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CLINIC—BY A. L. LOOMIS, M.D.,

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This patient has been sick, off and on, since last Thanksgiving Day; up to that time he was perfectly well. For the last seven years he has been a heavy drinker. He is now 29 years of age, and up to 20 was comparatively temperate. He has been employed in a grocery store, and there had ample opportunities to partake of all the various liquors, which, he states, were of rather a poor quality. On Thanksgiving Day he got his feet wet, and had repeated chills. He rapidly became worse, so that he was compelled to take to his bed, and entered the hospital. After remaining there for a short while, he improved so that he was able to walk around, and leave the hospital. He immediately started his old alcoholic habits, and on the 23rd of January he again entered the hospital for œdema of the feet. He remained until March, when he was discharged improved.

In April, he again entered the hospital. Since Thanksgiving Day he has had gastric pains, and pains in the cardiac region; his feet have been swollen; he has spit blood, and now expectorates bright red blood; he has also had hæmoptysis; never has vomited blood, or voided any by the bowels or urine. Has also had pains in the chest, some cough and shortness of breath; when he attempts to read his eyes grow dim and the paper seems to go round; has never had headache, but has noticed some swelling under his eyelids; has never noticed any difference in the amount or character of his urine, but states that he has had some difficulty in passing it at times; there is no evidence of stricture or venereal disease. However, on examining his urine, a very different state of affairs is found, sp gr. 1025; acid, high in color; albumen, 60 per cent. The microscope shows hyaline, epithelial and blood casts, some red and white blood corpuscles—evidence of an acute parenchymatous nephritis. As you look at his face he is extremely anæmic; there is some œdema under the eyes; hands are white, pulse 84 and slightly irregular in force and rhythm. On looking at his legs you see purpuric spots, due to extravasations of blood under the skin. These spots are the result of blood and vascular changes.

This patient has an aortic regurgitant murmur, but you do not get the piston, or water-hammer pulse. In order to obtain this pulse two conditions are necessary: first, that you have an aortic regurgitant lesion; and, secondly, that you have a good sound heart-wall. In this case the second condition is wanting, as the heart is dilated, and its walls the seat of degeneration. You notice a pulsation in the arteries of the neck; you feel a thrill over the aortic valves, the aortic fremissement. The apex beat is diffused and displaced downwards, and to the left in the axilla; the point of maximum intensity is a little to the left of the nipple; there is a thrilling sensation felt with it, but it is not a purring thrill. The same thrill is felt over the arteries in anæmic subjects with valvular lesions. This man has cardiac valvular lesions, and the question comes up, whether the valvular lesion preceded the renal lesion, or is secondary to it. Much has been written, during the last few years, concerning the relationship of cardiac and renal diseases, and no subject has been so thoroughly discussed. That cardiac and renal diseases are often associated, and that, when there is renal disease, cardiac is very liable to go with it, cannot be denied. In chronic Bright's disease, valvular lesion is common, but you may have cardiac without renal.

A distinguished observer made the statement as late as one year ago that renal after cardiac disease is rare. This does not include passive hyperæmia of the kidney from cardiac disease. This is very common. You have a little albumen in the urine, but no casts, with the exception of a few hyaline ones. In this case the man has an intense valvular lesion. If at stages we found renal disease, it would be an interesting question which occurred first. He has not enough hypertrophy for