having been sufficiently diluted, to its having been exhibited in too large doses, or to some error in its preparation; any of those causes will produce this effect.

Whilst upon this subject, I may mention, that this medicine has been repeatedly tried, both by Dr. Marsh and myself in various diseases, principally cardiac and cutaneous, in all it produced a powerful effect in lowering the pulse, the appetite was increased, and also the secretion of urine; in some cases where it was not sufficiently diluted, it produced nausea, head-ach and giddiness, these disappeared on omitting its use for a short time, and then giving it in a less concentrated form.

From the trials which have been made of this medicine in cutaneous diseases, there is reason to hope, that it may be found to possess some value in the treatment of this class of complaints.

In consequence of the tendency which the hydrosulphuret of ammonia has to undergo decomposition, it should always be recently prepared and kept in a dark place; when used, it should be given by drops, in preference to prescribing a draught or mixture.

ART. XIV.—*Contributions to Pathological Anatomy*. By RICHARD TOWNSEND, M. D., M. R. I. A., Fellow and Censor of the King and Queen's College of Physicians, Senior Medical Inspector of the House of Industry, Lecturer on Pathological Anatomy, &c.

CASE I.—*Sudden death. Spontaneous rupture of the heart.*

The body of a very old woman was brought into the dead room of the Whitworth Hospital, for anatomical examination, on the 30th of August, 1830. The external appearance of the body did not in any respect indicate previous disease; on removing the sternum, the pericardium appeared unusually prominent, and of a bluish white colour. When opened, it was found to contain more than half a pint of dark clotted blood,

which completely enveloped the surface of the heart. When this coagulum was removed, the heart appeared of its natural size, but was enormously laden with fat, especially at its basis and over the right ventricle. On the anterior surface of the left ventricle near its septum, and at the distance of about an inch from the apex, a longitudinal fissure, half an inch in length, was discovered, the edges of which were jagged and had evidently been separated by tearing; there was a slight degree of ecchymosis under the serous membrane, in the immediate neighbourhood of the wound. On laying open the left ventricle, it was found that the fissure seen on the external surface extended through the fat and muscular substance, into the interior of the left ventricle. This cavity was quite empty, all its blood having previously escaped through the wound. The length of the fissure on the internal surface of the ventricle, was somewhat greater than on the external surface, but corresponded with it exactly in other respects, being a mere cleft or chink just wide enough to admit the handle of a scalpel. The lining membrane in the neighbourhood of the rupture was soft and friable, and the columnæ carneæ, for about the circumference of a shilling, were of a dull white colour, and so soft as to break down under the scalpel. The left ventricle was of its natural dimensions, and its parietes of their ordinary thickness, but the muscular fibres were pale, soft, and flabby. The other cavities of the heart presented their usual appearance, except that the muscular walls of the right ventricle were as thin as paper, and coated with a layer of fat nearly half an inch deep. The valves were all remarkably healthy for a subject so far advanced in life. The coronary arteries exhibited several patches of atheromatous deposit, sufficient in many points to diminish their calibre considerably. The arch of the aorta was dilated and atheromatous. The other viscera were all healthy, and the muscles of the trunk and extremities appeared even more firm and florid, than is usually observed in persons of her great age.

Upon inquiring into the previous history of this individual, it was ascertained that she was ninety years of age, and had been a servant in the house of industry for many years, her usual occupation was that of scouring the floors, she always enjoyed excellent health with the exception of an occasional slight cough. In her 88th year she fractured her thigh near the trochanter, but completely recovered from the effects of that accident in the usual time.

On the morning of her death, she went to the chapel in as good health and spirits as usual, and while in the act of saying her prayers, she suddenly dropped down dead without a struggle or a moan.

