

tion in precordial region, diverging from the apex towards median line of body. The P. M. I. is in 5th intercostal space, 14 cm. from mid-sternal line.

*Pulse.*—The radial is somewhat sclerosed and tortuous. Frequency, 34. Rhythm is usually regular. Vessel is well filled, but pressure (115 mm, Mercury) is not above normal. Pulse wave is very slow.

*Percussion.*—Cardiac dullness is much enlarged. At the level of nipple the relative dullness extends 14 cm. to left and 5 cm. to right of mid-sternal line.

*Auscultation.*—Systolic murmur is heard over the whole precordia, also in axilla and root of neck. Slight blowing diastolic murmur is heard in left second intercostal space, near the sternum. The first sound is only heard distinctly in apical region. Pulmonary second sound is accentuated.

Radioscopic examination shows enlargement of the heart and dilatation of the aorta. The right auricle appears enlarged. The beats of the auricle are more frequent than those of the left ventricle. I am indebted to Dr. Samuel Cummings for verifying the results of my radioscopic examination.

The clinical examination of this patient, then, shows the presence of: (1) a psychosis, characterized by a delusion of infection of the skin by insects, to which I have given the name entomophobia; (2) bradycardia, and repeated attacks of syncope, which together might well be looked upon as manifestations of heart-block, or described as a disease picture known as Stokes-Adams' syndrome.

If I be permitted I shall make a few remarks on these affections.

By entomophobia I mean a psychosis characterized by fixed delusion, or by obsessions of infection by insects, itch mites, etc.

Entomophobia with fixed delusions is somewhat uncommon. The patients complain of itching, probably an hallucination of ordinary sensation. Illusions are always present. The patients will collect scales, crumbs of bread, particles of dirt, etc., and exhibit them as the cause of their trouble. They are very much in earnest in trying to rid themselves of the imaginary infection. They are continually washing their clothes and thinking of means by which the insects could be exterminated. In many of the cases there are signs of hereditary defect.

The disease pursues a very chronic course, and according to my experience it is seldom cured.