morphia. For the greater part of the time since the attack she has been in bed. On attempting to move about the legs give way. The pain in the right leg is much intensified if the foot hangs down. She has been very much worried and disturbed about herself, but her general health has been pretty good. She does not think she has been more short of breath of late. She has had a little palpitation and pain about the heart. The dyspnœa is altogether on exertion.

Present Condition. The patient was a medium sized woman, quite stout and looked nervous. The tongue was clean. She gave a very good account of her history and condition. The radial pulse was regular, 96, vessel wall not sclerotic. No sclerosis of the temporal arteries. The pupils were equal, and reacted to light and on accommodation.

Heart. Point of maximum impulse was visible in the fifth interspace about the nipple line. There was an exaggerated systolic impulse on palpation; no definite thrill. On auscultation there was an extremely sharp, flapping first sound at the apex, almost amphoric in tone, and preceded by a short, rumbling murmur. There was a soft systolic bruit at the aortic area, and the second pulmonic sound was loudly accentuated.

The abdomen was not swollen; liver and spleen not enlarged.

Legs. Both could be moved freely in bed. Power of movement of right toes and ankle slightly impaired. The right leg looked cyanosed from the knee down. There was no œdema. It was extremely tender to the touch. The right calf measured the same as the left—31½ cm. Left leg and foot normal in size and color, and not tender to the touch. Both feet felt cold, the right more so than the left, and she complained very much of the numbness in them. There was no pulsation to be felt in the dorsal artery of the right foot, nor in the right popliteal artery. Slight pulsation to be felt in the femoral artery. No pulsation in the dorsalis pedis or popliteal arteries of the left leg. Pulsation in the left femoral was well felt. Pulsation in the external iliacs could be just felt. There were no patellar reflexes in either leg, and the plantar reflexes were very difficult to obtain as she winced so much from tenderness of the soles.

The patient had warmth applied to the legs, careful friction, and she did remarkably well. On the 11th there was no cyanosis in either the leg or foot. It was still cooler to the touch and tender. No pulsation could be felt in the femoral artery.

I heard subsequently from this patient's daughter that she died a month or two after leaving the hospital.

This case illustrated the good effects of careful treatment as recom-