

of this attack. Palpitation and suffocative breathing was sure to follow active exercise or violent excitement.

Persons who have been affected with inflammation of the structure of the heart, which has left it in a permanently damaged condition, are constantly liable to new accessions of inflammation, not only with recurrence of rheumatism, but from exposure to cold, intemperate indulgences, or some unusual bodily effort. Violent fits of passion are almost sure to excite a recurrence of the disease. In such instances, the diagnosis is less easy and certain than in primary cases. The physical signs, which are our chief reliance in previous cases, now fail to afford much precise information.

In the *first* inflammation of the pericardium, (serous membrane surrounding the heart,) there is the *exocardial murmur* made by the moving of the roughened surfaces upon each other. But in after inflammation of the pericardium there is no exocardial murmur if the surfaces adhere completely. If they adhere partially, and there be a murmur, it will not have the proper attrition in it, and so will want the exocardial character. In the first inflammation of the endocardium, there is the endocardial murmur made by the recent lymph deposited upon a valve, and the murmur continues ever afterwards, when the valve so far falls short of perfect reparation as to remain thickened. There is the permanent murmur of the old unsoundness, and the recent murmur of the new disease; but how much is due to the old, and how much is due to the new, is too complicated for even a nice ear to discriminate.

Great discrimination is requisite to determine the pathological condition of the various parts of the organ affected. The signs denoting the presence of renewed inflammation are not always unequivocal in cases of lesser intensity, and sometimes in more severe, and even fatal cases. For its recognition we are to take into consideration its frequent coincidence, and accompaniments. Experience declares, that, when the heart has, by a prior inflammation, been left permanently impaired, attacks of rheumatism, pleuritis, or even fever, are apt to renew it afresh. In every fresh attack, the palpitation is greatly augmented, and a general uneasiness and pain in the cardiac region indicates an inflamed condition.

The person above alluded to experienced most of the above symptoms. After frequent attacks, the case became alarming, and I admonished him of his approaching fate. Sudden or violent impressions upon the nervous system, or quick physical exercise, would bring on cough, great dyspnoea