after detailing the post-mortem appearances, will point out the particulars in which the diagnosis was incomplete, and conclude with a few observations :—

—Churchill, a tall negro, aged 58, was admitted into the Montreal General Hospital on the 16th March, 1852, suffering from general anasarca and ascites—states that about 8 weeks ago, after sawing wood in a damp cellar, he had a "cold shivering," which was followed in two or three days, without pain, by a cough, and in a week by "a swelling," which gradually extended up his legs and body. The cough having become very distressing and his breathing very short, he soon found it impossible to lie on the left side, where, and under the ensiform cartilage, he has a sense of constriction amounting almost to pain. Linseed tea, &c., failed to relieve him, and about a fortnight ago, bullœ formed on both legs and burst.

He denies ever having had rheumatism, but for many years back has been "short-winded" and subject to palpitations, especially while walking up-hill, and has had occasionally to stand still for breath in the ascent. Not subject to epistaxis—accustomed to hard work.

March 17th.—Present State.—General anasarca, except of face, neck and arms; feet, legs, thighs, prepuce and scrotum enormously distended. Two sores on each leg, caused by the bursting of the bullœ above mentioned. Enlargement of the abdomen, with ascitic fluctuation. Frequent, distressing, paroxysmal cough, with frothy serous expectoration. Dyspnœa with occasional orthopnœa; the former insupportable during decubitus on left side. Complains of great oppression or weight in epigastric and left lateral regions and about the heart. External jugulars somewhat distended—do not pulsate; pulse small, weak, irregular and intermittent, cannot be counted, nor its synchronism with the 1st sound proved.

Heart not displaced into epigastrium, but cardiac dulness extends from right margin of sternum towards left side for 4 inches. Impulse diffused over this region, and perceptible under xiphoid cartilage, and near left nipple; it is feeble and felt irregularly. Heart's rythm irregular; sounds very quick, not distinct; scarcely distinguishable from one another—the first not being of its usual prolonged soft character, but shorter and more abrupt, unaccompanied by any murmur, and most audible midway between left nipple and left edge of sternum, under centre of lower part of sternum, and at nipple when lying on left side. Dulness of lower third of left side of chest all round, slightly changing with position; with absence of vesicular murmur; bronchial respiration, and *nasal* bronchophony over the same extent. Exaggerated respiration over rest of lungs, with crepitus of ordema towards base of right lung.