THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, OCTOBER 23, 1850.

No. 12.

POST-MORTEM EXAMINATION OF THE REV. JOHN NEWLAND MAFFITT, WHO DIED FROM FATTY DEGENERATION, UL- CERATION AND RUPTURE OF THE HEART.

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THE subject of this case occupied a large share of public attention for many years, and was a man of no ordinary ability or attainment. The case itself is full of interest and instruction to the medical inquirer, and for this reason alone would well merit a page in a medical journal; but there are other and weighty considerations which induce me to place it on record.

The fact is notorious that this gentleman had been arraigned before his church, at the North, to answer charges deeply implicating his character, and which had caused great mortification and distress to his family and friends. He arrived at Mobile about two months ago, and immediately commenced the exercise of his sacred avocations. Immense crowds were attracted day after day by his extraordinary pulpit eloquence. When at the zenith of his success, evil reports pursued him—articles, derogatory to his character, were re-published in Mobile from the New York Police Journal—considerable excitement in the town followed, and parties were arrayed for and against him. He became very much excited himself—was much occupied in writing for several days and nights—in writing was suddenly taken ill on the evening of the 27th of May, and died in about seven hours, aged 56 years.

Suspensions of suicide by poison, were soon bruited over the town, and some of those friends who had proved true to him through all his heavy trials and afflictions, still confident in his purity and innocence, and fully aware of the confirmation which this charge would add in the eyes of many to the grave accusations already urged, demanded a post-mortem examination, which I made at their request.

Mr. Maffitt, at the time of his death, was staying with a friend about three miles from the town, and when taken ill, a young friend of mine, Dr. E. P. Gaines, a well-educated and intelligent practitioner, then in the neighborhood, was called to his assistance, and has kindly furnished me the following note of the case. The doctor had had no acquaintance with the patient before, nor had I ever seen him previous to the post-mortem.

"Monday, May 27th, 1850, between the hours of 7 and 8 o'clock, in the evening, I was called to see the Rev. John Newland Maffitt. Found him in great pain, which he referred to the inferior sternal region. Suspecting immediately an affection of the heart, I questioned him if he had ever had any pain in his heart before. He answered that he had had on several previous occasions some slight pain in his left side, with a slight palpitation, but not of much moment. Auscultation detected no abnormal sounds, no palpitation, but the heart beat regular and slow.

"He belched up great quantities of wind, but there was no distention of the epigastrium, or tenderness. He vomited, occasionally, undigested food, but said he had no nausea. He was perfectly cold all over, and bathed in a cold sweat. I administered anodynes and carminatives, applied a warm poultice with mustard, to the seat of pain, endeavored to bring about re-action, by warmth, to the extremities, but nothing gave relief; he still complained of the pain, and would beat his breast with his clenched hands. At 10 o'clock, I gave him a large dose of calomel and morphine, also gave several enemas, under which, in the course of two hours, he *seemed* to re-act and get warm, and he remarked, 'Doctor, I feel better now everywhere else, but that pain still remains—it is a persistent and abiding pain, that seems to press through me against my spine.' All this time his pulse was *regular, full, strong*, but rather *slow*; his strength was good, for he got out of bed several times without help. At 1 o'clock I repeated the calomel and morphine; at 2 o'clock, he said 'the pain has left my breast and gone to my heart and left arm—do you think that is a good sign?' I asked him, if in changing it still retained its severity, and he answered me 'yes.' I applied my hand over the heart, but there was no palpitation. He also said, 'Doctor, I think I am getting weaker, feel my pulse.' I felt it, and though it beat regularly, it *seemed* slower and weaker. I left the room for about fifteen minutes, when I was suddenly called in to see him die; his heart had already stopped beating, but he breathed two or three times after I got to the bed-side. The diagnosis throughout was difficult and obscure."

Post-mortem.—Stature short, stout, muscular, inclined to be fat, chest remarkably large and well developed. Neither head nor abdomen was examined. *Lungs* perfectly sound throughout, free from adhesions or any signs of disease, acute or chronic. *Pericardium*, fully distended with fluid, and when opened was found to contain blood and serum. This being carefully removed by a sponge, I introduced my hand into the sac, beneath the heart, and on grasping this organ, the contained blood was seen to spirt from a small perforation in the anterior wall of the left ventricle, disclosing at once the immediate cause of death. The heart was then removed from the body for further inspection.

General Appearance of Heart.—Large, pale, flabby, and coated with fat over the greater part of its surface; the auricles, aorta, pulmonary artery and veins completely imbedded in fat.

Right Ventricle.—Somewhat dilated, whole exterior surface coated with fat, muscular substance flaccid and thinner than usual, diminishing towards the apex, near which muscular fibres were entirely wanting, ex-

cept a few scattered ones on the external surface ; the blood here seemed to be retained in the cavity simply by the fat ; the coating of fat at different points, was from three to five or six lines in thickness.

Left Ventricle.—This fatty covering extended from the right over to the left ventricle for about an inch in width the whole length of the septum, and the apex also for about an inch or more was fat. On the anterior, middle portion of this ventricle, commencing at the margin of the fat, was an irregular, bruised-looking patch, about the size of a dollar, and on the outer edge of this, was the fatal rupture. When cut into, this bruised-looking part presented a dark bruised, bloody appearance, not unlike recently-hepatized lung, the fibrous, muscular appearance being destroyed. The corresponding internal surface showed evident marks of ulceration, a portion of the substance being excavated and covered in part with a thin cyst ; the surface around the patch, on the inside, was red, inflamed, with deposition of coagulable lymph. It is worthy of remark, that this spot of the heart, which seemed to be the most diseased, and in which the rupture took place, was more free from fat than any other ; it joined the fat portion *abruptly* in half its circumference. This ventricle, I think, was a little dilated. There was nothing peculiar in the auricles except being buried in fat, and the mitral, tricuspid and semi-lunar valves were all perfectly healthy.

Mr. Maffitt, as stated, had only been in Mobile a few weeks, and I could get no satisfactory information as to the previous history of the case. He had been, for some days previous to his death, laboring under a slight attack of diarrhoea, but his friends believed him to be in vigorous health. When questioned by Dr. Gaines, he stated that he had had some slight palpitation and pain in his left side. It is remarkable that so much disease should have existed, with so few symptoms to indicate it, though similar examples are on record.

There can be no doubt that organic disease had existed for months, leading inevitably to death. What influences his protracted mental excitement exercised in causing the disease, must remain a matter of doubt ; and though the malady is one which marches steadily onward, it is highly probably that its termination was hastened by moral causes.

I have never investigated the grounds on which are based the charges which have been brought against Mr. Maffitt, and am unprepared to express an opinion as to his guilt or innocence ; but it affords me much gratification to say to his family and friends, that the post-mortem examination has at least wiped from his memory the damning sin of suicide.

New Orleans Med. and Surg. Journal.

ON THE EXCISION OF ENLARGED TONSILS.

BY JAMES SYME, ESQ., PROF. OF CLIN. SURGERY IN THE UNIVERSITY OF EDINBURGH.

In cold moist climates the tonsils are very subject to a simple enlargement, which gives rise to much inconvenience of different kinds. In the first place it seems to constitute a weak point, always apt to suffer from derangement of the system, productive of inflammatory disturbance,