

with acute rheumatic fever, involving the knees and ankle joints, but we have no record of her heart condition. At 14 years of age she was again in the hospital with rheumatic fever and pneumonia. At 15 years of age she was again two months in the hospital with rheumatism involving the left elbow and left knee, and the right ankle and right knee. On examination at this time she was found to have increased cardiac dulness. The first sound at the apex of the heart was replaced completely by a blowing systolic murmur transmitted to the axilla, and a short systolic murmur heard at the pulmonary artery. At this time she was given sodium salicylate gr. xv every four hours, after which the pain lessened and the temperature fell to normal in 48 hours, where it remained during her stay in the hospital.

During the summer, before her present admission, her feet and ankles occasionally became swollen and painful.

The present illness began on October 4, four days before admission, with an attack of pain in the left foot. On the following day this foot was better, but the right became involved and has remained so until the present. Three days later the left shoulder became very painful, even the respiratory movements causing discomfort. The pain in the above joints was of a sharp stabbing character, and only felt on movement. During this time she was nauseated, vomited several times daily, and has perspired freely at night. She did not feel feverish, but has eaten scarcely anything and has been constipated.

*Present Condition.*—On admission she is found to be a well-nourished girl of about stated age. She is somewhat anæmic and drowsy. She assumes the dorsal decubitus and is apparently suffering some pain. The temperature is 100½. Pulse 112. Respiration 44.

There is some tenderness in each axilla, but no glandular enlargements can be made out.

The skin is very pale, warm and moist. The mucous membranes are pale and the lips dry.

*Respiratory System.*—Normal.

*Circulatory System.*—There is no præcordial pain, no palpitation and no dyspnoea. There is a diffuse cardiac impulse over the præcordial region. No thrill is felt. The relative cardiac dulness extends perpendicularly to the 2nd rib, and transversely at the 4th rib, 3 cm. to right and 13 cm. to left mid sternum.

At the apex the first sound is replaced by a blowing systolic murmur transmitted to the axilla.

The pulse is 112, regular, of small volume and low tension.

*Locomotor System.*—The left shoulder and both ankles are tender