

able to endure almost any degree of physical exertion, being known as an expert skinner, of healthy parentage, and no tendency in family to hereditary disease. Thirty-four years ago the late Dr. Campbell of Montreal, diagnosed cardiac disease in this case. From 1880 to 1892, he had periodic attacks of acute rheumatism and erysipelas, chiefly of the scalp and legs. When first examined, I found well defined mitral stenosis with cardiac murmurs audible in almost any part of the chest, but most acutely in the pericardial region. To have lived such a length of time, and performed his usual official duties, as an architect, was to me a subject of much interest, and the conclusion arrived at, is, that in cardiac disease caution should be exercised in giving a positive opinion, as to the inability of the individual under such circumstances. In the present case, it is evident the abnormal changes, giving rise to the murmurs were very slow and progressive in character, having taken fully 30 years to compromise seriously the integrity or function of the mitral valves.

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