CASE II.—*Sudden death. Spontaneous rupture of the heart.*

Another case of a similar nature to the preceding, occurred in the same establishment on the 5th of March, 1832. The subject of it was a large athletic man, *ætat.* 84, who had served 26 years in the navy, and after a long life of hardships and vicissitudes, was admitted four years ago into the pauper wards of the House of Industry. During the time of his residence in this establishment, his health was uniformly excellent, with the exception of a slight sensation of uneasiness which he occasionally felt in the left side, in the region of the heart. The night before his death, he complained of a return of this pain, and of difficulty of breathing: next morning these symptoms had totally disappeared, and he got up at his usual early hour, in as good health and spirits as he had enjoyed for many months previously. He went to chapel, walked afterwards in the yard for about two hours, returned to his ward, and while in the act of cutting tobacco at the end of the table, and in conversation with one of his comrades, he suddenly fell down, and expired instantaneously. His family are represented to be remarkably long-lived; there is a sister of his at present in the House of Industry, in her 86th year.

On opening the body, the only morbid appearances were found in the thorax. The parenchymatous structure of the

lungs was rarified and emphysematous, as is usually the case in persons of his time of life. The pericardium was greatly distended, and occupied the principal space of the lower part of the left side of the thorax. On slitting it open, a large quantity of black blood partly coagulated and partly fluid, was found occupying its interior. The heart was rather larger than the fist of the patient, but its increase of size was chiefly attributable to a large quantity of fat which was developed on its surface, principally about the origin of the great blood-vessels and along the septum ventriculorum, in both which situations it measured near half an inch in thickness. The muscular substance of the heart was generally pale, exsanguineous, and flabby; in the right ventricle the walls were as thin as paper, in the left, they retained their usual thickness. The coronary arteries were ossified, and the ossification extended even to the minute ramifications which went to the apex of the heart. On the anterior surface of the left ventricle, about an inch from the septum, and the same distance from the apex, a rupture of the parietes was discovered half an inch long, and several lines wide, this opening was nearly closed by one of the columnæ carneæ, which was torn across and projected through the external orifice. The muscular fibres in the vicinity of the rupture, were in a state of perfect ramollissement, but neither on the external or internal surface was there any unequivocal appearance of ulceration. There were two patches of ecchymosis as large as half crowns, under the serous membrane on the surface of the left ventricle. No other morbid appearances were observed. Not the least remarkable circumstance in the history of these two cases, is the sudden occurrence of the fatal accident in the midst of apparently sound health, not preceded by any premonitory symptoms, or brought on by any moral emotion, or physical exertion. But though there were no evident symptoms of organic disease manifested during life, there was abundant evidence, on dissection, that the structure of the heart was materially altered from its natural condition. The coronary arteries were exten-

sively diseased in both cases, and the supply of arterial blood which they transmitted, was, consequently, inadequate for the due nutrition of the muscular fibres of the organ, which were accordingly soft, pale, and flabby; and as usually happens in such cases, an inordinate quantity of fat was deposited on the surface of the heart, as if to compensate for the atrophy of its muscular substance.

In the greater number of cases where rupture of the heart has been observed to occur, it has been immediately preceded by some moral emotion, or physical exertion, or concussion, as its immediate cause, to which the accident is generally attributed. Nichols, who gives a very clear and succinct account of the rupture of the heart, which caused the death of George the Second, attributes the accident to the efforts made while straining at stool.—*Phil. Trans.*, vol. lii. part 1.

A similar accident terminated, not long since, the existence of a late eminent Barrister of this city. Bertin mentions a case of rupture of the right auricle, caused by falling out of a window; and Haller and Morgagni have known the heart ruptured during violent paroxysms of pain, and the convulsions of epilepsy. These causes, however, can scarcely be conceived sufficient to produce such a formidable effect, unless where the organ was predisposed to rupture by some preceding lesion, and where such predisposing cause is strongly marked, the ordinary force of the heart's contractions may be sufficient to determine its rupture, as in the present instances.

From the reports which have hitherto been published of this fatal accident, it appears that the true cause of the rupture is most commonly attributable to the parietes having been previously eaten away to a certain depth, by ulceration. The ulcerative process may commence either at the external or internal surface of the heart, or may attack both surfaces at the same time, and continue to burrow until both ulcers meet, and so complete the perforation. This species of rupture may be con-

sidered analogous to the perforation of the stomach and intestines, from the successive ulceration of their coats.

