

(1) The pulse. I took sphygmo-graphic tracings about ten days ago, and again yesterday. The latter you see presents the peculiar characteristic of aortic regurgitation. You notice the great and rapid ascent of the primary wave, and its sudden decline. You will notice the same peculiarities on examination with the finger. The sudden decline is caused by the partial removal of the *vis a tergo* from non-closure of the aortic valves.

(2) You will hear on examination two abnormal sounds, both in their greatest intensity at the base of the heart. One, the systolic bruit, you will also hear along the great vessels. It is produced by the blood passing over the rough surfaces of the valves. The second, the diastolic bruit, is the louder of the two, and can be traced down the sternum. It is produced by a regurgitation of blood from the aorta into the left ventricle.

(3) By examination you will find that the apex beat of the heart is in the normal position, and that the area of cardiac dulness is not increased. If the valvular disease had been long in existence, the heart would be so enlarged as to make this condition quite evident on physical examination.

We have then a case of aortic valvular disease which, from both the clinical history and the physical examination, we would conclude must be of recent date. It is probable that the mild attack of rheumatism from which he has suffered since his exposure to wet and cold, was accompanied by the much more serious disease, endocarditis. At the present time there are most probably vegetations on the margins of the valves, which prevent their functions from being properly performed. One might almost call this a case of primary endocarditis, as the rheumatic symptoms have been of so unimportant a character.

He is now taking potass. iod., and is kept very quiet. There is no indication in this case for digitalis. Judging from the pulse, the left ventricle appears to be acting too strongly as it is, and giving digitalis would only add fuel to the fire. Rest and quiet are the main therapeutic agents.

Wohler of Göttingen, the well-known chemist, is dead at the age of 82.

## MALIGNANT DISEASE OF LOWER PART OF COLON, UPPER PART OF RECTUM, AND LEFT SUPRA-RENAL CAPSULE.

BY R. ZIMMERMAN, M. D.

Reported to Toronto Medical Society, Oct. 19th, 1882.

A. B., æt 25, compositor. *Family history.* Grandfather said to have died of cancer. No other evidence of family predisposition could be obtained. Father and mother living, aged. *Previous history.*—Has suffered during the past six years from frequent attacks of nausea, vomiting and acute pains in the stomach and bowels, and violent headaches. Four years ago had an attack of ague, and two years ago one of diphtheria (?). On Dec. 23rd, 1881, went to Winnipeg, and it is stated that, while there, again suffered from diphtheria. The attacks of nausea, vomiting, pains in the stomach, bowels, and head increased in severity and frequency, and he returned to Toronto about February 1st, 1882. He now consulted Dr. Graham, who treated him till April 19th, when Dr. G., on leaving for Europe, transferred him to Dr. Burns. At this time he was suffering from symptoms of lead poisoning, colic, wrist drop, blue line on the gums, and constipation, alternating with diarrhœa. About the middle of May he became an opium eater, his mother having, unfortunately, taught him the habit, in order to ease his frequent pains in the abdomen. The preparation used was gum opium in variable doses which, according to his wife, were never large. He desired earnestly, and struggled hard to abandon this pernicious habit, but failed, and continued using opium up to the time I was called hurriedly to see him, on account of profuse hæmorrhage from the bowels. This was on August 18th, when I found him almost pulseless, having lost, as nearly as I could judge between 25 and 30 ounces at least, of what appeared to be arterial blood. Ergot hypodermically, ice passed into the rectum, and turpentine, gallic acid, and tinct. cinnamomi internally, and the injunction of perfect rest were followed by a cessation of the hæmorrhage, but a trifling amount passing on two or three occasions afterwards. The nausea, and the pain and vomiting prevented medication by the mouth, (with