

tation which is of ill-omen. Dr. Sheard here drew attention to the very serious or even fatal significance of Cheyne-Stokes' respiration, which is sometimes seen in mitral disease.

In speaking of mitral stenosis, Dr. Sheard emphasized the fact that the intensity of the murmur is out of all proportion to the gravity of the disease. Mitral stenosis is a disease of slow progress, and in its early period the hypertrophy is limited to the left auricle. The prognosis in these cases will depend upon the condition of the pulmonary circulation. In heart lesions involving both mitral stenosis and regurgitation, the left heart is completely disabled; this condition of affairs is the most serious and rapidly progressive of all cardiac disease. In fatty degeneration of the heart moderate dilatation occurs with little or no hypertrophy. Here the physical signs are not marked—a weak apical impulse, with feeble and distant heart sounds—but there is often marked anemia, and with this a tendency to fatty infiltrations generally throughout the body.

Dr. Sheard did not attach much importance to irregularity of the heart's beat, nor to the condition termed irritable heart, occurring in a heart the valves of which are free from disease.

Dr. McPhedran drew attention to the cardiac hypertrophy found in chronic Bright's disease. While the hypertrophy lasts, and there is a high tension pulse, the patient is comparatively safe, but when dilatation becomes ascendant then there is great danger. He maintained that the intensity of the murmur in mitral stenosis is of value in prognosis; when the murmur is loud there is little danger, but when it becomes weak it is of evil omen. Dr. McPhedran looked upon cardiac hypertrophy, as a rule, of favorable prognosis, while dilatation he regarded as an unfavorable sign. Generally, however, the two are associated, and, when moderate, may be considered favorable, from a prognostic point of view. He also remarked upon the necessity of taking into account the condition of the whole constitution before venturing a prognosis, as the occurrence of hypertrophy is dependent upon the general nutrition of the body. Dilatation of the right heart is of frequent occurrence, as the result of exercise; this is especially seen in the subjects of malnutrition. Dr. McPhedran believed that late in the course of mitral sten-

osis, even though regurgitation is taking place, that this regurgitation will not give rise to any murmur, but that the systolic murmur which is then heard is due to tricuspid regurgitation.

Dr. Sheard replied.

*Thursday.*

#### MEDICAL SECTION.

A paper was read on

THE TREATMENT OF PHTHISIS PULMONALIS, by Dr. Price Brown. Dr. Brown divided the treatment of Phthisis Pulmonalis into hygienic, dietetic, climatic, and medicinal. Proper hygienic surroundings are of the utmost importance. D'Espie prepared statistics showing that among the rich who have large and well-ventilated houses, with efficient sanitary arrangements, the mortality from phthisis is 68 out of every 1000, while among the poor, who are crowded together in dirty, ill-ventilated quarters, the mortality reaches 223 out of every 1000. In the light of the bacillary origin of phthisis, phthisical patients should never sleep with persons unaffected by the disease. Consumptive mothers should not suckle their offspring. Perfect cleanliness of person and surroundings cannot be too rigidly enforced. One of the most important features of hygienic treatment is out-door exercise. Owing to the enormous tissue waste going on, the dietetic treatment can scarcely be overestimated. The system requires a large amount of nitrogenous food; this should be given in small quantities and at frequent intervals. Milk, when well borne by the stomach, is of great service. When albuminuria exists the diet should be restricted as far as possible to milk and farinaceous foods.

According to a general consensus of medical opinion, the climates most beneficial to consumptives may be classed either as those of moderate dryness or of moderate moisture. High temperature is best borne when combined with low humidity, the dryness of the atmosphere favoring rapid evaporation from the cutaneous surface, and the production of latent heat minimizing the physical temperature. Again, low temperature is best borne with low humidity, as there is less heat lost by conduction in dry air. The history of the medicinal treatment of phthisis is voluminous, and the whole armamentarium medicinæ has paid tribute at one time or other to this disease. Among sys-