hour, well wrapped up, in the sun. Two days after his going out, I was again sent for in the evening to see him, and found him again in bed, complaining of acute pain in the right axilla, extending round to the back under the angle of the scapula. On auscultation, there was a distinct rub to be heard, with diminished breath sounds over the right base. The temperature taken in the mouth was 102° F., pulse 95. Next day there was an increase of dulness over the whole of the right base up nearly to the level of the spine of the scapula on the right side with some moist sounds. He had a dry hacking cough. His side and back were well blistered with Churchill's iodine and hot fomentations, which relieved the pain. His temperature varied from 101° F. at night to 99° in the morning for eight days; on the ninth day the temperature came down to normal, the pain was gone, and air was entering freely into the lung. The temperature remained flat for three days, and on the fourth day he was allowed to sit up on the sofa while his bed was being made. On the fifth day, after his temperature had fallen and been normal, he was seized with sudden pain in the left thigh and leg, which began to swell and become excessively tender; the pain was along the course of the saphena vein, which had evidently become inflamed. His temperature rose again to 101°, and is still above normal, though the pain and swelling have much subsided.

The question naturally arises, did the pneumonia and pleurisy follow the inflammation round the appendix by a species of septic absorption? for I imagine there can be but little doubt the phlebitis has arisen consequent on the pneumonia. There has been no other case of sickness in the house. When the patient went out after recovery from the attack of appendicitis, he only went into the garden and walked up and down a boarded sidewalk for half an hour, well wrapped up. The drainage and sanitary arrangements are as good as any in the town. I do not think there is any chance of having absorbed any outside poison. I have heard of a similar case of phlebitis occurring after pneumonia following influenza this winter, but have not seen such a case before this.

Yours faithfully,

EDWARD HASLAM, M.R.C.S. Eng.

Victoria, B.C.

DEATH FROM ANÆMIC NECROSIS.

To the Associate Editor for British Columbia.

DEAR SIR,—Thinking that the following brief notes of a death from a rather infrequent cause would be of interest to your readers, I send them for publication:

In November I was called to see a gentleman who had died suddenly while out riding. According to the only eye-witness of his death and fall, he was riding at a quiet walk, and was seen to fall forward in his saddle and tumble to the ground. His horse stopped instantly, and he lay absolutely motionless, and on examination was found to be dead. No bruising or other injury of the body could be seen, and death had apparently occurred at the moment he fell forward in his saddle.

I made a *post mortem* examination of the body about five hours after death, and found the following rather unusual cause of death. The abdominal and thoracic viscera were in a normal condition with the exception of the pericardial cavity and the heart. The pericardial cavity was greatly distended, and upon opening it a large quantity of serum and liquid blood escaped, beneath which, and surrounding the heart was a large clot of blood. This was removed, and search made for the source of the hæmorrhage.

Everything was intact, with the exception of a small laceration on the outer surface of the left ventricular wall, near the interventricular groove.

One arm of the laceration was about half an inch, and the other three-quarters of an inch in length, and about an eighth of an inch in depth. These included a branch of the left coronary artery from which the hæmorrhage had taken place. The laceration was positively shown not to communicate with the cavity of the ventricle, the wall of which was about half an inch in thickness, and of firm consistence. The lumen of these smaller branches of the artery appeared to be diminished in size, and contained thrombi. No other disease of the heart or blood vessels could be found, excepting a slight degree of dilitation of the ascending aorta. The cavities of the heart were empty, and the ventricles contracted.

The deceased had been complaining for a couple of days of not feeling as well as usual, and had spoken of an occasional pain in the cardiac region