caught cold in the harvest field. The cough accompanying it persisted all that fall and through the winter. It re-appeared one year ago, when patient complained of a shortness of breath coming on with the least exertion. During last summer paroxysms of coughing became more severe and frequent. He first noticed swelling of the limbs one year ago, the œdema being intensified after spasms of coughing. This condition disappeared and reappeared several times.

At the time of admission the dyspnoea and cough were very distressing especially when lying down. Face pinched and dusky. Skin presented circumscribed erythematous spots. The patient sits up or lies on his face, the breathing being difficult in any position. Pulse 108, irregular; temperature 95°; respirations 42; persistent sweating; intelligence good with vertigo at times.

No bruit to be heard over cordiac region. Apex beat not observable on inspection, and on palpation found very weak. The cordiac dulness extends from two inches to the left of the left nipple across to the right nipple, and from the third to below the sixth intercostal space.

Respiration is short and laboured. The infra-clavicular region is depressed and respiratory movements more vigorous on the left side.

Behind, the vocal fremitus diminishes as the lower margin of the lungs is approached. Small mucous râles heard over greater portion of the back; (these afterwards almost entirely disappeared), no special dullness in lower portion of the chest on either side.

Urine scanty; sp: gr: 1025 with large amount of albumen.

Patient died Jan. 4th, 1888.

Post Mortem—Left pleural cavity was filled with a serous fluid and left lung slightly adherent posteriorly, compressed and œdematous in part. The right cavity was filled with fluid and lung adherent throughout, the upper and middle lobes congested, the lower one fibrous. The pericardium contained from eight to ten ounces of serous fluid and on the left side the heart was adherent to the sac. The heart itself was dilated and hypertrophied more especially the right ventricle; valves all free.

The upper surface of the liver was adherent to the diaphragm. The kidneys were contracted and contained cysts with cicatricial tissue dipping down into the kidney substance. The capsules were adherent. The kidneys weighed only some five or six ounces each.

Remarks:—The case presented some interesting features both in the diagnosis and pathology. It was difficult to differentiate between a dilated and hypertrophied heart and effusion in the pericardial sac. The cause of the weak apex beat or impulse was probably owing to the fact of so much effusion present. From the time the patient entered the hospital the heart symptoms were and evidently had always been the most prominent. There were no symptoms of uræmic asthma. The changes in the heart and kidneys seemed to be synchronous.

Dr. McPhedran thought that the weakened impulse was due to the fact that the apex in all probability did not strike against the chest wall owing to the right side of the heart being enlarged and impinging against the wall of the chest.

Dr. Spencer asked if strophanthus had been largely used as a heart tonic in similar cases. In a case marked by indistinct heart sounds, pulse 100, dyspnœa, urine scanty (℥viij) and albumenous, freshly infused digitalis had had no effect, when five minim doses of strophanthus three times a day brought down the pulse to 70 and increased the quantity of urine passed to thirty ounces.

Dr. Ferguson had obtained relief from doses of ten minims twice a day in a similar case.

Strophanthus had not been given in the case cited. In answer to a question Dr. Graham said he was not inclined to accept Mahomet's statement that 75% of the cases of granular kidneys died without the lesion being discovered. He believed the defective diagnosis as a rule, due to imperfect examination of the urine.

January 26th.

Pathological Specimens:—Dr. Oldright exhibited a diseased testicle with tissues attached, and gave the following history of the case:—Patient had recently come from the old country. One year ago he noticed a hardness in the scrotum which had become slightly tender and had gradually enlarged.

On examination, a tumor was discovered closely attached to the testicle, also a hardness in the scrotum contiguous to a sinus which had formed from the bursting of a small abscess some time previous. The sinus was discharging a thin serous fluid. The patient had suffered from orchitis several years ago and gave a history of having received several blows