

a fainting fit, which he had had a considerable time after a former one, both which, especially the first one, having occurred after powerful bodily and mental exertion. At that time, a blowing systolic murmur was heard over the whole cardiac region, having its maximum rather above the base of the heart, and prolonged upwards along the aorta to the carotid. Pulse moderate in strength and frequency and without irregularity." He continued for at least four years without any impairment of the general health, which was excellent, and without any uneasiness in the region of the heart. He was careful to observe the directions given him to avoid all violent exertion, and to attend to his diet and digestive system. He afterwards visited England twice, where he consulted Dr. Williams and Walshe. He was able to attend to his business, walked and rode without uneasiness, and in every respect seemed healthy and comfortable. In Dec. 1853, he unfortunately took cold, and was affected for several days with mild bronchitis during which, however, his feet began to swell. Extreme dyspnoea suddenly came on which was followed and accompanied by great nausea and hematemesis to a trifling extent. The cardiac signs remained unaltered; no tumultuous action ensued; and decubitus was possible till within an hour or two of death.

#### POST MORTEM.

A small quantity of fluid in the peritoneum, and a few ounces in each pleural sac; pericardium contained about two ounces of serum. Heart hypertrophied on both sides, ventricles dilated to about one third more than their normal capacity. Septum nearly an inch thick. All the valves except the aortic were healthy. In looking into the aorta, the situation of the valves seemed occupied by a cauliflower-looking calcareous excrescence, which upon examination was found to be composed of two of the valves expanded into this morbid structure, and occupying nearly the whole calibre of the orifices; these two valves did not adhere though in close contact; the third valve, situated upon the mitral side of the artery was so contracted as to form but a fine fringe along its aortic border. On looking into the aorta from above, no opening could be detected, but examined from below, a curved narrow passage between the projecting calcareous mass and the remains of the third valve was discovered, which admitted the point of the finger pushed into it. It must have allowed regurgitation to some extent as water poured into the aorta readily ran through it. Below the attachment of the aorta, the whole circumference of the ventricle to the depth of an inch superficially, was thickly studded with smooth calcareous nodules, resembling split peas in size and shape. The aorta above its valves was quite healthy; the lungs were engorged, and oedematous. Three or four of the bronchial glands were greatly enlarged and completely calcified.