

and very painful on movement, but are neither swollen nor red. There is no loss of function in any of the joints from previous attacks.

Digestive System.—Normal.

Urine.—Sp. Grav. 1022, acid. No albumen, sugar or casts.

Blood count shows:—

Red cells	3,546,000
White cells	16,200
Hæmoglobin	70%

Diary.—October 9th, (the day following admission). The pain in the affected joints is somewhat decreased, there is anorexia and vomiting at intervals and general marked discomfort. There is severe pain in the præcordial region which came on suddenly this afternoon, and a definite to and fro friction rub is heard with maximum intensity in the 3rd left interspace 3 cm. from mid sternum.

Temperature 98-102. Pulse 116-128. Respiration 28-40.

October 10.—The joints have improved, there is no pain on movement, and no swelling or tenderness. There is, however, severe pain over the præcordium. The friction rub is louder than before. There is dullness at the base of the right lung from the 8th rib downward, with blowing breathing.

Temperature 98-100. Respiration 28-40. Pulse 112-124.

October 11.—There are signs of fluid in both pleural cavities, and the blowing breathing persists at the right base. There are, however, no friction rub or rales.

Temperature 97. Pulse 96-112. Respiration 20-40.

October 13.—She still complains of pain over præcordium. There is no change in the cardiac dullness, over all of which the friction rub is now heard. She is very weak and does not respond to stimulation.

The pulse is very feeble and of small volume, 124-140. Respiration 32-40. Temperature 98¼.

Sodium salicylate was not used at this time, but aspirin gr. x every four hours was given.

She gradually sank and died on the 9th day of the disease.

Autopsy performed 20 hours post mortem.

Anatomical Diagnosis.—Acute fibrinous pericarditis; acute and chronic endocarditis; myocarditis; chronic pleuritis; acute nephritis; passive congestion of liver and spleen.

The *Peritoneal Cavity* contains about 500 c.c. of clear fluid, otherwise normal.

Pleural Cavity.—On the left side there are about 100 c.c. of brownish coloured fluid. The apex of the left lung is adherent to the chest wall,