Andral mentions, in his *Treatise on Pathological Anatomy*, that the French Pathologists generally enumerate the excessive deposition of fat on the surface of the heart, among the causes which predispose to its rupture; but this opinion, he conceives, should receive further confirmation before it is finally adopted, as the only case in point to establish the fact, is that related by Dr. Gratiloup, of Bourdeaux, in the *Archives Generales*, for 1822, of a curate of that town who died suddenly in his bed of rupture of the right auricle, the heart being at that time *prodigiously laden with fat*. The case which I have related, would seem to support the doctrine that the excessive deposition of fat on the surface of the heart, especially when accompanied, as it usually is, by atrophy and softening of the muscular fibre, may render it susceptible of being easily torn and ruptured. But even admitting this supposition, it still remains to be explained why it is not in the auricles, or in the right ventricle, where the muscular parietes are thinnest, and the fat most abundant, that the rupture generally occurs; but about the middle of the left ventricle, where the fat seldom accumulates in any great quantity, and the muscular coat is particularly thick and strong. This circumstance would seem to prove that the rupture of the parietes in these cases, should not be regarded as a mere mechanical effect produced by their over-distention, but rather as an active process in some degree analogous to the rupture of the uterus, from excessive contraction of its fibres.

Perforation of the heart, from whatever cause it proceeds, is generally followed by immediate death. Bertin states, that of ten cases of this accident, eight died instantaneously, and the other two after a few hours. The extent of hæmorrhage into the pericardium, cannot account for these fatal consequences, as the quantity of blood effused is often very trifling. The great and sudden shock which the nervous system sustains, is more probably the immediate cause of death. In some

rare cases, does not take place for several days after the accident. It is stated, that in these cases, the perforation has been found plugged up with a coagulum of fibrine.—*Andral*.

CASE III.—*Death occurring suddenly with convulsions. Transverse rupture of the inner and middle coats of the ascending portion of the arch of the aorta.*

Mary Holland, æt. 36, inclined to corpulence, has been subject to occasional attacks of dyspnoea, and palpitation, for the last five years ; they have latterly become much more frequent, and are always aggravated by exertion, fits of passion, or excess in eating or drinking. She does not recollect the precise period of their invasion, as they were at first so slight, as scarcely to attract attention. Three days previous to her admission into the Whitworth Hospital, she was seized, after exposure to wet and cold, with rigors, cough, pain of chest, and violent oppression. On the day of her admission, she presented the following symptoms : countenance suffused, and of a dusky red colour ; respiration hurried and laborious ; dull sense of pain all over the chest ; short single cough, with scanty viscid expectoration ; pulse 100, irregular, occasionally intermitting ; tongue furred at the centre, scarlet at the tip and edges ; thirst ; anorexia ; no pain on pressure of epigastrium. On examining the thorax, the sound, on percussion, was found rather dull all over the chest, but much importance could not be attached to this sign, in consequence of her obesity. A dry crepitating rale was heard both before and behind over the lower half of each lung. The heart's action was tumultuous, and extremely irregular, conveying to the ear a tremulous sensation, similar to what is felt when lying on the deck of a steam-boat that is shaken by an engine of great power, or to the confused din and vibratory motion experienced when standing on the loft of a water-mill. The force of the impulse scarcely exceeds the natural standard, but occasionally the left ventricle strikes the chest with considerable force. The double sound of the heart is changed into a prolonged murmur, as if a file working back-

wards and forwards on a piece of wood. Above the clavicles this sound is also heard, but apparently at a distance, and in a subdued tone.

In consequence of the combination of double pneumonia with organic disease of the heart, the prognosis was extremely unfavourable. Bleeding from the arm, and full doses of emetic tartar, were prescribed.

Next day. Breathing rather less laborious; other symptoms as before. In the lower lobe of the left lung, bronchial respiration had taken the place of the crepitating râle, indicating the passage of the pneumonia, into the stage of hepatization. 12 grains of tartar emetic to be taken in the course of the day.

