

with a single larger instrument, and probably much more disturbance and compression of the neighbouring parts, besides the other disadvantages of a larger instrument and of one only.

CASE OF RUPTURE OF THE HEART.

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BHEESTIE THEILE ABELOOLA, F Company H.M. 14th Regiment N.I., died suddenly in his house between one and two o'clock A.M. on the 4th of May, and on the same day a Court of Inquest was held, at which the following facts were elicited:—

The deceased, who had been in his usual health, and worked hard all day, after partaking of a meal of dhal and rice, retired to rest about 9 P.M. on the 3rd of May. At midnight he awoke his wife, and complained of feeling very sick; in about an hour's time he became very ill indeed, and his wife, being alarmed, called in a neighbour, who, seeing that the illness was serious, sent to the hospital for assistance. Shortly after the despatch of the messenger, and before the hospital-assistant could reach the house, the patient died. Before his death he complained of a pain as if his liver were being torn to pieces, and asked to be supported in a sitting posture, as his breathing was oppressed. On being raised he fell forwards, and when lifted up again almost immediately fell backwards and expired. The deceased was about thirty-six years of age at the time of his death, and had never complained to any one of pain in his chest.

Autopsy, six hours after death.—Rigor mortis present. The body was muscular and well nourished, and free from marks of violence. There was a fair quantity of subcutaneous fat. On opening the chest, the lungs were found pale and collapsed. The pericardium was greatly distended, and when opened was found to be full of fluid venous blood. When a sufficient quantity of this blood had been soaked up by a sponge, to allow a clear view to be had of the heart, a rent, half an inch in length, and about midway between the apex and base, was observed in the wall of the right ventricle, close to, and parallel with, the longitudinal sulcus. The heart was then carefully removed from the thorax for further examination. The right ventricle was much dilated, its walls soft and thin, especially in the vicinity of the rupture, and very pale. So soft and thin were they that when the organ was pressed during the manipulations necessary for its removal from the body, and some of the contained blood squeezed through the rupture, the rent was extended for about a quarter of an inch, and the wall as it were collapsed. The valves, both tricuspid and pulmonary semilunar, were incompetent. The cavity contained a few small clots and fluid blood. The right auricle and the chambers on the left side were fairly contracted. The valves of the left ventricle were free from disease, but the walls were softer and paler than usual, this condition being due to fatty degeneration. The aorta was healthy. A cursory examination was made of the abdominal organs *in situ*, and they were found to be natural in appearance.

Remarks.—Rupture of the heart is more common in males than in females, and seldom occurs in persons under forty years of age. Even then it is rare, and rupture of the right side of the heart from disease is especially so. The cardiac walls, as a rule, give way under strong emotion or great physical exertion, and death is generally almost instantaneous. In this case the rupture occurred while the sufferer was asleep, or at least at rest, and death did not take place till considerably more than an hour after its occurrence. The mischief probably began at midnight of May the 3rd, when the patient first complained of sickness, due, no doubt, to the shock occasioned by the giving way of the ventricular wall. As the rent in the heart increased, and the blood flowed more freely, the pericardium became distended, causing the tearing pain described by the patient as in the liver* and the heart's action became embarrassed,

* Natives ascribe every acute internal pain to the liver (which in the East is the seat of the affections, corresponding in that sense to the Western "heart"), and have very hazy ideas as to the exact locality of that organ; consequently we may assume that the pain alluded to was actually in the cardiac region.

causing dyspnoea. When the effusion of blood had become considerable the heart could no longer perform its functions, and the patient died.

I was unable to secure the heart for microscopic examination, but I am tolerably certain that the whole organ was affected with fatty degeneration. The right ventricle, however, was so much softer and more friable than the other chambers that I am inclined to believe that it was affected with true ramollissement.

Camp Kolapore, May, 1872.

TOXICOLOGICAL GLEANINGS.

By C. MEYMOTT TIDY, M.B.,
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A FEW poisoning cases of interest have occurred in my practice that I should wish to put on record.

