breath. But though unwilling to run or use hard exercise, his family had never remarked, nor did he complain of any difficulty of breathing.

During the first part of the summer, he was remarked as being in better health than usual, but in the month of September, he began to complain of shortness of breath which prevented him from walking fast or far. It was found that just before this he had walked three times out to the Mount Royal Cemetery (which is an ascent most of the way), and had observed after the last walk, that it had fatigued him so, that he would go no more.

In December last he called on me and related his symptoms, and I prescribed for him. On 18th January last, in the evening, I was requested to see him. Anasarca had begun to show itself. He had remained in bed all day, but had been unable to sleep from incessant coughing. His pulse was 120, regular, though it was stated by his brother, a medical student, that there was an occasional intermission. Breathing very rapid, but no oppression or difficulty of lying down. On examination the murmur was as before. He continued much the same till the 22nd, when slight delirium commenced, which gradually increased. On 23rd he spat up small quantities of black blood, became drowsy, and died at 1 a.m. of 24th.

AUTOPSIE.

Lungs healthy, except that apoplectic effusion has taken place in several spots. The portions occupied by the clots, which were firm and granular when scraped, were especially the thin edges. The lower and anterior part of the left lung showed two, the right three of these deposits, one of which was about three inches in diameter. A small quantity of fluid was found in each pleural sac. The pericardium contained upwards of one ounce of fluid, was healthy, without any evidence of recent lymph. Heart was large, and on surface of right ventricle an ordinary white spot was seen.

The following description of the heart has been drawn up by Dr. McCallum, Demonstrator of Anatomy to the College:—

Right Side.—The auricle is very much dilated, the cavity being quite capable of admitting a large sized orange. Its walls are hypertrophied, measuring in some places 3 lines. The tricuspid valves are thickened and white; their contiguous edges are firmly and closely united, thus forming one continuous fold, which, indeed, presents the appearance of