

opinions of the majority of authors are very diverse, and some even deny altogether that any diagnostic reliance should be placed in them.

Infectious diseases must from the very outset be excluded, for all their respective constant symptoms were absent. Abnormal conditions from pressure could not be the object of my search, since they manifestly did not exist: the percussion and auscultation of the heart and thorax proved this fact.

Other affections of the heart, as, myocarditis, endocarditis, hypertrophy, atrophy, valvular alterations, must certainly be excluded, alike because of the negative auscultatory result, and the deficiency of other symptoms pathognomonic of such affections. What, then, remained to me? Absolutely nothing, or at least nothing as yet known. In this embarrassment I fortunately recalled that which happened to a certain preacher, whose better arguments came to him only after entering the pulpit.

Above all, the sudden and persistently increasing collapse surprised me. I reasoned thus:—What, unless a disturbance of nutrition of the heart, or, better yet, a cutting off of its sanguinous irrigation, with the consequent abstraction of its nutrient material, could explain the phenomena of the case, and must not such an impeded afflux have its origin in the occlusion of, at the least, one of the coronary arteries? At a loss for supports of any other adequate explanation, I assumed, I might say intuitively, this hypothesis:—

After a little reflection I judged that only one coronary artery was obstructed; corroborative of this belief was the fact that the collapse advanced progressively and relatively slowly. If, on the contrary, both arteries had been occluded, the action of the heart must have more speedily relaxed and its action must sooner have ceased. A still stronger proof of the unilaterality of the affection was the cardiac spasm, regularly recurrent and tumultuous, and lasting each time 5 seconds. If it be considered that one-half of the heart required 8 seconds of rest, to enable it to become innervated afresh, and to give a new contraction, whilst the other half was functioning normally, we may readily conceive that the sound half, intimately connected with the affected one, could not execute

rhythmical movements. We are forced to regard the affected part as an actually inert mass which, during the efforts of the other, became shaken and agitated, as a mere structural appendix.

These reflections confirmed in my mind the idea that the thrombus was seated solely in one coronary artery; but whether it was situate on the right or the left side, I was unable to decide.

I exposed immediately my opinion to my colleague, who, with a face expressive of bewildered compassion, thus broke out:—"Such a diagnosis I never in my life have heard;" to which I replied, "Neither have I," (*"e neppur io."*) He was at first unable to achieve tranquillity, and he made the impression on me that he believed that I had sought to conceal my embarrassment by the utterance of a frivolous witticism. I had something to do to persuade him that what I had said was spoken with entire seriousness. I then enumerated to him the preceding particulars in development of my diagnosis, and I assured him I not merely believed in its probability, but I was convinced of its actuality. I then said to him that the case was equally interesting to both of us, and that for my own part I desired nothing more ardently than to be undeceived if I had been in error; and as the patient could not live more than a few hours longer, we might arrive at the coveted certainty in the necropsy. Let the best be done to obtain this permission from the family (This requirement becomes necessary when it is considered that in America, even in this day, the greatest difficulty is encountered in obtaining permission for an autopsy. How many times have I bought this privilege by giving up my fees! In some cases, indeed, I had to supplement this by cash from my own pocket. This would seem to be the panacea for all tender scruples, the most subtle, and even sometimes those of the Church!)

The patient survived 19 hours, and died on the morning of 5th May. Dr. Wichman received permission to examine the body, but within narrow limits. He might only extract the heart, and all the other organs must be untouched. For our object this sufficed, and we thought ourselves very lucky in having secured so much.

On 6th May, 29 hours after death, at 11 a.m.,