

the body take their origin. There was a sudden cessation of nutrition in the affected area, equivalent to a traumatic irritation, and paralysis was the result. Recovery was slow, but at the end of nine months he found himself upon his feet again.

Possibly the attack of rheumatism in 1886 may not be alone to blame for the endocarditis and the embolism. He was 46 in 1886, and rheumatism does not often, in fact you may say it never affects persons at this age unless they have had previous attacks. Nor is it at all likely that the attack in question gave rise to the endocarditis. The tendency to endocarditis diminishes rapidly with age, especially after the thirtieth year, and more particularly in men, since women are more subject to the cardiac complications of rheumatism than are men. It is probable that the original endocarditis dates from one of his earlier attacks of acute rheumatism, and that in 1886 it took on fresh action, and this is rendered likely from the observed fact that embolism is specially apt to occur when valves previously the seat of disease undergo a fresh attack of acute endocarditis.

For the next three years he seems to have been in fairly good health, but notice that his occupation was no longer active, but was sedentary, and he became a teacher of languages. He never felt as strong since that attack of rheumatism. On the 22nd of December last, after partaking of an unusually good dinner, he suffered his first attack of palpitation and pain in the precordial region. The abdomen and the feet became swollen at night, and it was with great difficulty that he could attend to his daily duties. On the 14th February last, twelve days ago, he was obliged to take to bed. So far he has complained of the three symptoms of mitral regurgitation—(1) Pain. (2) Palpitation. (3) Dyspnoea on exertion.

*State on admission.*—It is evident at a glance that some serious disturbance of the circulation exists, for his general appearance and decubitus is that of a man who is suffering from dyspnoea. He sits up in bed, and in his conversation with me you observe his breathlessness. The face is pale, and there is a slight degree of oedema in the lids. The superficial arteries, the temporal and the carotid, do not pulsate visibly, but the veins