

during a period immediately anterior to the delivery of his Gulstonian Lectures in 1837.

Of 136 cases of acute rheumatism, under the care of Dr. Latham in St. Bartholomew's Hospital, between the years 1836 and 1840, the pericardium was affected in eighteen.

In forty-three cases of which accurate notes were preserved by Dr. W. Budd, there were five instances of the occurrence of pericarditis.

Of seventy-five cases of acute or sub-acute rheumatism treated by Dr. Taylor, in University College Hospital, six had acute pericarditis of considerable severity—two in a slight degree, and in two its existence was doubtful.

Thus the proportion in which the external serous investment of the heart has been remarked by various English observers to become implicated in acute rheumatism, varies from one in five to one in nine cases. The ratio in which affections of the heart of all kinds are met with is, of course, much greater. Thus Dr. Taylor found some disease of the heart to exist in one-half of his cases; Dr. W. Budd in four-sevenths; and Dr. C. J. B. Williams in three-fourths, of the cases of rheumatism examined by him. Much difficulty arises, however, in estimating the proportion of cases of endocarditis, from the circumstance that the diagnosis of the disease has been practically founded upon the presence or absence of a valvular murmur. The insufficiency of this criterion is shown by the fact, that of 1026 patients taken indiscriminately from those admitted for all diseases into University College Hospital, Dr. Taylor found a cardiac murmur to exist in 413, or 37 per cent.

Two of the cases referred to above arose from extension of inflammation from an adjoining texture. This is an important cause of pericarditis. Of twenty cases of old adhesions of the pericardium, analysed by Dr. Taylor in the paper referred to, pleurisy appeared to have been the cause of the disease in five, and possibly in seven instances.

Of eleven cases of pericarditis recorded by Morgagni, seven are examples of the complication of the disease with pleurisy or pneumonia, single or double.

In one case the only assignable cause of the disease was the existence of that

state of the system present in Bright's disease of the kidney; and in two others this cause was associated with rheumatism, slight in one case, acute and severe in the third. The merit of discovering the fact of the tendency of this form of renal disease to light up pericarditis, as well as other inflammations, belongs to Dr. Taylor, in whose admirable essay is contained a mass of information upon the subjects cursorily passed over in this paper. Of 31 cases of pericarditis which fell under his personal observation, nine were certainly complicated with Bright's disease of the kidney.

Two of the last group of cases, presenting several features of interest, will be detailed at length, and made the subject of special comment.

J. C., a young man, aged twenty-one years, came under treatment in the autumn of 1848. He was of middle stature, slight conformation, leucophlegmatic temperament, and a weaver by occupation. He had undergone the usual vicissitudes of his class, being sometimes in full of employment and faring well; at others, being out of work and barely able to procure the necessaries of life. His habits were of average moderation and regularity. His friends had noticed for several months that his health appeared to be failing; he became paler and thinner than he had formerly been, and his disposition underwent a change; an aversion to exertion of every kind took possession of him, and gradually increased, until he fell into a state of torpor. In this condition he would sit for hours without speaking; he replied to questions reluctantly and in monosyllables, and for some weeks he had shown much drowsiness, and slept heavily. About a fortnight before he came under my notice, he sustained a slight injury to his face, which gave rise to considerable inflammation, for the relief of which active purgatives were given. In a day or two afterwards he began to complain of a sensation of coldness, pain in the back, limbs, head, and his appetite failed.

When I saw him, he had the aspect of a person who had long suffered from bad health, being much emaciated. There was no œdema of any part of the body. His intelligence was rather slow than obtuse; his countenance was heavy,