

the following clinical notes, taken by Dr. James Bell, at that time the ward clerk :

J. W., æt. 39, an Englishman, was admitted into the Montreal General Hospital, Nov. 2nd, 1876. He is a large, powerfully-built man, with tremendous chest girth. He had been a soldier for 18 years, serving in the different British stations, and latterly had followed the occupation of a blacksmith. Has never had syphilis or rheumatic fever. Has always been a healthy man, though intemperate. In July last he suffered from shortness of breath and slight hæmoptysis, for which, in August, he entered the hospital, and was under treatment nearly two months for "some heart affection," being discharged very much improved. He then worked for three weeks as a day labourer, and suffered much from exposure to cold and wet. On October 20th he had a chill, which was followed by swelling of the legs and abdomen, with slight dyspnœa. He gave up work on the 24th, and was treated as an out-door patient for a few days before entering Hospital on November 2nd. When admitted, in addition to the above-mentioned symptoms he complained of great pain over the region of the heart. The legs were œdematous, and the conjunctivæ and face of a sub-icteroid hue. On physical examination, the cardiac dulness was found to extend as high as the upper border of the third rib, and to the right border of the sternum. A systolic murmur was heard at the left edge of the sternum in the third interspace. Apex beat could not be distinctly felt. The pulse at the wrist was barely perceptible. There was dulness over the lower lobe of the left lung. Rough snoring râles were heard over the front of the chest, and coarse bubbling râles behind. Liver dulness extended from the 5th interspace to the costal margin. The urine contained nearly 25 p. c. of albumen. The day after admission he expectorated nearly three pints of florid blood, and vomited very frequently. In spite of treatment (dry cupping, ergot, digitalis, etc.,) his condition became worse. On November 5th the pulse was quite imperceptible at the wrist, the cyanosis became extreme, and the patient died early on the morning of the 5th, with all the symptoms of chronic valvular disease.