

tion or exercise; systolic murmur of maximum intensity at cardiac base, traceable up aorta; venous murmur in neck; cardiac dulness normal.

Diagnosis.—Functional cardiac disease with spasmia. She was ordered mist. ferri comp. et decoct. aloes comp., three times a-day, which she took until 15th March, when she wished to return to her place, promising to continue the medicine for some time. The murmur was now audible only during excitement produced by walking rapidly up and down the ward. The palpitation and vertigo had ceased; there was much more color in the cheeks and lips, and the catamenial flow was more abundant, on the single occasion of its occurrence in hospital.

REMARKS.—The above case illustrates a group of symptoms which frequently accompany impoverished blood, and exhibits the efficacy of iron in their removal.

2. Subacute Rheumatism, with Mitral Disease.

Sarah J...., aged 19, servant, admitted 10th March, under care of Dr. Howard, for severe pains in ankles and knees. States that her health had been good until about last Christmas, when she began to suffer severely from pains in various joints, not accompanied by much fever, nor obliging her to take to bed, although incapacitating her for her household duties. An experienced physician, who saw her about this period, and examined her heart, stated that there was nothing abnormal about it. Some time after the accession of the rheumatic symptoms, a distressing palpitation of the heart supervened, and these have continued ever since in spite of treatment.

Face pale, and lips rather anæmic, digestive system tolerably healthy. Pulse quick, but of normal frequency; no heat of skin, nor swelling or tenderness of articulations.

Hand detects purring tremor over left ventricle, with an impulse slightly increased, but rather quick, than forcible. Cardiac dulness normal. There is a loud systolic murmur heard at left apex, which becomes faint at cardiac base, and inaudible over aortic arch, and in left vertebral groove.

Diagnosis.—Articular rheumatism, mitral regurgitation, and anæmia. Annexed treatment was prescribed, viz.:—Mist. ferri comp. cum decoct. aloes co., three times a-day, and colchicum, potash and hyoscyamus in the intervals. Tinct. iodine to the joints. On the 19th, the articular pains were much relieved, but they did not entirely disappear until about the 1st April and were occasionally trying enough. Since then she has been free of the rheumatism, her colour has deepened, and her strength and flesh improved, and the only inconvenience she complained of when leaving the Hospital on the 24th April, was a pain below and about the cardiac region, for which a belladonna plaster was prescribed. The physical signs of mitral disease had not altered.

† *REMARKS.*—It is important to note the supervention of endocardial disease in a case of chronic apyrexial rheumatism, which is, to say the least, not a frequent occurrence. The administration of iron at the same time as the colchicum proved a valuable modification of the ordinary modes of treating such cases.

3. Acute Articular Rheumatism.

Mary G—ætat 30—stout and of full habit—was attacked with acute