

Dec. 6. I again entertained hopes of his recovery, when suddenly he was seized with fainting fits, and no sooner did he rally from one fit of syncope than he fell into another,—these fits continued, at intervals, through day and night for two days. I ordered the port wine to be omitted, and brandy with yolk of egg to be given occasionally, and strong beef tea frequently.

These dangerous symptoms did not recur for 4 or 5 days, during which period he had gained strength, but the circulation remained feeble and unequal. There was a persistent irregularity and intermission of circulation in the left radial artery, and I may add an almost persistent peculiarity, for I repeatedly counted fifteen beats in the first fifteen seconds, two or three in the second fifteen seconds, fifteen in the third fifteen seconds, and again, only two or three in the fourth fifteen seconds, and so on.

Dec. 12. By my request the family sent for further medical aid, as his life was again in jeopardy from attacks of syncope. I had the pleasure of meeting Dr. Crawford, of this town, in consultation.

Dr. Crawford having examined the chest in conjunction with Dr. Howard, kindly furnished me with the following notes:—

“The patient appeared very weak and scarcely able to move in bed, without assistance, the surface, especially of the feet and hands, was bathed with perspiration. There was aphonia, which was present for some time. The pulse in the left wrist, and indeed throughout the arterial system, was thready, fluttering, and scarcely perceptible, it was also irregular and intermittent. Many of the ventricular contractions failing to produce a perceptible movement in the artery,—it was rather stronger in the brachial, but possessed the same character—that of the right wrist somewhat more perceptible.

“The jugular veins were much distended, especially the right; no pulsation or refluxation however, no prominence of the præcordia, the superficial cardiac dullness, measured transversely, about 3 inches, extending slightly beyond the right end of the sternum, and vertically about 3½ inches, its position otherwise pretty normal; impulse scarcely perceptible; both sounds, though very weakly evolved, are distinctly audible, and unaccompanied by any bruit; they are equally loud at mid sternum and left apex. No bruit in abdominal aorta.

“Resonance of thorax on percussion good, but less so over the left than the right side; no decided dullness, however, present in that side, although the inspiration is feeble and more prolonged, and the expansive movement more limited over it than over its fellow.

“From the above facts, we are unable to give a positive opinion of the exact nature of the case; the extreme weakness of the heart involves