

then called for his medicine. She got up, lit a candle, despatched a messenger for me, and brought the bottle to him. He raised his head to take some of it, when he suddenly placed his hand over his heart, his head fell back, and without a struggle he died.

**AUTOPSY.**—A *post mortem* examination was made at four o'clock this afternoon, being about thirteen hours after death. The countenance was tranquil and the cadaveric rigidity extreme. The heart was considerably enlarged and fatty. On the surface were two milky patches, about an inch in diameter, and each of the cavities contained a small quantity of blood. The mitral and tricuspid valves were healthy. On the free surface of the aortic valves, ossific matter was deposited, as well as upon the whole surface of the arch, rendering the parts rough and gritty to the finger. At the aorta between two of the valves, was a triangular spot, about three eighths of an inch in diameter, which projected to the extent of one tenth of an inch into the calibre of the artery, and no doubt contributed to cause the murmur which had been diagnosed before death. No other lesion of the heart was discovered, and all the other organs were healthy, with the exception of the liver, which, as might have been anticipated, by the man's habits, was considerably enlarged."

This, gentlemen, terminates the history of a case, which to me was full of interest. Doubtless it is not as fully reported as one more experienced would have done, still I hope that in some points at least it is instructive. As a general rule "Angina Pectoris" does not terminate fatally so rapidly, as in the case just detailed, for Stokes records a case where the patient suffered for ten years from aggravated symptoms of this disease. Indeed, so far as time and the means at my command allowed, I have been able to find but one recorded case which proved fatal in a shorter period, which is given by Latham, and was that of Dr. Arnold, the head master of the School at Rugby. Others may have occurred—may be reported—but they can be but few, for Dr. Begbie of this city, Professor of Practice of Medicine in the College of Surgeons, whose means of enquiring are of course great, a few weeks ago while lecturing on "Angina Pectoris," was pleased to quote my case, as an example of an extremely rapid termination of the disease. Previous to my being called to attend this man, he had enjoyed remarkably good health, for a period of twenty years not having a bodily ache of any kind. The quick succession of attacks which he suffered from was another peculiarity in the case, while no exciting cause could possibly be ascertained. In almost all the cases which I have read, weeks and months as a rule intervened between the paroxysms; while my patient had three and four in one day, the fatal termination ensuing upon the twelfth day from the first attack. It is deeply to be regretted that concerning a disease so interesting as the one under consideration, that of late years but little has been done towards its investigation. In such works as Walshe, Stokes, and Latham, we find that a few pages contain all these justly celebrated authors have to say on the subject. It is, I say, to be regretted; for of late years the microscope has thrown such a vast amount of light upon hitherto obscure affections, that I cannot resist the temptation of believing that if those who from their extensive field of observation. are likely to have cases of "Angina Pectoris," come under their