

the breathing did not fall below fifty; it even exceeded that number even after the temperature and the pulse were hardly above normal. The marked dyspnoea was due to the extension of the inflammation along the fibrous tissue extending from the pericardium itself into the structure of the heart. The inflammation extends along the fibrous structures of the left heart, and in this way the nutrition of the heart is interfered with. In every case where death has followed pericarditis the left heart has been found to be soft and flabby. Heart failure followed as a direct result, not from an inflammation of the covering but of the walls. He did not know that it was necessary to speak of the treatment. The anti-rheumatic treatment was often resorted to as rheumatism was so often an associated condition. Statistics proved that the least perturbing treatment produced the best results. He had had one other case in which the diagnosis was very difficult. It belonged to that class of cases with which there is associated a limited amount of pleurisy, in which there is present at the time, or subsequently developed a dry pleuritic friction sound limited to about the area where the pericardial friction sound would be heard. He did not think anyone, no matter how expert, could make a diagnosis from physical examination alone. A study of subsequent events was necessary to clear up the uncertainty that might be present.

Dr. C. A. TEMPLE—I would like to ask Dr. Powell if there was any lessening in the quantity of the urine.

Dr. ANDERSON—I would like to ask Dr. Powell about what time the dyspnoea appeared. The pericarditis might have been due to some toxic element in the blood, and that same toxic element might have affected the heart muscle which would be the cause of the dyspnoea. But from the acuteness of the symptoms I would be of the opinion that the inflammation of the heart muscle was rather due to an extension of the pericardial inflammation.

Dr. POWELL—In answer to Dr. Temple, I might say there was a notable diminution in the quantity of the urine, particularly in the latter days of life. Coincident with the development of the inflammation there was increased rapidity in the breathing and accompanying pain. But after the pain was relieved and the temperature had fallen, and the pulse rate decreased, the dyspnoea still continued. The rapidity of the breathing was noticeable even when the patient was resting quietly and sleeping.

Dr. MACFARLANE asked Dr. Anderson what form of toxic agent he considered the affection of the heart might be due to.

Dr. ANDERSON said that it might be due secondary to Bright's Disease, or as Dr. Powell had said, due to the poison of la grippe.