

in the diagnosis of disease. It is, therefore, a matter of no slight importance that the information and direction he receives from his clinical instructor should be as free of error as possible. This, I must offer as my excuse for the few remarks I intend to make.

I commenced the perusal of Dr. Howard's lecture with a feeling of satisfaction, that, in this city, a young physician had taken up the subject of heart disease; a subject which, notwithstanding the light that modern investigation has thrown upon it, is still in many parts obscure. Much has yet to be worked out in cardiac pathology—much in the symptoms and treatment of cardiac disease. It offers, therefore, to the ardent and persevering who are so fortunate as to occupy positions in our Hospital Staffs, a mine which by hard working may yield a fair return for the labour expended on it. I finished the perusal with feelings of more than disappointment. I expected, from the title of the paper, that, at least, "the cadaveric examination would have confirmed the diagnosis very closely." Whether such was the case or not, and whether the different steps of the process by which Dr. Howard arrived at his diagnosis, were such as in every respect merited the confidence of his hearers, are questions which will be more properly answered by a careful examination of the whole case as recorded by himself. The first part of the diagnosis was "*no disease of the aortic valves; possibly disease of the mitral, obstructive rather than regurgitant; or, perhaps, softening or weakness of the heart.*" The only portion of this clause verified by the subsequent *post mortem*, was "no disease of the aortic valves." The mitral valves were found quite healthy, and, instead of softening of the muscular structure of the organ, the walls of the ventricles were found "*firm and red.*" I must confess to a complete ignorance of any pathological condition of the heart, termed "weakness of the heart." I have read somewhat of cardiac pathology, but in no author that I have had access to, have I found any notice taken of a morbid state to which such a denomination has been given. I imagined, at first, that the term "weakness" was used synonymously with "softening," but, on reading further, it became evident that the terms were used to signify separate and distinct conditions:—for example, he says, "yet softening and weakness of the heart *are* also tolerably frequent"; clearly drawing a line of demarcation between the two, and although the following would appear to embody his views of the difference between "softening" and "weakness," and of the condition obtaining in weakness of the heart,—"*softening of the heart, whether from fatty degeneration, inflammation, blood disease or other cause; weakness of heart from engorgement of its cavities and polypus, all pro-*