Next day. Countenance less agitated; respirations 26 in the minute; cough softer; expectoration more copious, and less like a solution of gum; pulse continues rapid, and irregular; no change in the stethoscopic sounds. In about an hour after the visit, while in the act of turning in bed, she was seized with violent convulsions, which continued about three minutes. On recovering, she exclaimed that something had burst within her chest; almost immediately, a second attack of convulsions succeeded, followed as quickly by a third, during which she expired.

DISSECTION, twelve hours after death.—The contents of the cranium appeared perfectly healthy, with the exception of a slight degree of congestion in the superficial vessels of the brain.

The lower lobe of the left lung was perfectly hepatized, and the lower and middle lobes of the right lung were slightly crepitous to the feel, and when cut, exhibited a brilliant red colour, and exuded a small quantity of frothy red fluid. The right auricle, and ventricle of the heart, were considerably dilated; their valves and muscular parietes appeared quite healthy. The left auricle was slightly dilated, and its parietes so thickened, that they did not collapse when divided; several of the muscoli pectinati were as large as goose quills.

The zone of the left auriculo-ventricular orifice, was cartilaginous, and to one side of it was attached a warty excrescence, as large as an almond, which projected into the auricle. The mitral valves were extensively diseased, and reduced the orifice to a mere crescentic chink. The chordæ tendineæ were unusually thick, and of a dull white colour. The columnæ carneæ, into which they were implanted, were also very much hypertrophied. The left ventricle was dilated, and its walls nearly twice as thick as natural. The aortic valves were surrounded each at its basis by a semicircle of bone, and their free margins were thickened, semicartilaginous, and curled upon themselves, so as to leave a very narrow aperture for the passage of the blood. A superficial ecchymosis, of the size of a shilling, was perceived on the outer side of the ascending arch of the aorta. On **slitting open the vessel**, it was discovered that the inner and middle coats, which were both extensively diseased, and exhibited several patches of calcareous incrustation, had been ruptured transversely, for an extent of at least an inch and a half, immediately below the origin of the arteria innominata, and underneath the superficial ecchymosis previously noticed. The inner coat was torn irregularly, and did not correspond exactly with the rent in the middle tunic, which was transverse, and apparently produced by the separation of its fibres. The external coat was not ruptured, or separated from its connections with the middle tunic, **except in the immediate neighbourhood of the rupture**. The quantity of blood effused in the ecchymosis, could not exceed half a tea-spoon full.

In this case, the rupture of the aorta was the only anatomical lesion to which the immediate cause of death could with any probability be referred; it is evident that this accident could not have preceded the fatal catastrophe many minutes, as otherwise the impetus of the column of blood projected by the heart, and striking directly against the cellular tunic of the aorta, must have protruded that yielding membrane into a pouch, as in the ordinary formation of false aneurism, or at least

have detached it to some extent from its connexion with the middle arterial tunic, as in the remarkable case of rupture of the inner and middle coats of the aorta, related by Laennec, vol. ii. p. 700, where the blood insinuated itself between the middle and outer coats of the vessel, dissecting them asunder from the arch of the aorta to its bifurcation at the iliacs. In the present case, there was scarcely any effusion of blood, but the shock which the nervous system sustained from such an extensive injury of the circulating system, the central organ of which was previously in so very diseased a condition, is quite sufficient, I conceive, to account for the fatal consequences that ensued.

CASE IV.—*Aneurismal tumour as large as a hen-egg, on the anterior surface of the arch of the aorta, composed of a fibrinous coagulum, and situated between the external and middle coats of the vessel.*

The signification of the term aneurism, is still so undefined, that I scarcely know whether I am guilty of a misnomer in applying it to the following morbid condition of the arch of the aorta, which, as far as I have been able to ascertain, has not been described by any pathologist.