1. A case was referred to me last July by Mr. Richards, deputy-coroner for Middlesex, where J. H. G—, a girl unmarried, had died somewhat suddenly, and under somewhat suspicious circumstances. Dr. Lawrence Gill, of Bow, at the post-mortem examination, found that she was eight months advanced in pregnancy. The symptoms from which she was suffering when he was first called to see her were as follows. She was unable to swallow, the teeth being tightly clenched. There were convulsions, the legs stiff, and the body slightly arched forwards. The stomach was sent to me for examination, as well as a bottle containing a mixture the girl had taken a short time before death. From the symptoms both Dr. Gill and myself quite expected to find strychnia. There was, however, no evidence whatever of its presence, but we discovered, both in the mixture the girl had taken and in the contents of the stomach, large quantities of savin, from the effects of which there was not a doubt death had resulted. It is somewhat curious the marked similarity in this case between the symptoms produced by savin with those ordinarily found in cases of strychnia poisoning.

2. The second case I wish to note was referred to me last month (May, 1872) by Mr. C. C. Lewis, coroner for Essex. The deceased was a labouring man in the employ of Messrs. Howards, of the Stratford Chemical Works. Not feeling very well, he went into the warehouse, for the purpose of taking a dose of aperient mixture, when, by mistake, he helped himself to a dose of concentrated ague mixture, containing, as I found, about 85 grains per ounce of quinoidine. So far as we can learn, the man must have swallowed about two ounces of the mixture, or 170 grains of the quinoidine. Immediately after he had drunk it he was taken violently ill with excessive vomiting, and died in about half an hour after the dose had been swallowed.

Dr. Kennedy, of Stratford, made the post-mortem examination, which disclosed a highly congested state of the brain. The right pleura was adherent. The lungs showed the man at the time of death to be suffering from the first stage of pneumonia. The heart, too, showed signs of fatty degeneration.

The stomach forwarded to me by Dr. Kennedy was generally congested with patches of much deeper congestion, and contained about an ounce and a half of a brown liquid, which I found, upon examination, to contain a similar drug to that marked "ague mixture."

This, so far as I know, is the first case on record of death resulting from any of the cinchona alkaloids. I do not regard it as a pure and simple case of poisoning, because of the bad state of the man's general health, disclosed both by the post-mortem examination and by his previous history.

3. The last case I wish to mention was referred to me by Mr. Humphreys, coroner for Middlesex, on the 25th of May, 1872. Two sailors, just returned from a coasting voyage, asked their landlady to procure them two black draughts at a chemist's shop near at hand. Each man took a draught, and both fell ill very shortly after having taken them. One, according to the evidence, had intense vomiting of a thick dark-brown liquid. There were also certain nervous symptoms present. The man, however, ultimately recovered.

The other sailor died. The contents of the stomach were sent to me for analysis. They gave an intensely acid reaction, very marked even when diluted very largely with water. Analysis proved that there was present a large quantity of oxalic acid. The man was seen by Dr. Nightingale, of Limehouse, about two hours after he had swallowed the draught. He found him in a complete state of coma. The symptoms (according to Dr. Nightingale, to whom I am indebted for complete notes of the case) set in in about a quarter of an hour after having taken the draught. The man died in about five hours, the loss of consciousness apparently being complete to the last. The post-mortem revealed nothing specially to be remarked except intense congestion of the vessels of the brain.

The case is instructive as illustrative of the remarkably anomalous effects occurring in poisoning by oxalic acid, the symptoms in this case being marked coma.

Cambridge-heath, Hackney, June, 1872.

ECTROTIC TREATMENT OF SMALL-POX AND SCARLET FEVER.

By ALEX. T. WATSON, M.D., M.R.C.S. EDIN.,
LATE LIEUT.-COLONEL SURGEON-IN-CHIEF OF DIVISION, U.S.V. ARMY.

JUNE 2nd, 1872.—Miss Ada T—, aged eleven, complained of headache and general febrile disturbance, which continued during the 3rd, 4th, and 5th.

6th.—On this afternoon I was called to see the patient, and found the face swollen and covered with an elevated papular eruption, extending over the neck, also on hands and wrists, irritability of stomach, intolerance of light, delirium, intense itching of skin of face and hands, hard dry cough. An enema was ordered, and the patient to be sponged with tepid carbolic-acid soapsuds, and afterwards to have five grains of Dover's powder.

