pirations were never above normal, which is unusual when the lungs are so much involved.

Angina Pectoris, Acute Aortitis and Stenosis of Coronary Arteries.—DR. FINLEY exhibited the specimens for Dr. Ross. The subject was a large-framed, muscular man, aged 33, with slight œdema about the ankles. The heart was enlarged and flabby, weighing 445 grammes. The wall of the left ventricle was three-eighths of an inch thick, pale and somewhat soft, its cavity dilated, and measured 4½ inches in length, and the mitral orifice 4 inches. At the root of the aorta, extending above the valves for about 1 inch, the intima was much thickened and gelatinous-looking, and was sharply divided from the rest of the ascending aorta, which was healthy, by an irregular line. The orifice of the right coronary artery was greatly contracted, and the left was also considerably smaller than usual, whilst the vessels hemselves were normal beyond the contracted orifice. The descending aorta presented a few gelatinous raised plaques. With the exception of two infarcts in the spleen, the other organs were healthy. Microscopically the intima of the aorta was much thickened by an infiltration of small round cells, and there were also irregular patches of small round cells in the media. The striæ of the heart muscle were indistinct, and the fibres granular but not fatty. The liver showed slight pigmentation about the central vein. The small vessels of this organ and of the kidney were normal.

DR. Ross said that the patient had been sent into the hospital to try and find relief for the very severe pain that he was suffering, the character of the pain being that of angina. The attacks had commenced some weeks previously, and were becoming very frequent. The pain always commenced in the bend of the left elbow, ran up the arm and thence to the heart, where it became very intense. The first attempt to relieve the patient was with nitrite of amyl, and was at first perfectly satisfactory, and he took great quantities of the drug for the relief of the very frequent paroxysms. Potassium iodide was then given in increasing doses without any result whatever. On examination the heart appeared perfectly sound and free from valvular disease. The diagnosis had been angina pectoris, and it was naturally supposed that this was due to disease of the coronary arteries, and the autopsy confirmed this opinion. There was found a stenosis of the inlets only, the walls of the rest of the arteries being perfectly free from atheromatous changes. Dr. Ross went on to say that he had noticed that some cases of severe angina are decidedly relieved by potassium iodide, while in others it has no effect whatever. When the anginoid symptoms occur in a person with valvular disease of the heart the relief produced by the iodide is very marked, while persons free from a valvular lesion seem not susceptible to its action. Lately he had been asked to see an elderly lady who was suffering from severe angina, accompanied by a distinct aortic murmur. She had been taking arsenic for some time and tablets of nitro-glycerine. He had suggested that this was a case for iodide, and she has been completely relieved by its adminstration.

DR. MCCONNELL asked if in the last case mentioned by Dr. Ross there had been any general arterial sclerosis.

DR. Ross replied that she had hard radials, but there was no albuminuria and no definite appearance of a general arterial sclerosis.

Aneurism of the Descending Thoracic Aorta.—DR. HAMILTON exhibited an aneurism of the descending thoracic aorta which had burst into the œsophagus immediately behind the pericardium, about the level of the sixth vertebra. The stomach was found full of clotted blood. The vertebra were not eroded and no signs of a left-sided pleurisy found. The man had for several weeks been complaining of dyspeptic symptoms, loss of appetite and difficulty of swallowing. No history of localized pain could be obtained. On the day of his death he had taken a slight dinner, and returned to his office, where he was found shortly after on the floor, dead and covered with blood.

Mitral Stenosis.—DR. FINLEY exhibited a typical specimen of mitral stenosis, showing the funnel-shaped opening, with much hypertrophy and dilatation of left auricle.

DR. Ross said that the patient had been admitted to the hospital suffering from old spinal degenerative changes. When first seen in March last there were signs of a cardiac lesion, a loud presystolic murmur, accompanied by a thrill, and it was diagnosed as a distinct mitral stenosis unaccompanied by any other lesion. Dr. Ross did not see the patient again until the end of April, when there was no murmur whatever to be heard, though repeatedly examined, and he (Dr. Ross) was under the impression that the former diagnosis had been incorrect, but the specimen shows that it was right. The case emphasizes the fact that the cardiac murmur disappeared altogether under the increasing weakening contractile force of the heart, and was not audible for many weeks before the man's death, and during that time no lesion could be recognized, except, perhaps, on careful percussion a slight enlargement might have been made out.

DR. MCCONNELL thought that in such a marked condition of mitral stenosis one would expect to find the pulse at the wrist almost imperceptible, and that this fact would help the diagnosis.

DR. Ross did not think that any stress could be laid on the weakness of the pulse alone.

Chlorosis in a Male.—DR. JOHNSTON gave some notes on the examination of the blood of