

will be very much shortened by removing all the necrosed bone possible. With regard to the administration of the iodide of potash he commenced with twelve grains, gradually increasing it to thirty-five, and the man's appetite was very much better during that time than before. He stated he did not sympathize with the Contagious Diseases' Act referred to ; medical societies should not throw their weight towards licensing prostitution.

CARDIAC ANEURISM.

Dr. W. B. THISTLE presented this specimen and recited the condition present. These aneurisms occur in two varieties : the acute and chronic, the former being the more uncommon. In the chronic forms there is very often the history of syphilis. The great majority of these aneurisms are situated near the apex of the heart, nearly always at the end of the left ventricle. Calcareous degeneration sometimes quite common, and in this marked. In one reported case the aneurism had to be cut through with a saw. This aneurism occurred in the ventricular septum extending up into the auricular septum, so that it was partly in both septa. It was about two inches in length, and an inch in breadth. It occurred in a married woman, aged thirty-three years, who had never been pregnant, had no previous illness, had never been syphilized, although the husband was drunken and worthless. The parents and brothers and sisters were perfectly well. She was admitted to the hospital suffering from weakness, shortness of breath and marked pallor, there being no symptoms directed towards the heart such as palpitation. She had edema beneath the eyes ; the pulse rapid, but regular. Examination of the heart revealed a double aortic murmur, traceable up into the neck and down along the sternum. Water hammer pulse was very distinct, and throbbing of the great vessels of the neck. There was also capillary pulsation, very distinctly seen in the patient's finger-nails. A harsh systolic thrill was noticed. Apex was displaced somewhat to the left. Later on at the apex there was a systolic murmur traceable to the left, and still later a presystolic murmur, accompanied by a very pronounced thrill. Enlargement and tenderness of the spleen, and later a somewhat indistinct pericardial friction sound detected. At the autopsy pericarditis, corresponding to the friction during life, was noticed. There was some fluid in the abdomen. Examination of the urine during life revealed nothing at first. Later on it contained very much albumen, and blood, and casts in great number. The diagnosis of the case was malignant endocarditis. There was nothing showing the case to be embolical. Death occurred from uremic convulsions after seven weeks in the hospital. The autopsy showed this aneurism in connection with the aortic valve. The clot turned out left a smooth wall with a great deal of calcareous deposit