

present the *interrupted* character of spasmodic asthma. Both forms may co-exist, as in the following case, and what is more important, clinically, the paroxysmal, like the continuous dyspnœa, may be the early distressing symptom of an unsuspected renal affection.

W. K., aged 49, was sent to me by my able friend Dr. Gun of Durham, Co. Grey, on the 7th July, 1870, on account of *paroxysms of asthma*, which resisted treatment and *alternated with a continuous dyspnœa*. A temperate man, he never had been ill until two years before calling on me. At that time he had bronchitis, which relapsed, the entire illness lasting about three months. It was about the end of this indisposition that he first experienced habitual dyspnœa, with, at times, paroxysms like those of spasmodic asthma, a disease not unknown in the patient's family. An examination of the chest gave the following facts: Normal respiration everywhere; expiration not prolonged; absence of adventitious sounds; limits of lung normal; no local bulging. Cardiac sounds free from murmur; the first shorter than natural; superficial cardiac dulness slightly extended, and the impulse increased in force. Heart's action rapid, tumultuous, and occasionally irregular. Urine abundant, about six pints in 24 hours; contains a moderate amount of albumen. No œdema of lids or ankles. Seven months later Dr. Gun reported as follows: "œdema has appeared in legs; urine still abundant, and contains more albumen; respiration has become 'generally easy,' but occasional *paroxysms of severe dyspnœa* continue to recur." He died two months later, and during the last few weeks his uræmic sleepiness was frequently disturbed by dyspnœa.

The following case, sent me in June last (1884), is a striking illustration of severe dyspnœa on the slightest exertion as *the* symptom which compelled the patient to seek advice under the supposition, shared in by her attendant, a man of much experience, that she had disease of the heart, while it was really a case of chronic interstitial nephritis, with the sequential cardiac hypertrophy of that affection. In this instance, the severe attacks of dyspnœa were accompanied by paroxysms very like those of angina pectoris.