more frequently met with. So commonly, indeed, is the delirium of rheumatism dependent on heart affection that Dr. Watson warns you that whenever, in acute rheumatism, you find your patient flighty or wandering, or more distinctly delirious, or affected with any form or degree of convulsion, examine carefully the condition of the heart. Of the third class, viz: rheumatic delirium unaccompanied by internal local inflammation, a few cases are mentioned by Dr. Todd; and Dr. Fuller states he has seen eight, one of which proved fatal on the third day. Another fatal case is recorded by Dr. Fuller as having occurred in the practice of a friend of his. In all these the heart and chest were repeatedly and carefully examined, without affording any evidence of inflammation. As to the cause of the delirium in these cases—apart from those rare instances of true meningitis which have been met with in which the occurrence of delirium is sufficiently explained by the pathological changes in the structure of the brain or its membranes—there are two explanations. Thus some consider that it is entirely due to inflammation of the pericardium and pleura, the brain becoming afterwards affected in consequence of irritation conveyed to it by the phrenic and pneumogastric nerves. Others reject the idea of sympathetic irritation as inadequate, and attribute the nervous symptoms to disturbance of the cerebral action occasioned by embarrassment of the cardiac circulation. This is Dr. Watson's opinion. After remarking the frequency with which a small quantity of serous effusion is found beneath the arachnoid in connection with carditis and pericarditis, in cases of rheumatic delirium, he says: "Now, that acute inflammation, fixing itself upon some portion of the heart, should embarrass its action and modify the condition of the circulation through the cerebral bloodvessels, is not only conceivable but highly probable. Any retardation of the venous circulation in the head, any engorgement or congestion of that system of vessels would be likely, if we may reason from the analogy of other parts to produce effusion." It is possible that in the patient whose case I have been describing the disorder of the sensorial functions depended on simple disturbance of the cerebral circulation; it is possible that the same disorder depended on the serous effusion; and it is possible, and I think probable (says Dr. Watson,) that it depended in part upon both these causes. In opposition to this opinion, Dr. Fuller points out that even in severe cases, when carditis terminates fatally, delirium convulsions and coma are rare and exceptional phenomena; while they sometimes appear in cases where the cardiac symptoms are of less than average severity, nay, that head symptoms sometimes come without any cardiac lesion at all. The same reasoning ap-