

wife. He was a graduate of McGill University, 1867.

The adoption of this report was seconded by Dr. R. A. Reeve, and carried.

The Committee on Audit reported through the Secretary that the books of the Treasurer had been duly audited and found correct.

The Committee on Coroner's Inquests reported progress and asked leave to sit again.

The report of the Treasurer was read by Dr. E. J. Barrick, which was adopted and carried.

A vote of thanks to the Ontario Medical Council for the accommodation so freely given to the Association for its different meetings, was moved by Dr. Powell, seconded by Dr. Wishart. Carried.

The President then declared the meeting adjourned.

Selected Articles.

OBSERVATIONS UPON THE TREATMENT OF CERTAIN CASES OF FATTY HEART.

The following observations based upon the record of a case of extreme interest that occurred in my practice during the summer of last year, are intended to apply to those cases of fatty heart that are associated with obesity, where the symptoms of cardiac embarrassment are due rather to an overloading of the heart muscle, both superficially and between its fibre, with a deposit of adipose tissue, than to a true fatty degeneration of the muscular fibres. I am anxious to define this clearly at the outset, since I do not wish it to be supposed that the treatment I am about to advocate should be applied indiscriminately to all cases where the diagnosis of "fatty heart" has been made. We must distinguish as far as possible between a mere fatty deposition and infiltration, although we know that the former condition probably can never exist to any considerable extent without the latter resulting to some degree as an effect. But treatment that may be successfully pursued in cases where the symptoms are dependent upon fat accumulation might be followed by baneful, if not positively fatal, results in other cases where degeneration is at the root of the disease.

With this definition as to the nature of the class of cases to which the remarks that follow are intended to apply, I will now proceed to a brief narration of the case, the extreme interest of which has prompted me to bring its record before you this evening.

The patient, a gentleman, æt. 50, in very comfortable circumstances, I first saw in April, 1889, but at this time there was nothing noteworthy in his symptoms. On May 8th, 1890, immediately

after his return from the Isle of Wight, where he had spent the winter, he called on me, complaining of attacks of breathlessness, accompanied with difficulty in walking, occurring once every three or four weeks for the previous six months, usually in the afternoon or evening, and lasting from four to six hours. His height is 5 feet 7½ inches, and at this period he weighed 14 stone 5 lbs., while his girth at the umbilicus was 42 inches. For several years he had led an inactive life, with considerable self-indulgence in alcohol, particularly in the form of malt liquors. He had had no previous illness bearing upon his present condition, excepting an attack of influenza during the epidemic in February, which appears to have left him in a very debilitated state.

Physical examination on May 8th revealed as follows: Lungs healthy; heart's apex beat scarcely palpable, but normal in position. Right border indistinctly made out through the massive chest wall to be about one inch to the right of the sternum. First sound muffled and indistinct at apex, no murmurs anywhere. Pulse 72, feeble. Digestive system: appetite poor, pain at pit of stomach half-an-hour after food, flatulence, tendency to diarrhoea and morning sickness. Urine, pale, clear, acid, sp. gr. 1008, no albumen or sugar.

On June 6th I was called to see him in one of the above-mentioned attacks of breathlessness. I found him lying upon his back on a sofa, face more or less livid, and drawing his breath with very considerable difficulty. Pulse regular in force and rhythm, but more feeble than usual. A hypodermic injection of ether improved his condition temporarily, though the attack did not quite pass off for an hour or more. I now prescribed for him half-a-grain digitalis, with one-thirtieth grain arsenious acid in a pill, and a mixture containing liquor strychniæ ℥ v., and acid nitromur dil ℥ xv., in the dose to be taken after food, enjoining at the same time as much rest as possible, and a light nutritious diet.

Similar attacks occurred on the 7th and 8th of June, and indeed almost daily till the 24th, when he very reluctantly consented to keep his bed entirely. After this he had no attack until July 3rd, when he exerted himself more than he should. The urine at this time having become diminished in quantity the digitalis was stopped. I may here state that repeated examination of the urine never at any time revealed the presence of albumen.

On July 11th I found my patient looking decidedly ill. His temperature was 103°, pulse 96, full and bounding. He complained of feeling sick and had vomited after attempting to take some tea. He also complained of slight pain on pressure at the pit of the stomach. His liver was enlarged, reaching 2½ inches below the costal mar-