

yet he feels that he is suffocating—the fact being that the respiratory effort has been an abortion in the circumstance—that aeration, its grand end, has failed, because the blood has not reached the lungs on account of the physical obstacle in its path.” . . . “The sensations of the patient, too, vary with the location of the clot. If the clot be located on the right side of the heart, he will describe a terrible sense of oppression at the heart itself.”

Hope, in his work on “Diseases of the Heart,” describes the symptoms of cardiac thrombosis as follows: “A sudden and excessive aggravation of the dyspnœa, without any other obvious adequate cause; the pulse is small, weak, irregular, intermittent, and unequal; the patient is in an agony from an intolerable sense of suffocation; he cannot lie for a moment, and he continues tossing about in the most restless and distressed condition until his sufferings are ended by death.”

It will be seen that in the case of the patient referred to to-night the symptoms closely correspond to those described by the authors quoted; and it is doubtful had the nature of his disease been accurately diagnosed could anything have been done to relieve him. Brandy and opium are highly recommended by some in the treatment of these cases, and all seem to be in favour of carbonate of ammonia, on account of its supposed action in preventing the deposition of fibrin from the blood in the shape of clots. The patient had whiskey and opium given freely, but no carbonate of ammonia.

Shortly after the occurrence of this case we had another death caused by the formation of a heart-clot. The patient was only a day under our observation, and had not received much attention. He seemed to be weak and anæmic, but no particular notice was taken of his case beyond this fact. On the morning of his death he went to breakfast, appeared to be very weak, and had to be assisted to his bed almost immediately. In bed he was restless, and would not, or rather could not, keep quiet, and in a few hours died. The symptoms were so similar to those which occurred in the other case that heart-clot was suspected, and the post-mortem examination verified the diagnosis.

The lungs were found tuberculous, but there were no traces of pneumonia. The clot was on the right side of the heart, and occupied the ventricle, extending for some distance into the pulmonary artery. The clot was quite adherent to the side of the heart, and required some little force to detach it. In size and shape, as well as organization, it was very similar to that removed from the first case mentioned. There is little doubt but that the formation of the clot was dependent upon the anæmic condition of the patient, in conjunction with tuberculosis. Writers upon the subject consider either of these conditions quite sufficient to account for cardiac thrombosis.

THE PATHOGENESIS OF CEREBRAL HÆMORRHAGE.

Eichler (*St. Petersburg Med. Wochenschr.*) gives the following conclusions:—

1. Primary idiopathic cerebral hæmorrhage owes its production to the rupture of miliary aneurisms of the smallest cerebral arteries.
2. The miliary aneurisms are *aneurismata spontanea vera totalia*.
3. They are due to a chronic endarteritis identical with arterio-sclerosis.
4. Miliary aneurisms, like arterial sclerosis, are pre-eminently senile diseased conditions.
5. The dissecting aneurisms are sharply separated from the miliary aneurisms. They are simple hæmatomata, and not a cause, but a consequence of hæmorrhage.
6. The capillary dilatations are likewise distinct from miliary aneurisms. They are to be compared with tetangiectases of other organs, and like them, are congenital.
7. The coats of the vessels are in three layers: the intima, the media, and an externa, separated from the muscularis by a simple space.—*Journal of Nervous and Mental Diseases*.

PALUDAL TORTICOLLIS.—M. Jules Simon records a case occurring in a child four years old, who suffered every day about the same time from spasmodic contractions of the sternomastoid, lasting four or five hours. It had previously suffered from several attacks of intermittent fever. It recovered under quinine treatment.