7th.—The entire surface of the body and extremities thickly covered with papular eruption, face and hands greatly swollen, high fever. There is no mistaking the case; it presents every appearance and well-marked symptoms denoting a severe attack of confluent small-pox. The papulæ on the face and backs of hands are forming into vesicles. To be sponged with warm carbolic-acid soapsuds, and immediately afterwards the whole body to be painted over with "glycerinum acidi carbolici" (B.P.), applied with a large camel's-hair brush. Some smarting was occasioned on the parts that had been scratched, but otherwise only a general glow of warmth. Five grains of Dover's powder given to allay irritability; soon afterwards the patient fell into an uninterrupted sleep for several hours. To be sponged in the evening with tepid carbolic soapsuds.

8th.—No vesicles visible, no trace to the touch of papular eruption, no inordinate heat of skin; dark-brown spots occupy the position where the papulæ had been; the swelling of face and hands much subsided; tongue cleaning. The patient's diet to be milk and soda-water, and to be sponged every three hours with tepid carbolic-acid soapsuds.

9th.—The dark-brown spots visible, but otherwise no trace of disease; patient complains of hunger. In addition to soda-water and milk, to have chicken soup and bread; craves to have some of the breast of the chicken. Continue sponging.

10th.—Convalescent, and requests to be allowed to get out of bed.

13th.—Miss May T—, aged thirteen, having gone through with almost the identical symptoms as in her sister's case, the eruption duly appeared, and of the same confluent character.

16th.—Master Norman T—, aged five; same symptoms.

19th.—Miss Gertrude T—, aged fifteen; same symptoms.

21st.—Miss Alice T—, aged two; same symptoms.

It would be needless to give in detail the daily symptoms and treatment of the four above cases, as in every respect it would be a recapitulation of Miss Ada's case. I may add, however, that the *glycerinum acidi carbolici* was ap-

plied in all the cases immediately on the appearance of vesicles being formed, and that the application had only to be made once. They all bore marks of having been thoroughly vaccinated. The atmosphere of the bedrooms was kept constantly saturated with the vapour of carbolic acid, by means of sheets hung up in place of doors and windows, and constantly wetted with a solution of the acid.

25th.—The dark-brown spots fade daily. The patients are all convalescent and have gone to the suburbs of the city.

Early in February, 1872, I was in attendance on several cases of scarlatina in the family of Major A—, in which I made use of baths of carbolic-acid soapsuds, and was forcibly impressed with the mild course of the disease; in contradistinction to that of cases occurring in the same street, and in the opposite house, where, out of a family of four children, three died. In the next cases I attended, carbolic acid was added to the soapsuds, and with most satisfactory results.

Dresden, June 26th, 1872.

A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

EPITHELIOMA OF RIGHT THIGH; NECROSIS OF FEMUR;
AMPUTATION; RECOVERY.

(Under the care of Mr. BRYANT.)

DURING the last three months some interesting cases of cancerous growths affecting the lower extremity have been under the care of Mr. Bryant at Guy's Hospital. In each case there is a history of necrosis of the bone of the part, and epithelial cancer appears to have commenced in the cicatrix and then spread, involving the soft tissues of the bone. We insert this week two of three cases, for the notes of which we are indebted to Mr. W. Cock, ward clerk.

E. A—, aged forty-eight, was admitted May 8th, with the following history:—He enjoyed good health till he was eighteen years of age (thirty years ago), when he got wet through, and had to remain at his work in his wet clothes during the day. Three or four days later his right thigh became painful, and he was obliged to give up work. He was laid up for nine months at home, and then went to the London Hospital and was there for nine months. He was treated for rheumatic fever. Whilst at the hospital the right thigh became very much swollen and the bone diseased. A number of incisions were made in different parts of the thigh, partly to relieve tension and partly to remove pieces of dead bone. During the first few months after he left the hospital the wounds on the inner side of the thigh healed, but those made behind the knee-joint did not, and, the intervening tissue gradually breaking down, a large ulcerating surface remained. During the last two or three years this had caused him much pain, and sixteen months ago he was unable to continue his work on that account, and has been laid up since. Three years ago a piece of bone, the size of his little finger, came away by the wound. During the last eighteen months he has been living very badly, having meat only once a week. He has been a hard drinker, but not recently, being unable to afford drink.

The patient is a thin, badly nourished man, with a somewhat anxious expression. At the posterior aspect of the right leg, in the upper half of the popliteal space, is a raw surface, having a tuberculated fungous appearance, of irregular shape, sloughing in the centre and slightly raised at the margins, five inches in length and four inches across at the broadest part, and covered with a thin purulent discharge. On the inner side of the right thigh, two and five