

My chief object in this paper, however, is to notice the existence of great heart disease, without prominent symptoms, or any feelings of distress.

CASE III.

Narrowing of Aortic Orifice—Pulmonary Apoplexy.

Sept. 7, 1842 —Mrs. B— has been confined a month. A week ago rigor came on; now feels very weak; constant nausea and vomiting; had coughed severely before delivery, but cough now slight; pulse very weak and irregular; some oppression and slight pain about præcordia. 8th and 9th—much the same. 10th—much relieved, but has expectorated blood several times. Severe pain came on in the afternoon to right of umbilicus, with pain of acromion. 11th—Relieved. 12th—Suffered all night from colic; no cough or expectoration. 13th—6 a.m., suddenly seized with feeling of faintness; pulse became insensible, and she died at 8, with intellect unimpaired.

AUTOPSIE.

Much fat below integuments; abdominal viscera healthy; mucous membrane of stomach injected in patches. CHEST—Right pleura healthy; left adherent; left lung healthy, except in three or four spots, which were firm, dark red, and abruptly defined; on cutting into them, found filled with solid blood. In right lung, whole lower part of lower lobe filled with same firm coagulum. Pericardium contained seven oz. of yellowish transparent fluid; interior shining and no lymph. Heart rather larger than natural, but soft; right ventricle contained fibrinous concretions; its parietes were thin; right auricle rather dilated.

Left ventricle—cavity not at all enlarged; thickness of walls not at all increased; orifice of aorta very much contracted, forming an oblong narrow opening $\frac{1}{4}$ of an inch long, by $\frac{1}{8}$ wide; valves thickened and rough; on their upper surface were three osseous tumors, about size of split pens. Aorta above valves dilated.

The subject of the above case I had known for some years, occasionally attending on the family. She was rather a large woman, rather stout, and apparently bustling about as most housewives. I should probably have been consulted had any difficulty of breathing or other distress occurred to her.

The following case I saw, both before and during his last illness, in consultation with Dr. Campbell, our Professor of surgery, who has kindly furnished me with his notes of the post mortem appearances:—

CASE IV.

Hypertrophy—calcareous growth on valves.

Mr. M— first consulted Dr. C. in consequence of the recurrence of