of the right cornea, and the upper central incisors are somewhat peg-shaped.

"Inspection of the chest showed a heart impulse in the fourth and fifth interspaces, the maximum in the fifth, 11 cm., from the mid-sternal line. The relative dulness was at the upper border of the third rib. On palpation there was a thrill at the apex, which varied a good deal in intensity. On auscultation the first sound was very snapping at the apex, and preceded by a rough, harsh, pre-systolic murmur, and there was a soft blowing systolic murmur passing towards the axilla. The first sound had a very sharp valvular character. The pre-systolic murmur was lost at the mid-axilla. There was a good deal of echoing over a limited area in the fifth space. In the second and third left intercostal spaces the second sound was very much accentuated. The second aortic sound was relatively feeble.

"The liver was enlarged, and could be felt 6 cm., below the ribs in the mid-sternal line. The legs were a good deal swollen. The urine contained a small quantity of albumin and a few hyaline casts."

During her stay in hospital she improved somewhat; the dropsy disappeared, the heart's action became slower, and she became very much more comfortable, though she still had the flushed suffused facies.

I saw her on Jan. 7th, and she seemed very well. The pulse was regular, and the heart's action seemed quite natural. At 4.30 A.M., on the 8th the nurse found her very cyanotic; she gave a gasp or two and died in a few moments.

Let me first call your attention to this drawing, which was made by Mr. Broedel, of the heart in situ, in which you see that almost the entire exposed portion was made up of the right auricle and ventricle; only a small portion of the apex of the left ventricle is apparent. It was noted particularly, too, that the auricular appendix of the left auricle was not visible. The heart, as you see, presents the usual anatomical features associated with an extreme grade of mitral stenosis. The mitral valve segments are thickened and adherent, the chordæ tendineæ greatly shortened, and the orifice just admits the tip of my index finger. There is no fresh endocarditis. The left ventricle is relatively small, the right ventricle very large, and the walls greatly hypertrophied. The right auricle, too, is a very capacious chamber with relatively thick walls. The left auricle is also very large, the endocardium very opaque, and the walls greatly thickened.

The most remarkable feature in the case is this firm ball-thrombus, which lay loose in the left auricle, occupying the funnel-shaped space leading to the mitral orifice. It is ovoid, measuring about 3 cm., in