about the middle of the sternum. A physical examination revealed a mitral systolic murmur, soft and blowing in quality, and not conveyed into the carotids; and to the left of the nipple a pericardial friction sound was heard. Salicylic acid was given every three hours in twenty-drain doses. Opium was administered in such doses as were necessary to relieve the pain and give the patient rest.

This case is interesting from the fact that there has been only one attack prior to this, and that we have no history of cardiac complication occurring at the time of his previous sickness. It is also interesting from the fact that he is going through his present cardiac complication with but little inconvenience, and with the effusion of so slight a quantity of fluid in the pericardium. In some cases the only evidence of pericarditis we have is the friction sound, but it does not necessarily imply effusion of fluid. The dulness on percussion in the præcordial region is most marked in the fifth intercostal space, to the right of the sternum. Now, to distinguish between pericardial dulness over an effusion of liquid, and enlargement of the heart, is an important point. It is done by physical signs. In enlargement of the heart the enlarged area of dulness is chiefly to the left of the sternum; it extends to the right of the sternum, but little beyond the normal situation of the right border of the heart. At the lowest point of this area, on the left side, the apex beat is felt, or the first sound has its maximum at that point. On the other hand, the enlarged area of dulness from pericardial effusion extends more or less to the right of the sternum; the apex-beat, if felt, is above the lowest point of the area; the heart-sounds are distant, and the first sound is feeble, short, and valvular.

SALICYLIC ACID AS AN ANTI-RHEUMATIC REMEDY.

But to return to our clinical history: there is an important point in practical medicine to which I wish to direct your attention, and it consists in the use of salicylic acid as an anti-rheumatic remedy.

It seems to me that it should not supersede the alkaline treatment which has been employed to diminish the liability to cardiac complication. It has not as yet been proved that salicylic acid has any effect in the way of preventing cardiac complications except by way of shortening the duration of the rheumatic fever. I have had occasion to observe several cases of pericarditis occurring in the course of cases of articular rheumatism under treatment by the use of salicylic acid exclusively.

Because a remedy has been found that apparently causes the disease to abort occasionally, or, if not that, shortens its duration, we are not to relinquish the accepted alkaline treatment, but should carry it to its full extent as we have been accustomed to do heretofore. The alkaline treatment does not exert a marked effect upon the duration of the disease; but the weight of evidence showing that it diminishes the liability to pericarditis and endocarditis is overwhelming. Fortunately, the two plans of treatment do not conflict with each other.

ACUTE ARTICULAR RHEUMATISM — REPEATED ATTACKS—TREATMENT BY SALICYLIC ACID AND BICARBONATE OF SODA—NO CARDIAC COMPLICATIONS.

CASE III.—This case has certain points of interest clinically, and also illustrates the two plans of treatment referred to for acute articular rheumatism.

John M——, æt. 28 years, single, was admitted to the hospital on the 25th. His habits have been good. He does not remember any severe illness except rheumatism, from which he suffered severely five years ago. The attack began in the feet, and soon extended to all the large joints. He was then confined to his bed most of the time for four months. This was a duration which, at present, we are unable to explain. Recovery, however, finally took place, and he enjoyed a good degree of health up to five weeks ago, when he was again attacked by rheumatism. He entered the hospital, and was discharged at the end of three weeks. He was out of the hospital three days, when he returned suffering from the present attack of rheumatism. When admitted, his temperature was 104° F; his urine was scanty, acid, sp. gr. 1034, but no albumen. The apex of the heart was beating in the sixth intercostal space, a little to the left of the mammary line, and there was a very slight mitral systolic regurgitant murmur. This murmur was recognized when he was admitted to the hospital five weeks ago, and is probably due to the rheumatic attack from which he suffered five years ago. But since his last admission to the hospital, notwithstanding the severity of the attack, it has not increased in intensity, nor is there any evidence of cardiac complication. In the early part of the renewed attack he was placed upon the use of salicylic acid in doses of twenty grains three times a day, and one ounce of the saturated solution of bicarbonate of soda. He so far recovered—now, at the end of six days—as to be able to come up to the amphitheatre. He is receiving a nutritious diet and moderate doses of quinine, and doubtless what cardiac affection exists will prove innocuous if accessory conditions are properly controlled.

CIRRHOSIS OF THE LIVER, WITH HYDROPERITONEUM—ALL MEDICINES STOPPED—DIETETIC CHANGE.

CASE IV.—Owing to the fact that my hour has nearly expired, I will merely present this patient with a special reference to one point in