

These cases are generally regarded as ordinary cases of mitral (or sometimes aortic) disease, *but no valvular disease is usually present.*

In another case the heart may not dilate severely; its hypertrophy, with some amount of dilatation, causes more or less trouble; perhaps he comes under observation for some functional disorder caused by it—one of those exacerbations previously noticed; a little albumen may now be found in the urine, the hypertrophied heart and thickened vessels may be recognized, perhaps some hæmorrhages seen in his retina, and he is immediately claimed as a case of chronic Bright's disease. The kidney may have a catarrh and the albumen increase in quantity in the urine, and some dropsy may appear. In other cases the whole stress of the disease seems to fall on the kidney, and it presents the aspect of acute Bright's disease. This terminates the life of many, as the table in the previous paper clearly indicates.

Yet another class of individuals fail through the arteries. These, I am inclined to think, are more especially the gouty and syphilitic ones. Atheroma is their great enemy; it may attack their aorta or large vessels so badly that they get aneurism, and fall victims to this disease. More commonly it causes general aortitis deformans, and creeping from the vessel on to the valves, incapacitates them. The case then appears one of aortic regurgitation, and is regarded usually as such. The pulse will usually show the more skilfully hid enemy, whom it is necessary to attack, if the patient is to be relieved; it is a pulse of high pressure, and it is constantly full, although an aortic regurgitant murmur exists, which usually produces an empty or collapsing pulse. On the other hand, perhaps the aorta will more or less escape, while the smaller vessel, especially those of the brain, are the main object of attack. Here we shall have a few warnings—headache, vertigo, epistaxis, a passing paralysis, a more severe apoplectic seizure, and then the final blow. Take the warning which the pulse offers, reduce the arterial pressure, and the patient's life may be prolonged. Or the attack may be more insidious and more difficult to guard against; the atheromatous vessels may become plugged, or

by their rigidity may seriously impede blood-supply, and softening of the brain may result. Amidst the general diffusion of atheroma, the coronary arteries may suffer severely; then the stress falls doubly on the badly-nourished and over-taxed heart. Attacks of angina warn us of the impending danger, which it is difficult indeed to combat, though temporary relief may be obtained. At last on one occasion the arterial spasm or increased resistance is worse than usual, and the over-taxed heart dies paralysed by the distention which its degenerate muscle fails to overcome.

Uræmia, so called, includes another group of cases which are seen in this disease, and sometimes death is produced by it. This more frequently occurs during the acute disease or during an acute attack supervening on the chronic disease; occasionally such symptoms are the only signs of the sudden exacerbation of the malady. These symptoms may be divided into three great groups: those arising from the gastro-intestinal canal, those from the lung, and those from the brain. In the first group are those attacks of vomiting and diarrhœa so common in Bright's disease; they are, doubtless, due to the gastric or gastro-intestinal catarrh which are well known as complications of the disease; it merely means that in these particular cases the stress of the disease had fallen upon these organs. It is well known that the stomach undergoes similar changes to the kidney in Bright's disease, that acute catarrh is found in the stomach when it exists in the kidneys: moreover, as I have before remarked, the disease affects all the mucous membranes and the skin as well as the kidneys, and it may probably make either its main point of attack. The symptoms known as uræmic asthma are rather more difficult of explanation. The theory that they are due to spasm of the branches of the pulmonary artery, caused by the poisoned blood, I cannot very readily accept; others can be suggested which appear to me equally probable. Many cases may be of the nature of ordinary asthma, due to reflex contractions of the muscles of the bronchial tubes, excited by the bronchitis, which is more common, just as the vomiting is excited by the gastric catarrh;