more than five hundred dollars ($500) should be offered by it as expenditure for first cost, and not more than two hundred and fifty dollars ($250) should be offered by it as an annual charge for sustenance."

(The members of the committee are Dr. McConnell, chairman; Drs. Lundy, Jones, Patterson, Gray, Inglis and Clark.)

PROGRAMME.

1. Abnormality of Aorta, with specimen, Dr. Todd.

2. Commencing Hydatiform Degeneration of Villi of Chorion, Dr. Popham.

3. Traumatic Cataract, Irido-Cyclitis, with specimen, Dr. Good.

4. Intestinal Parasites, with specimens, Dr. Pare.

5. Demonstration of Widal's Test, Dr. Ponton.

6. Pathological Specimens of Interest Recently Collected, Dr. Bell.

In view of the early meeting of the Legislature, immediate steps must be taken by the Legislation Committee of the College of Physicians and Surgeons to have the Medical Act so amended as to legalize the establishment of a provincial library.

It is felt that such library could not be maintained without the active co-operation of the medical profession of Winnipeg. The Legislation Committee therefore wish to learn, before incurring the expense of obtaining an amendment to the Act, that support financial and otherwise the Winnipeg Medical Society are prepared to give to the project.

DYSPEPSIA AND HEART RHYTHM.

Dr. A. Ernest Sansom, in the Lancet of October, 1897, thus concludes the report of seven cases of neuropathic dyspepsia with disturbance of the heart rhythm: 1. Essential rapid heart (tachycardia) is not accompanied by dyspepsia. 2. Paroxysmal tachycardia and the forms of tachycardia accompanied by signs, even slight, of Basedow's disease are very frequently associated with crises of dyspepsia. 3. Extreme irregularity of the heart (arhythmia) often occurs.

SELECTED ARTICLES

UNUSUAL FATAL COMPLICATIONS IN A CASE OF ACUTE RHEUMATISM

By J. S. Moore, M.D., Grant's Pass, Ore.

To Dr. W. H. Flanagan, in whose practice the case occurred, I am indebted for a history of the case until seen by me in consultation.

G. J., sober, industrious farmer, aged 30, married. Family history good; with exception of two attacks of rheumatism, had never been sick before. Four years ago had an attack of acute rheumatism, involving the large articulations, lasting two months. Two years ago had another attack of rheumatism, neither so severe nor protracted as the first. The patient supposed he mades a perfect recovery from both attacks. He had not suffered from dyspnea, fainting, palpitation or other symptoms indicative of cardiac lesion, and was considered perfectly well up to the date of this attack.

On the evening of Oct. 20, patient was seized with pain in the feet and ankles, followed a few hours later by pain in the knees, then the wrists, and at the end of twenty-four hours all the larger joints were involved. Dr. Flanagan saw the case early and readily diagnosed it as a case of acute rheumatism.

Oct. 21, temperature was elevated two or three degrees, tongue dry, pulse accelerated; all the larger joints inflamed, much swollen and exquisitely sensitive.

Oct. 22, temperature still high, joints greatly swollen. In the afternoon patient was seized with a dull aching sensation deep-seated in the lower lumbar or upper sacral region. Patient complained of a feeling of numbness in the lower extremities. This pain in the back was so intense that reasonable doses of morphine failed to relieve. About this time attention was drawn to the frequent urination and to the immense quantity of colorless urine the patient was passing, being obliged to relieve the bladder as often as every half hour to an hour.