in the General Hospital with acute articular rheumatism involving both knees and the left ankle. The relative cardiac dullness at this time was increased, with a soft systolic murmur at the apex.

From November 9 to December 12, 1908, she was again in the General Hospital, during which time the wrists, ankles, right knee and several of the metatarsal and metacarpal joints were swollen, red, tender and painful, and there was a rough, blowing systolic murmur at the apex, and occasionally a gallop rhythm could be heard.

Present Illness.—Began on February 22, 1909, with general malaise. The left ankle became swollen, red, tender and painful on movement, but she had no sore throat. On the following day she began to have pain in the chest with smothering sensations. In a day or two the ankle was better, but the pain in the chest continued until admission.

Present Condition.—Patient is a moderately nourished child. The face is rather pale and the lips somewhat cyanosed. The skin is moist and cool. The subcutaneous tissue is in moderate amount, and the muscles are small. There are a few small herpetic patches on the lips.

The post cervical glands are somewhat enlarged, but elsewhere are normal, and there are no subcutaneous fibrous nodules. The pulse is 126—regular, small volume and low tension. The præcordium is slightly bulging. The cardiac impulse is seen in the left 5th and 6th spaces 10 cm. from the mid-sternal line. The relative cardiac dullness at the 4th rib extends 2 cm. to the right and 10.5 cm. to the left of the left mid-sternal line.

The sounds at the apex are muffled, and there is a soft systolic murmur transmitted to the axilla and heard at the back. The second sound at the pulmonary cartilage is much accentuated.

Respiratory System.—There is a frequent, short, hacking cough, but very little expectoration. There is slight dilation of the alæ nasi and the breathing is rapid, 44 to the minute. The lungs are resonant anteriorly to the 6th rib on the right side and the 4th rib on the left, and here the breathing is vesicular. Posteriorly, there is dullness below the 9th rib on the left side, and occasional sub-crepitant rales can be heard at both bases. The sputum contains no tubercle bacilli.

The white cell count is 17,000.

Temperature 101⅖. Respiration 44. Pulse 120. The urine is normal.

Diary.—March 2, 1909.—The child does not appear so well. The lips and finger-nails are cyanosed. The face is pale, and the extremities are cold.

The cough persists and she occasionally expectorates a small amount of tenacious, blood-stained sputum. She has occasional spasms of severe