rigan, Dr. Stokes, Drs. Watson and Croker. The only positive diagnosis was that of hypertrophy of the heart, fluid in left side of chest, and hepatic enlargement. At no time during the course of the disease was there any cardiac murmur, though there was evidence of organic disease in the enlargement and palpitation.

The autopsy revealed the following condition of the *heart:* The pericardium was universally adherent to the heart by connections which could only be separated by dissection. In no part of the chest was there any sign of recent inflammation. The heart was of great size; on being removed and freed of blood, it weighed, with a small part of the pericardium and the arch of the aorta attached to it, twenty-four and a half ounces. Its circumference, following the margins of the ventricles, measured 19½ inches; at right angles to the axis 12½ inches. On opening the right auricle, the cavity was seen to be greatly enlarged, and the septum of the auricles perforated in the position of the foramen ovale, by an opening, 6¼ inches in circumference; the right auriculo-ventricular opening was over 8½ inches in circumference. The right ventricle was greatly enlarged also, and its walls were thickened; the valves of both openings were free from disease, but evidently insufficient to close the openings. The ventricular septum was perfect, and ductus arteriosus completely closed. Left auricle much smaller than the right, being not much more capacious than natural; its walls somewhat thickened; mitral orifice of normal size, and valves healthy and sufficient; cavity of left ventricle and its walls normal. Aorta healthy, closed by healthy valves, but in size much below that of an adult's aorta, and the vessels springing from it, proportionate to its diminished size.

The following seems the mode of occurrence of the pathological changes: An attack of pericarditis occurred during the measles, with this pleuritis, with effusion on the left side; the combination of these two impediments of the heart's action brought into play a pre-existing patent foramen ovale; then followed enlargement of the right side of the heart and contraction of the aorta. For a long time before death, the stream of blood through the foramen ovale was evidently directed from left to right, especially during the attacks of palpitation, which were relieved by horizontal position, and never commenced while the patient was in bed. This, with the pallor of the face, observed during the palpitation, show that its principal cause was a want of blood in the vessels of the brain. This want of blood was caused by the deficient supply to the left ventricle, which resulted directly in contraction of the aorta.

The case is one of great interest, as showing how imperfect are our powers of diagnosis of cardiac disease, and for the late period of life at