

strating microscopic lesions of these bundles, may be compared with interest to the extensive lesions which here exist in the absence of either heart block or any mild disturbance of rhythm.

The interesting features are briefly these:—

1st. The similarity of the signs with tuberculosis, and the aid of the fluoroscope in determining the diagnosis.

2nd. The pulsation of the mediastinal tumor, as seen by the X-Rays, in conditions other than aneurysm.

3rd. The regularity of the pulse throughout the disease in spite of the heart being completely surrounded by tumour, in spite of involvement of the coronary arteries, and in spite of the apparent obliteration of the bundles of His.

"BLUE BABY," 17 YEARS OLD.

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The patient is a male, aged 17, employed as clerk. He complains of shortness of breath and weakness. The family and personal history is good. Patient is 5 feet 5 inches, weighs 115 pounds; subcutaneous fat is small in amount and muscles poorly developed. There is general cyanosis, especially of extremities and mucous membranes; the skin is cold; temperature 99, pulse 72, respirations 21. Fingers and toes are clubbed, lips thickened, also nose and ears. Slight kyphosis, prominent first rib, slight emphysema. Digestion good, teeth poor, buccal and pharyngeal mucous membranes greatly congested; tongue flat, broad and covered with fissures. Intraocular congestion of vessels of fundus of eye. Present illness dates from birth.

Cardio-vascular system:—Dyspnoea constant, increased on exertion and accompanied by dizziness, weakness, palpitation, faintness, and occasionally "giving" of the knees. There is slight prominence of precordial area with diffuse pulsation as also over epigastric area, systolic in time. Apex beat visible in 4th and 5th spaces in nipple line. There is, in addition, a systolic thrill in the 3rd left interspace a short distance from the sternum, also a systolic shock at the right lateral sternal line. Pulse regular, tension low, almost dicrotic.

Percussion shows absolute dulness along 4th left cartilage to nipple and from here down a vertical line to apex, *i.e.*, distinct increase of absolute dulness. Relative dulness $\frac{1}{2}$ inch to left of this and upwards to 2nd space. Right border of cardiac dulness normal, perhaps there is increase which is hidden by emphysema.