William Hogan, a middle-aged man, of short stature and robust frame, was admitted into the Whitworth Hospital, with violent palpitations and extreme dyspnoea. These symptoms commenced almost imperceptibly about three years ago, and each succeeding winter they have been progressively aggravated. At the time of his admission, the pulsations of his heart were so violent, as to throw nearly the whole anterior surface of his chest into vibratory motion, visible at a considerable distance from the bed. Pulse at the wrist 110, strong and vibrating. Carotid and temporal arteries pulsate violently. Respiration hurried, laborious, and accompanied with a wheezing sound. Decubitus impossible.

AUSCULTATION.—*Sound on percussion* generally obscure : over the cardiac region it is perfectly dull. All over both lungs

a mixture of the sonorous and subcrepitous râles is heard. Impulse of the heart unusually strong, especially over the left ventricle; the impulse is also felt powerfully above the clavicles, where it is accompanied with a loud bellows' sound, which becomes less audible as the stethoscope is moved down the sternum.

His respiration continued to become more embarrassed until the time of his death, which occurred in about three weeks after his admission into Hospital.

DISSECTION made eighteen hours after death.—Lungs generally congested, bronchial membrane of a deep violet colour. Heart greatly increased in size, both auricles somewhat dilated, as was also the right ventricle, which lay quite flaccid on the septum; the latter measured fully one inch in thickness, and the other parietes of the left ventricle were proportionably hypertrophied. On examining the arch of the aorta, a hard solid tumor of the size and form of a large hen-egg was observed on its anterior surface, near the origins of the left carotid and subclavian. On slitting up the aorta, it was seen that this tumor, which projected considerably into the interior of the vessel, was situated between the outer and middle coats of the artery, both of which appeared perfectly sound, and shewed no mark of any solution of continuity. On making an incision into the tumor, it was found to consist of a solid mass of fibrine, of a pale yellow colour; its surface only being stained with the colouring matter of the blood. It was evident, therefore, that this tumor was formed of a coagulum of blood, and was situated between the external or cellular, and the middle or fibrous arterial tunics.

Its presence in such a situation, could, I conceive, only be accounted for on the supposition of its being caused by hæmorrhage from the vasa vasorum, which are usually of considerable size in that neighbourhood. It certainly could not be considered as an instance of a spontaneous case of aneurism, as though the aorta was slit open and examined most carefully, no

trace could be found of any communication having ever subsisted between the cyst and the interior of the vessel.

The only analogous case that I am acquainted with, is described by Corvisart, page 312, "*Essai sur les maladies du cœur*." This celebrated anatomist and physician, found a firm solid tumour as large as a walnut, intimately attached to the coats of the aorta. This tumour was enveloped externally by a fibrous membrane two lines in thickness, and contained a substance precisely similar to the fibrinous coagula that are found in old aneurismal pouches. Though the aorta was examined most closely, no communication whatever could be discovered between the tumour and the interior of the vessel, but a grey livid spot was seen corresponding to the base of the cyst. The same appearances were likewise observed in a second case, M. Corvisart declines offering any opinion on the mode of formation of these tumours, further, than that they were first extraneous to the coats of the vessel, and subsequently eat their way through the outer tunics by a sort of chemical process; and he supposes, that they might eventually occasion the formation of aneurism, by perforating the inner coat of the vessel. "*Je suis très disposé à croire que les tumeurs qui avaient déjà usé une grande portion de l'épaisseur des parois de l'aorte et altéré la couleur de sa membrane interne auraient fini par percer tout à fait cette artère.*"

I shall not pretend to determine, whether the tumours described in this passage are of the same nature, and formed in the same way, as in the case which I have related; Mr. Hodgson* regards them as instances of aneurism cured, the sac having been filled up with lamellated coagula, and the volume of the tumor diminished by absorption: but this opinion, which has been copied by most subsequent writers, is quite irreconcilable with Corvisart's express statement of the inner membrane being

* Diseases of Arteries, page 127.

perfectly continuous under the tumors, and only altered in its colour.

Whether the distending force of a coagulum of blood effused by the vasa vasorum, between the coats of an artery, may in those cases, where the inner and middle coats of the vessel are much diseased, cause the rupture of the diseased coats, and so lead to the formation of an aneurism from without inwards, according to the idea of Corvisart, is a question which must be decided by future observations.

