

have lessened. The temperature has fallen to normal, and the gallop rhythm has almost disappeared. Salicylates have been given, gr. xv, every few hours.

December 8, 1908.—Patient still complains of pain and tenderness in both knees, but the redness and swelling have disappeared. She has a short hacking cough but no sputum. The cardiac dullness has not increased.

Temperature 98-102. Respiration 24-28. Pulse 98-120.

December 11, 1908.—The cardiac dullness extends 4 cm. to the right and 15.5 cm. to the left of the mid-sternal line. The sounds are as before. There is no dullness below the angle of the scapula on the left side; mucous rales are heard all over the chest, and over the area of dullness there are blowing breathing and fine crepitations.

Temperature 97-99. Respiration 26-28. Pulse 108-120.

January 8, 1909.—She has had occasional pain in both elbows and in the left shoulder. There is no dyspnoea. A capillary pulse is now seen in the fingers and lips, and a gallop rhythm is fairly well marked.

Temperature 97-99. Respiration 20-30. Pulse 98-112.

January 15, 1909.—Patient complains of palpitation. This morning she became suddenly blanched and the pulse ran up to 200, the attack passing off in 20 minutes.

February 15, 1909.—During the past month she has had two or three attacks of epistaxis, followed by palpitation and fear of impending death. Latterly the pulse has become feeble and somewhat irregular.

Temperature 97-98. Respiration 30-40. Pulse 100-160.

March 10, 1909.—For the past 10 days the patient has had several syncope attacks. The pulse has been irregular and the heart sounds weak. The face has been pale, and the lips, fingers and nails cyanosed. There has been marked nausea and vomiting with anorexia.

Patient died after the above note was made. Autopsy performed 1½ hours after death by Dr. MacLachlan.

*Anatomical Diagnosis.*—Acute and chronic endocarditis; chronic pleuritis; pulmonary congestion; passive congestion of liver and spleen.

*Peritoneal Cavity.*—There are about 150 cc. of clear straw-coloured fluid, otherwise there is nothing abnormal.

*Pleural Cavity.*—There are about 80 cc. of slightly turbid fluid in the left side, and each lung is slightly adherent to the diaphragm by a fibrous exudate. The lungs are crepitant throughout, and although there is some congestion of the dependent parts, there is no evidence of pneumonia.

The *Pericardial Cavity* is normal.

*Heart.*—Weight 375 grms. Both auricles are markedly distended with