

them was not uncommon. Great suffering, however, they said ensued, the part swelling considerably."

The other variety, with the black body without the red spot, is of about the same size as the other, of a dark glossy brown or black color. This, as well as the preceding, is a very beautifully shaped insect, the abdomen is perfectly spherical, like a "number one" shot, very glossy. The legs are compact, not straggling. It is found amongst dead wood, in a garden, and, with a slight web, amongst the rafters of an out-building or loft. The natives have no distinguishing name for either variety, they are both called Katipo, to distinguish them from the Punga-were-were, or common Spider.

I have never heard of a case of bite from one of this kind, but the natives say that they are equally venomous with the spotted variety. I am convinced that the one with the red spot, indicates a different variety, and is not the result of age or sex, as among hundreds of the black kind I never saw a spotted one. \* \* \*

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### Selected Papers.

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#### The Prognosis in Chronic Diseases of the Heart.

BY AUSTIN FLINT, M.D.

Read at a meeting of the New York County Medical Society,  
March 7, 1870.

(Continued.)

The difference in the tolerance of chronic affections of the heart is to be considered with reference to prognosis. What is true of most chronic diseases, namely, that the same lesions are tolerated very differently in different cases, is especially exemplified by the structural affections of the heart. It is truly astonishing how well borne, in some cases, are cardiac lesions of unusual magnitude. A case which recently came under my observation afforded a striking illustration of this fact. The patient, a man of middle age, was suffering greatly from dyspnoea in paroxysms, together with loss of appetite and general prostration, and the case ended fatally within a few weeks after the occurrence of the symptoms just named. I saw the patient a few days before his death, and the heart enormously enlarged. The apex-beat was in the eighth intercostal space several inches without the linea mammalis; and dulness on percussion over

the præcordia was porportionately increased both in area and degree. Here was truly a *cor bovinum*. There were present murmurs, indicating both aortic and mitral lesions. There occurred an attack of acute articular rheumatism fifteen years ago. Now, prior to a few weeks before death, this patient had seemed to be in excellent health, and he declared that he was so. He was a man of very active habits, engaged in a business (that of wool merchant in the country) which required much travelling. He had, on one occasion, an attack of hemiplegia, of very brief duration, which was probably attributable to embolism. With this exception, he had not for many years been a patient, considering himself a healthy man. He was a man of temperate habits, but a good liver as regards diet, eating very heartily, and digesting his abundant meals without difficulty; yet, it is certain that for several years there must have been very great enlargement of the heart, resulting from the valvular lesions. For some time before the occurrence of grave symptoms referrible to the heart, he had had an unusual amount of mental and physical work, accompanied with much excitement; nervous asthenia and impaired appetite ensued, and, under these circumstances, he began to suffer from dyspnoea. He was compelled to keep the bed; he became despondent; the existence of disease of the heart was forced upon his attention, and he failed rapidly. The history of this case represents what I have repeatedly been led to observe in other cases, to wit, the tolerance of disease of the heart, while it was advancing, more or less slowly, until it had attained to a great amount, the person affected, in the mean time, not considering himself an invalid, taking no remedies, living freely, and engaged in pursuits involving activity of mind, or of body, or of both. The case also represents a fact which I have repeatedly observed, namely, that from the time when persons with disease of the heart become patients, that is when they become impressed with a knowledge of the existence of the disease, and are obliged to give up their usual pursuits and habits, they are apt to fail rapidly. It is a *facilis descensus* from that time. The latter fact, as well as the remarkable tolerance of the disease under the circumstance stated, teaches an instructive practical lesson.

In speaking now of the tolerance of cardiac lesions, I do not, of course, have any reference to those which have already been referred to as innocuous. I refer to lesions which are more or less serious, that is, involving either obstruction to the free passage of blood through the orifices of the heart, or regurgitation, or both these immediate effects combined, together with enlargement by