

advanced mitral disease. He never had rheumatism or any of the usual causes of heart disease, excepting that he was very intemperate.

*Autopsy by Dr. Osler.*—A couple of quarts of serum in peritoneum, two or three pints in each pleura, and several ounces in the pericardium. Heart hypertrophied and dilated; thick yellow clots in right chambers. Weight of organ, 610 grammes. Valves normal; aortic segments competent; mitral segments a trifle thickened at edges; no vegetations. Mitral orifice over six inches in circumference; tricuspid orifice nearly seven. The chambers were much dilated, and there was moderate hypertrophy of the walls. Muscle of fair color. Apices of papillary muscles fibroid. Aorta smooth. Coronary arteries not atheromatous. Lungs showed moderate emphysema at anterior margins; general brown induration; a large infarct at base of right lung. No pleural adhesions. Cyanotic induration of spleen, which was double the normal size. Kidneys slightly enlarged, coarse and hard; three healing infarcts in the left. Catarrh of stomach and bowels. Liver undersized, a little granular in the surface, hard and firm, and in early stages of cirrhosis.

Dr. OSLER remarked that this was the fifth or sixth case of the so-called idiopathic hypertrophy and dilatation of the heart which he had dissected. The question of ætiology was interesting and not yet settled. Most of these cases are in large powerfully built men, accustomed to heavy muscular exertion, and Abbott, Myers, Leitz and others have regarded this as the chief factor. The condition of irritable heart described by Dacosta in young recruits may be supposed to be the initial stage of the process, although in the majority of instances the condition is transient. One point in connection with the ætiology must not be lost sight of, viz.: that in the great proportion of these cases the patients were hard drinkers, and how much the alcohol has had to do with the production of the disease is hard to say.

Dr. TRENHOLME asked if the condition of his liver would throw light on the primary cause. Dr. Osler, in reply, said he thought not, as it was not much diseased.

Dr. KENNEDY said he knew of two somewhat similar cases. One was that of an athlete who has a mitral murmur, and whom he believes will develop, later on, symptoms like those just related by Dr. Ross. The second case was a young man who had sent for him, as he was suffering from

weakness and sickness of the stomach. On examination, a soft mitral murmur was discovered. This young fellow, the day before, had gone for a very long snow-shoe tramp. Dr. Kennedy said we might expect to see similar cases more frequently, as snow-shoeing was becoming so fashionable.

Dr. DOUGLAS, V. C. ex Brigade Surgeon, had seen many cases of irritable heart in the army, but they never led to a postmortem, as they would always be invalidated. He said that Dr. Myers attributed heart trouble in soldiers to the pressure of the hook of the tunic on the vessels of the neck, increasing the labor of the heart, and producing palpitation.

Dr. CAMPBELL said that cabmen, who, at times have such heavy lifts, are prone to heart irritation. He knew of one well marked case. Has seen two or three cases in young men who, from over exertion at playing lacrosse, suffered from symptoms similar to those in Dr. Kennedy's cases. He (Dr. Campbell) had lately been examining a lot of young men about to enlist, and noticed that most of them came from occupations requiring very little muscle or heart work, as shoe and cigar makers and could understand that this class would on becoming soldiers be likely to suffer from heart trouble.

Dr. BULLER called attention to Dr. Richardson's experiments with men working with and without alcohol. Whilst abstaining they did a certain amount of work with ease; the same men, allowed alcohol and doing the same work, suffered from palpitation and shortness of breath.

*Pneumo-enteritis of the Hog.*—Dr. OSLER showed the colon from a case of this disease, known better by the names of hog cholera and pig-typhoid. A local outbreak in Hochelaga a few weeks ago furnished an opportunity of getting some interesting specimens. The disease is highly contagious, and the ravages in the United States probably exceed that of any other animal plague. The lesions are in the lungs and bowels—most commonly the latter, but the former may alone be involved. The specimen exhibited was a very typical example of the disease in the colon, the mucous membrane of which was converted into a thick greyish-yellow substance, owing to a sort of diphtheritic infiltration.

Dr. ALLOWAY exhibited a *Fleshmole Placenta*, in the amniotic sac of which he found a small embryo (exhibited) mummified, which appeared to have been blighted at about the fifth or sixth