Mrs. —, aged 57 years, mother of a large family, had always enjoyed excellent health until her grand climacteric period, when she experienced her first attack of arthritis in the ball of the right great toe. Similar attacks have continued to recur every couple of months, chiefly in the same articulation of either foot, and once in an ankle and one knee, until a year since, when they ceased, leaving some moderate enlargement of the first metatarso-phalangeal articulation. It was about the cessation of the above attacks of arthritis, which, by the way, are relieved by colchicum, that she first experienced any shortness of breathing; it has continued to be felt ever since upon the slightest exertion, even when walking a few yards. Some days dyspnœa is not much felt, and her breathing is usually better in the morning than later. The *severest* attacks of dyspnœa are accompanied by a pain starting from under the lower angle of scapula forward to the sternum, and down the front of right arm to the elbow. The dyspnœa and the angina will rapidly subside if she sits down. She is stout, healthy-looking, and not particularly pale. No puffiness of lids or ankles; no pitting along the tibiæ. Examination of lungs reveals no disease. Cardiac impulse strong; apex beat in nipple line, and very distinctly felt; sounds loud and devoid of murmur. No soufflet up aorta or pulmonary artery, and no sign of intra-thoracic tumor. Pulse 84, of increased tension and fair volume—is often at times irregular. She gets up once every night to micturate. Urine of the afternoon contained albumen—say, one-tenth its volume—and some medium and large light granular casts.

In this case, the co-existence of the signs of hypertrophy of the left ventricle, with albuminuria and a history of chronic gout, point so decidedly to the probable existence of the "contracted gouty kidney," that I assume that to be the correct diagnosis, and believe that the dyspnœa may be more reasonably referred to impairment of the renal functions than to latent degeneration of the cardiac substance—either fatty or fibroid—either of which condition of the heart would account for the angina-like attacks.

Another variety of dyspnœa or disturbed respiration occasionally met with in Bright's disease is that known as the *Cheyne-*