

orthopnoea and cyanosis, presenting the whole picture of failing heart power, whilst his blood pressure increased from 160 in May to 200 in June, and was 200 a few days before death. The radial was but slightly thickened; systolic murmur at apex; second aortic sound very loud, prolonged, and low pitched. Nitroglycerine, 1/100 grain three times daily, did not lower his blood pressure. Post mortem: heart enormous, 800 grammes; ventricles hypertrophied and dilated; no valvular disease; advanced atheroma, chiefly of aorta with constriction of aorta to 5 cc. at beginning of descending portion, right coronary artery obliterated at its origin; heart muscle showed no macroscopic evidence of degeneration.

Of the subnormal arterio-sclerotics, one, J. E., male, had radials thickened and tortuous; left ventricle slightly enlarged; blood pressure 90, distinctly subnormal; no oedema. One with radials extremely hard, thickened and tortuous, showed 90 mm., but was almost *in extremis* from cancer of bowel at time of observation. One male, aged 81, gave reading of 85 with extreme degree of arterio-sclerosis; pulse irregular, failing heart. One man of 65, with radials of extreme hardness like rigid tubes and practically normal pressure (130), had been at work as a gardener up to a day or two before admission.

In one of these non-albuminuric cases whom I saw in private practice, I noted the presence of high arterial tension in 1893. This summer, in her 73rd year, I found the pressure by the tonometer 180. It appears, then, supposing my digital estimate to have been correct, that moderately high tension in an elderly person without albuminuria is not necessarily of very bad prognosis. Cheyne-Stokes breathing was also noted in this patient nine years ago during an attack of epidemic influenza, and at intervals since then it has recurred whenever she has been ill.

*Valvular Disease of the Heart, 48 cases:*—Including mitral regurgitation, 11 cases, of which all had normal pressure but three, and only one was below 100 (90). In many of them compensation was most seriously impaired.

Mitral stenosis, 8 cases:—6 normal, some of them with compensation bad. One of 100 mm. able to walk about the ward, but with heart greatly enlarged, oedema, dyspnoea, cyanosis, and a history of two attacks of hemiplegia. One, a male aged 32, convalescent from acute articular rheumatism, had been able to work up to present attack. One with normal pressure had been unable for any considerable degree of exertion during preceding six months.

Mitral stenosis with mitral regurgitation, 14 cases:—Eleven had