of increased blood pressures this symptom may get worse.

Numbness is often associated with other forms of what Erb calls paræsthesia, as distinguished from dysæsthesia and hyperæsthesia. Among these are sense of local constriction, of burning, of elongation of the limb, a very rare symptom, but nearly all of these curious forms of morbid feelings are due to cerebral disease, and well repay a fuller study and a more detailed description.—Med. and Surg. Reporter.

EXTRAORDINARY CASE OF INTRA-CARDIAC CYST.

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In view of the vagueness of the prevalent idea concerning heart-clot and polypus of the heart-cavities, it is not surprising that the fibrination due to the churning of the blood in articulo-mortis, or the coagula post-mortem, should be mistaken for veritable polypi.

The following case, copied from notes taken at the time of attendance, and verified by autopsy, will perhaps prove of interest, especially as the remarks of Rokitansky, vol. iv. p., 167, quoted below, seem almost as though written for this particular instance:—

A. B., et. 35, a stout, robust, and healthy man, but somewhat given to excesses, while making his toilet on Monday morning, April 10, 1876, fell to the floor in a state of unconsciousness, with an involuntary evacuation of the bowels. Called immediately, I found the patient fully conscious, but fainting upon the least motion of head or even hands. . No pulse at the wrist, and the heart beat so rapid as to seem almost like a continuous thrill, but regular and of even force. Temperature 99°. lieving the attack to be one of acute palpitation from use of strong tobacco, from which he had once before suffered, anti-spasmodic and stimulant treatment was resorted to, with such apparent success, that on the next day he was able to sit up, and even to go out for a walk.

April 12. At 5 A. M. occurred a sudden relapse, faintness, no radial pulse, no carotid pulse, contracted pupil, indescribable agony, yet with no pain. Anodynes, anti-spasmodics, hot douches, and stimulants gave but slight relief; an emetic of mustard water gave a little ease, and placing the head lower than the body, to favour cerebal circulation, was also beneficial for a brief time. Tem. 99°.

13th. No improvement, no rest or sleep. I succeeded in counting the heart-beats, and after several attempts verified the count at 204. Respiration normal. Ice to the spine, Hoffmann's ether, strychnia, etc., producing no effect, and the rhythm of the heart being unaffected, ventured next day to give digitalis in small doses with musk, but was speedily admonished, by the increased suffering of the patient, to discontinue.

14th. No improvement, great jactitation, constant and indescribable agony, no pain, head still clear, bowels and kidneys free, no voluntary evacuation since the first day. A consultation was now held with Dr. Southard, and bromides resorted to in large doses, but with no effect. As no effect followed any medication, all allusion to subsequent treatment will be discontinued in the report. No sleep now for six consecutive days. Morning temperature, 101°; evening, 100°; heart-beat, 216; respiration, 14 per minute.

16th. Stertor; involuntary evacuations, and for the first time a subdued friction sound over the base of the heart. Morning temperature, 97°. Evening, 97°. No delirium, less tendency to syncope; raised up without increased suffering; no dyspnæa.

17th. Morning temperature, 96.5°. Evening, 97°. No other change.

18th. Temperature, A. M., 96°. A flutterpulse at wrist; quiet sleep; easy respiration, but sighing; pulse (by counting over the heart), 220; face flushed; feels better.

19th. Temperature, A.M., 95°; P. M., 97.5°. Supposed effusion; the heart beats seeming slightly muffled; faintings frequent, even with out exertion.

20th. Skin cold; heart-beat slower; patient drowsy; friction or churning sound at base temperature, A. M., 97°; P. M., 96·25°. A grain of opium every hour appeared to relieve the peculiar agony which he has suffered, but the skin has become cold and clammy; intellect still clear.