CASE V.—*Death from asphyxia, caused by large tuberculous masses developed in the parietes of the left auricle, compressing the trunks of the pulmonary veins, so as to reduce their diameter to that of a crow quill, thereby preventing the return of the blood from the lungs.*

John Larkin, a poulterer, æt. 62, states, that he has occasionally suffered from cough and shortness of breathing for several years past, but that he never felt seriously ill until about twelve months since, when, after putting on damp clothes, he was seized with cough, dyspnœa, palpitations, and profuse hæmoptysis; for these symptoms he was bled copiously; the hæmoptysis ceased after the second week, and has not since returned; the cough likewise abated considerably, but the palpitations and dyspnœa continued to recur at irregular intervals throughout the remainder of the winter and spring; during the summer months he was so much better as to resume his ordinary occupations, but since the commencement of the present winter (1829,) his breathing has become habitually short, and at times has been so oppressed for hours together, as to make him suppose each succeeding gasp must be his last; states, that these violent paroxysms are brought on by changes of weather, flatulence, or mental vexations; but never had chills, night-sweats, nor diarrhœa.

The following is a summary of the principal symptoms which he presented during his stay in the Whitworth Hospital,

to which he was admitted on the 18th of December, 1829. He was excessively emaciated, and was constantly annoyed with a short, dry, harassing cough, his breathing was extremely variable, and as he himself remarked, materially affected by the state of the weather; during the two or three frosty days that occurred in the first week of January, he was so well as to walk down stairs and take several turns in the garden, but during the damp weather which succeeded, his breathing was frightfully oppressed in paroxysms, resembling the most violent attacks of spasmodic asthma. His pulse was never less than 100 in the minute, weak, compressible, and regular. The heart's action, as heard by the stethoscope, was extremely feeble, and could with difficulty be heard fluttering faintly, and apparently at a great distance behind the sternum; in the epigastrium its action was rather more perceptible, but its sound and impulse were so excessively feeble and indistinct, that it was impossible to analyze them. The sound on percussion was remarkably dull all over the thorax. During the last fortnight of his existence, no respiration whatever could be heard in any part of the left lung, in the right it was puerile for about two fingers' breadth under the clavicle, lower down it was extremely feeble, and almost completely marked by a subcrepitating râle. At this period he was obliged to sit bolstered up with pillows, and had regularly a frightful paroxysm of suffocation at midnight: his strength now failed him completely; his face assumed a livid cadaverous aspect; his ideas wandered, and became incoherent; and he died asphyxiated about five weeks after his admission into hospital.

Of all the remedies which were employed, blood-letting alone seemed to afford him even temporary relief, but the smallest abstraction of blood, was, latterly, followed by such extreme prostration of strength, that its employment was renounced altogether. Antispasmodics and counter-irritants seemed to produce no effect whatever on his symptoms.

On dissection made twelve hours after death, a considera-

ble quantity of serous fluid was found effused on the surface of the brain. On opening the thorax, the lungs appeared to fill the cavity completely, the superficial cells on their anterior surface were considerably dilated, laterally and posteriorly, the lungs at each side were firmly attached to the costal pleura, the medium of attachment was of the colour and consistence of cartilage. On removing the lungs from the chest, they appeared externally of a dark red colour, conveyed a distinct sense of fluctuation to the finger, and felt remarkably heavy. When the left lung was cut into, an immediate gush of blood followed, as if the incision had been made into an aneurismal sac. The quantity of blood which escaped could not be less than three pints and a half; after it had been removed, the pulmonary veins from which it flowed, were seen traversing the parenchyma of the lung, dilated to at least four times their natural size; those veins which are naturally no bigger than crow quills, being as large as the fingers of a glove. On tracing the dilated veins towards the root of the lung, the dilatation was found to extend uniformly from the smallest branches to the main trunks, which formed two large sinuses outside the left auricle. The right lung presented a similar appearance, but in a minor degree. On examining the heart, the dilatation and congestion of the pulmonary veins were found to arise from the compression which they suffered at their entrance into the left auricle, the parietes of which appeared converted into one solid unyielding mass of tuberculous matter, nearly one inch in thickness; this morbid production was developed between the outer and inner membranes of the auricle, and by the pressure which it made on the pulmonary veins, diminished their calibre so much, that a probe could with difficulty be passed through them into the auricle. The consequence of this constriction of the veins at their orifice, was, that the blood which was thus obstructed in its return to the heart, accumulated in the trunks and minor branches of the veins in such quantities, as to produce the enormous dilatation of those

