

be passed twice daily and retained in the canal for an hour each time to avoid any contraction, and the patient discharged on the 29th instant, feeling perfectly well.

Case of Aortic disease—Pain a prominent symptom—A sudden attack, with Cyanosis; temporarily relieved by Venesection.—Death. Under the care of Dr. Ross.

George D., æt. 24, of spare build, first came under observation Sept. 26, 1878, complaining of violent palpitation of heart, accompanied by stabbing pains in the cardiac region—which did not radiate towards shoulder, nor down arm—and by dyspnoea. The position of least discomfort was the upright. There was no œdema of the lower extremities, though the feet were cold and perspiring. His family history showed no predisposition to rheumatism or heart disease. His own history gave an account of some acute inflammatory trouble about the left side when a mere child. Since boyhood, has been engaged in a store, and had much running up and down stairs. Felt the work hard. Has no history of rheumatism. Twelve years ago, after running, spat up a small quantity of bloody mucus. Eight years ago began to have attacks of palpitation, with stabbing pain about the heart. At first these attacks were slight, and only in winter. Later on, they came in summer too, and were more severe. Since the beginning of these attacks he has had a slight cough, more or less persistent. The present attack (Sept. 26, '78) began six days ago with a dull, steady pain in cardiac region, relieved by blistering. Three days ago his bowels were very loose, and blood was passed to a considerable amount. Examination of patient's heart at this time showed impulse strong, heaving and diffused; apex beat in nipple line, two inches below that point. A thrill felt at root of neck, both sides, with throbbing of the vessels here and visible pulsation in axillary arteries. Cardiac region full. Transverse dullness at 4th rib, $3\frac{1}{2}$ inches. Heart's action quick and irregular. Loud double murmur at mid-sterum, with greatest intensity. Lungs, slight dullness at bases, with bubbling râles and feeble breathing.

Patient remained in Hospital a little more than a fortnight,