aided me very materially in Nova Scotia; Mr. Howell, my assistant at the Royal Victoria Hospital, but for whose energy I should have been unable to prepare and examine all my material; to Mr. Nicholson, who has most gladly crossed the Atlantic to demonstrate my specimens during the course of the meeting; and above all, on this occasion am I indebted to a member of McGill University, my predecessor not only in the teaching of pathology, but also in the investigations in the Pictou cattle disease, than none, not even myself, could more willingly or more appropriately, or better, have brought this subject before you.

(*Appendix, July 12th, 1898.*)

By a remarkable coincidence, upon the afternoon of the day upon which I completed the dictation of the foregoing in order that I might have it complete for Dr. Osler to take with him to Edinburgh, I was called to perform a post-mortem upon a case apparently of heart failure which turned out to be one of atrophic cirrhosis of the liver. I should hereadd that a diagnosis of cirrhosis of the liver had been considered and had been left in doubt; while clearly, from the condition of the heart, death had resulted from failure of that organ.

Not to enter too fully into the details of the case, for the clinical notes of which I am indebted to Dr. James Stewart, I may say that the body was that of a female of fifty-six, who had always lived in Canada, and who, after the diseases of childhood had, until two years previously, enjoyed good health. She had ten children with no miscarriages, and there was no history of inherited disease. She gave a moderate history of alcoholism, stating that she chiefly drank beer, but if one may base any argument upon the frequent presence of minute whitish plaques which were found scattered along the œsophagus, she was a pronounced alcoholic.

For the last two years she had not been well, dating her impaired health from a fall while out walking, when she injured her back somewhat. For the last year her heart had been very weak and upon exercise her feet and legs became swollen. Since last April, the weakness, swelling of the legs and abdomen, shortness of breath and palpitation have been much worse, and for three days before admission, dyspnœa, sleeplessness and weakness had been extreme, while for months she had been steadily losing flesh.

Upon examination she was found sallow, with moderate anæmia of mucous membranes, the sclerotics were icteroid with distension of the superficial vessels; the face was emaciated and there was orthopnœa; the temperature was normal, the pulse rapid and the respirations were thirty-six. The skin, more especially the face, neck and arms, was of a peculiar ashy color; this, she stated had been noticeable for some years; there was slight general œdema, marked œdema of the lower extremities, and definite ascites. The pulse was 100, very irregular in volume and rhythm; the apex beat was unrecognizable; there were no murmurs. There was evidence of right-sided pleurisy and numerous coarse and fine râles with expectoration of frothy mucus. There was frequent vomiting and retching, though this had begun only a few days before admission to hospital. The urine was dark, amber colored, with flocculent sediment, a fine ring of albumin and contained some bile. For a week or more her condition improved; the heart became more powerful, the ascites diminished. Suddenly upon the 6th, the patient died.

The autopsy was held six hours after death, and showed the following conditions:

Heart.—Large, full, with dilatation of the cavities, the muscle being somewhat atrophied and fibroid. The coronary vessels were atheromatous. All the valves were normal