vessels which I have endeavoured to describe. The right auricle and ventricle were considerably dilated; the heart in other respects appeared healthy. The bronchial glands were much enlarged, and filled with tuberculous matter. The lungs contained only a few miliary tubercles. The abdominal viscera did not present any unusual appearance.

I have thought this case deserving of being recorded, as it serves to illustrate a morbid condition of the heart and lungs of extremely rare occurrence, and likewise as exemplifying a pathological fact, which I have had repeated opportunities of observing, namely, that a permanent organic lesion may give rise to symptoms of a remittent or even of an intermittent character. In this instance, the mechanical obstruction to the pulmonary circulation, and the consequent congestion of the pulmonary tissue, must have opposed a constant obstacle to the due aëration of the blood, and yet the symptoms of distress were only felt occasionally, or at least were greatly aggravated at intervals. In like manner, I have known aneurism of the abdominal aorta distend the nervous filaments of the solar plexus to such a degree, as to lacerate several of them, and yet the pain experienced in this case occasionally intermitted for whole weeks together.

I have searched in vain in modern authors for the description of a state of the heart and lungs, such as I have recorded; but in Sprengel's erudite *History of Medicine*, I find mention made of a case almost precisely similar, which was reported by Maurocordatus, a Turkish physician, in the year 1664,* and is thus described by Sprengel (*Histoire de la Médecine traduite par A. J. L. Jourdan*, tom. iv. p. 129.) “Aux vingt-six raisons qui Maurocordatus allegue en faveur de la circulation pulmonaire, il ajoute encore une observation faite par lui même sur le cadavre d'un de ses maitres. Cet homme etait mort d'un asthme

* Maurocordat. *Pneumatic. Instrument. circulandi Sang.*—*Francof.* 1665, cap. 10, p. 81.

suffocatoire, on trouva les poumons singulièrement distendus, l'oreillette pulmonaire cartilagineuse, le ventricule gauche vide, mais les veines pulmonaires gorgées de sang; il en conclut que ces dernières ramènent le fluide du poumon." From this description it appears, that not only was the organic lesion similar, but that the symptoms which it produced were likewise those of spasmodic asthma.

ART. XV — *A Case of Collapse, after Parturition, in which Cold Aspersions were employed with the most marked benefit.* By G. T. HAYDEN, Esq., Surgeon to the Anglesey Dispensary.

Mrs. M'G., ætat. 26, of an irritable habit, had laboured under mental depression for some time before confinement of this her first child. Having completed the full time, labour commenced with the usual symptoms, on the 29th October, 1831, at 1 o'clock, A. M. A midwife attended; case natural in all respects; the pains did not become very urgent, until 3 o'clock, P. M., on the 30th. The delivery of the foetus was accomplished in an hour after.

After the birth of the child, she complained of slight pains in the back and lumbar regions, and with each pain there was a gush of blood. Her head became affected, and she was very much agitated, and irritable.

The midwife sent for assistance to the Anglesey Dispensary. Mr. M'Dermot, a senior and very intelligent pupil, immediately attended, and found the patient much exhausted, although the discharge of blood was less than a pint. The placenta had not been expelled. The uterus had not contracted. Pulse quick and small; countenance anxious. The binder was tightened. Clothes dipt in cold water applied to the hypogastrium, and external parts. Wine was given in considerable quantity. The pains in the back continued troublesome, but