

duce many of the signs and symptoms observed in Churchill's case ; yet, on another page, he completely does away with this impression, by saying, "a largely dilated heart would be equally compatible with such signs and symptoms on the supposition that its walls were *weak*, or that they were gorged with blood from the obstruction to the pulmonary and general circulations."

Another circumstance, which I must take objection to, because of its tendency to perplex and mislead the student, is to be found in that portion of one of the above quotations which I have italicised, *viz* :—the placing of a recognized pathological condition of the heart among the causes of another condition. "Fatty degeneration of the heart" is treated of by all modern writers on heart disease in distinct terms, and is never associated, as a cause, with the pathological state treated of under the name of "softening."

There is one sign of polypus of the heart, of great diagnostic value, which Dr. Howard has entirely omitted to notice, and that is, *violent and continued vomiting, without any accompanying thirst, redness of tongue, pain in the epigastrium or pain on pressure*, occurring in connection with sudden dyspnœa, constant tossing of the arms, and throwing of the body from one side of the bed to the other—expression of extreme anguish, &c., &c.

The second part of the diagnosis was, "*enlarged heart, Dilatation of right ventricle, with slight tricuspid regurgitation, Left hydrothorax and pulmonary congestion.*"

The heart was enlarged. That the right ventricle was dilated, and that there was slight tricuspid regurgitation, however, admits of serious doubt. He makes the following record in his account of the autopsy :—"Heart *dilated* and hypertrophied," and singularly enough, follows it up, a few lines after, with the announcement, "*both ventricles closed by rigor mortis.*" Now, how to reconcile this plain contradiction otherwise than by supposing that, having fully made up his mind from the symptoms present during life, that dilatation existed, he felt himself bound, from his convictions, to assert its presence, notwithstanding the "closure" of the cavities. In his subsequent remarks on the case, he falls into the same error,—"*the cadaveric examination proved the heart to be generally dilated and hypertrophied ; the right cavities so enlarged as to allow of tricuspid regurgitation whenever distended by the blood, which would naturally accumulate therein during severe exercise, or the dyspnœa under which the patient labored,*"—which latter clause means neither more nor than the right cavities were of normal dimensions, for what novice in physiological anatomy does not know of the "safety-valve action" of the tricuspid valves ; an action which