

Visible pulsation of the external jugulars, especially in that of the right side; no musical *bruit* audible; no visible arterial pulsation. Has a tolerably frequent cough, accompanied by scanty, frothy, mucous expectoration; respiration, wheezing.

On inspecting the chest in the sitting posture, undulations of the parietes are observed over a space extending from about one inch on the outside of the left nipple to right margin of sternum, and down to epigastrium. Over this region there is decided dulness, and the hand encounters a moderately strong, irregular cardiac impulse; pressure on the lower part of this dull locality, viz., on the epigastrium, caused pain, and the heaving of the heart is here very resisting. A purring tremor is felt two inches below left nipple.

A loud systolic murmur is heard most distinctly over the left ventricle, viz., two inches below left nipple, and again one inch to the right of it and in a line with same; also at inferior angle of left scapula,—it is inaudible in the course of the aorta, and is much softer at right margin of sternum in a line with the mamma. The second sound is very audible in last two named localities, while it is but feebly so over the mitral, and is quite inaudible one inch below left nipple. The cardiac sounds are audible under the clavicles and in dorsal regions.

Anterior, posterior and lateral regions of the thorax very clear on percussion. Inspiratory murmur, slow and almost puerile over the chest generally. No moist râles—slight cooing at right sterno-clavicular articulation. Expiratory murmur not exaggerated. Pressure over liver, which extends below ribs, causes pain.

Enjoined bodily and mental rest. To have the following pills at bed time:—  
R. Pil. Hyd., Ext. Colocynth. Comp. et Ext. Hyos. aa gr. v. m. ff. pil. iij.

7th Sept., 9 a.m.—Passed a restless night. Has had two or three alvine evacuations, the first scybalous, the rest pul-taceous and clay coloured, devoid of bile.

Having corroborated my first examination, I formed and recorded in my case book on returning home the following

DIAGNOSIS.—*Mitral and Tricuspid Regurgitation. Dilatation and slight Hypertrophy of left ventricle—Simple Dilatation of right ventricle. Prognosis unfavourable.*—I dry-cupped the scapular regions and prescribed oz. ss of the following mixture three times a day:—  
R. Scillæ tinct. <sup>dr.</sup>ij, Ætheris spt. nit. dr. iij, ferri sesquichl. tinct. m. lxxx, mist. campli. <sup>oz.</sup>ij. m.

At 10, p.m., he was in such distress that I was sent for; he had been very drowsy all day; at 7 in the evening vomiting ensued, produced by paroxysms of coughing, and contents of stomach were thrice evacuated; two sputa of red blood were found in the last vomit, the others not examined. Skin is hot, breathing oppressed and wheezing, and an indescribable sense of distress at precordia. Respiratory sound in dorsal regions, loud and sonorous. Heart's action, as in last report. Two oz. blood were instantly abstracted by cupping from left posterior thoracic region, and the mixture, of which he had taken but one dose, was ordered to be given every 3 hours.

The 9th.—Obtained immediate relief after the cupping. To have gr. v each of pil. hyd. et ext. hyoscyam., to promote the bilious secretion, and to evacuate the bowels. On the 9th, a blister 4 inches square was applied to front of chest, to be dressed with ceratum sabinæ. The squills were increased to three drachms.

Under this treatment, with an occasional glass of port, he obtained considerable relief up to the 20th, when it is