it (the cardiac) to occur after the renal. In those cases the heart is first hypertrophied, and, sooner or later, becomes secondarily dilated. You may not have endocarditic valvular lesions, although you hear murmurs; as, for instance, in the enlargement of the mitral orifice in cardiac dilatation from arterial sclerosis. You may even hear a murmur during life, and at the autopsy no valvular lesion is discoverable. This was first satisfactorily explained by Mahomet, who advanced the theory that the heart after death underwent contraction, and thus the abnormal size of the valvular orifice was reduced to normal, and, on applying the water test, no insufficiency could be discovered. This view is now accepted by most observers.

Chronic endocarditis from Bright's disease is rare, and is the exception to the rule. If I hear a murmur in one with Bright's disease, I am always led to the opinion that the valvular lesion is merely accidental. That you do have Bright's disease secondary to cardiac, cannot be denied, but more often the Bright's disease occurs independently of the cardiac trouble. My own view of the relationship of cardiac and Bright's disease is this: Bright's disease following cardiac is the exception; cardiac is very liable to follow Bright's disease, and especially arterio-capillary, fibrous and arterial disease. The cardiac lesions which follow these affections are those which have to do with the heart-wall, not the valves and endocardium, as hypertrophy, dilatation and the different forms of degenerations. On auscultating this man's heart, we find four murmurs, two over the aortic orifice and two over the mitral, the apex is carried well over to the left, the area of cardiac dullness is increased, but he has still considerable force in his cardiac walls, or else he is taking digitalis; the doctor informs me he is under digitalis. When he entered the hospital the heart-sounds were very feeble, he had severe dyspnœa and cyanosis, but under digitalis he has been greatly relieved. I can hardly believe that such an extensive Bright's disease preceded his cardiac. When he was in the hospital before, he had cardiac and rheumatism, but no Bright's disease, so that here you have evidence of an extensive cardiac preceding nephritis. The lungs show harsh respiration, some mucous râles and other evidence of cardiac pneumonia. The liver is very tender and somewhat enlarged, due to passive hyperæmia and some perihepatitis. As regards treatment, very little can be done for this patient; he has reached the last stage of heart disease, his cardiac wall is both dilated and the seat of degeneration, and added to this he has an extensive nephritis. I am in the habit of placing such patients on the Fothergill pill, which is composed of one grain each of calomel, squills and digitalis. In this combination the calomel unloads the portal circulation and thus lessens the work of the right heart, and also acts as an admirable diuretic when combined with the squills and digitalis. The squills acts as a diuretic, while the digitalis both sustains the heart and increases the secretion of the kidneys.

CASE OF FIBROID TUMOR OF UTERUS, TREATED BY GALVANISM.

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As the opponents of Apostoli's method are continually making the statement that his disciples do not publish cases, but only say in a general way that the electrical treatment of fibroids is beneficial, I beg to submit the following very brief report of a case:

Mrs. S., aged 39 years, widow since eight years, an artist by profession, came to me on 1st January, 1889, with the following history: Began to menstruate at 13 years of age; married at 26½ years, first child nine months later, premature at five months. Eleven months later had another miscarriage at five months; fifteen months later she had another miscarriage; ten months later a child at full term, which is still living, but which she only carried to term by staying in bed four months

After the first miscarriage she had a severe attack of inflammation which confined her to her bed for ten weeks; ever since then she has suffered from dysmenorrhœa. It was during this attack of inflammation ten years ago that the existence of a fibroid tumor was discovered by a Boston physician who confined her. The diagnosis was confirmed by Dr. Brown, of Montreal, a year later. Shortly after, she came under the care of the late Dr. Kennedy, who also diagnosed a fibroid tumor, situated in one side. She happened to be in Kingston when her last and living child was born, and she had a very severe labor, necessitating turning and instruments. Since then she has