The temperature rose to 102. He saw her twice a day after that till the time of death. After two or three days the pain was measurably relieved, but the action of the heart increased in rapidity to 140 or 150, and the dyspnœa became very marked. The heart became very irregular. There was not at any time, as far as he could recognize, any pericardial effusion. The diagnostic point of such effusion in limited amount, as Roach and others had emphasized, is the occurrence of dulness in the fifth interspace in the right side of the sternum, the normal heart projecting to the extent of half an inch to the right of the sternum in the space. There was no increase of dulness there whatever. Being a spare woman, this could be marked out with reasonable accuracy. The pulse, after reaching its maximum rapidity, came down to 120—even less. It was very irregular from minute to minute, and intermittent. The bronchial trouble increased, but the cough was not accompanied by any mucous expectoration. The cough was progressive. The patient died from prostration with signs of heart failure. The interesting features of the case were:

1. The causation of the trouble. It was well known that traumatism and Bright's Disease were factors in its causation, and that the purulent forms often accompany Bright's; but pre-eminently it was met with in connection with rheumatic attacks. There were none of these causes present in this case. A sample of urine gave negative results. The only toxic element he could think of in connection wtth the case was the grippal poison, whatever that might be.

2. The absence of effusion. There were cases of pericarditis undoubtedly with formation of fibrin upon the surfaces, and it was notable in these cases that the friction sound was heard where the heart was closely hugged by the pericardial sac, not in its lower part where the motion was at its maximum. There were cases of dry pericarditis, just as there were cases of dry pleurisy. There were cases with fibrin thrown out and cases with serous effusion and with purulent degeneration or purulency of that fluid, *ab anitio;* and a fourth form, the tubercular. This case, of course, was limited to the first.

3. Why did the woman die? Was it the pericarditis that killed her or something else? It was to be remembered that she was a weakly woman and there was an associated bronchitis. The best explanation that has been given in such cases of the cause of death is given by Bland Sutton. The cases where he (the speaker) had opportunity to examine the bodies after death bore out the statement. Where pericarditis does cause death it was not from the pericarditis but from the associated myocarditis not made out during life by physical examination so much as by the presence of dyspnœa. In the case