moderate dilatation of the left heart remained. The affected joints were quite swollen and stiff. In both knee joints a moderate effusion was, I am sure, present for nearly a week after the disappearance of the acute symptoms.

February 15th. A daily examination of the lungs has revealed no unnatural change, except lessened intensity of respiratory sounds, till to-day. Now there is present consolidation of the bases of both lungs, a condition evidenced from the spinal column to the posterior axillary line of either side.

February 16th. Two small areas of pulmonary solidification detected in mid-axillary region of either side; other physical signs not changed.

February 18th. Patient is dyspnœic. Physical signs of chest unchanged, except the development of flat percussion, noted in five limited areas, two below the right scapula, one below the left scapula and one in either mid-axillary region.

February 19th. Circumscribed areas giving flat percussion note aspirated to-day. Each area contributed a tablespoonful of straw-coloured serum flaked with small shreds of fibrin. Dyspnœa relieved by operation.

The patient gradually improved until April, 1892, when his legs became œdematous and his heart presented increased enlargement to the left. The mitral regurgitant murmur was intensified.

These conditions were treated upon well advocated principles, but it was not until the following June that the patient with swollen legs and palpitating heart was able to walk about. By the last of the next July he felt so much better that he was able to drive a horse-rake, but in the middle of August, dyspnœa and palpitation became most intense.

I visited him on August 26th. He sat in a chair with his hands pressed to his temples and continually exclaimed, "My head! Oh! the pain." I was positive from symptoms of pain under such circumstances as related to the patient, that either an embolus or detached vegetation from the mitral valve had lodged in the middle cerebral artery, but there was no objective sign of lesion, such as unequal pupils or paralytic state, to support this view. Morphine relieved the pain.

Upon September 1st, the patient experienced another attack of severe pain, then he lost consciousness and died on September 2nd. I did not see him during the last attack.

The following propositions support my belief as to the gonorrhœal nature of the case.

(1) The evident presence of pus in the urethra, as shown by the readiness with which it could be squeezed away by pressure upon the under surface of the penis.

(2) The probability of the first days of irritability of the bladder be-