

try to prevent men going down over twenty fathoms, but as they are paid by results it is very little use.

Admiralty Gulf, N.W. Australia.

CASE OF RUPTURED HEART.

BY E. ROUSE ROUSE, M.R.C.S., L.R.C.P. LOND., L.S.A.

A. B—, aged fifty-two, a stout and plethoric-looking man, while playing football, suddenly and without warning fell down in a sort of faint, but soon recovered and continued to play until the close of the game, never at any time, however, really over-exerting himself. After the game was over, and while returning to the ward, he was again seized with a somewhat more severe fainting fit, and accompanied this time by severe pain in the cardiac region. I saw the patient about ten minutes after this, and found him somewhat collapsed, with an almost imperceptible pulse and very shallow breathing, and complaining of excruciating pain in the cardiac region. He was ordered to bed, hot fomentations were applied over the cardiac region, and he was given hot brandy-and-water at short intervals, followed by a sedative draught; he was then seized with violent sickness, and said he felt somewhat better. He was kept in bed for two days, and placed on milk and beef-tea; and as then his symptoms had disappeared, he was allowed up, but he was not to walk about the ward. He continued in this state up to the date of his death, exactly a week after, on which day he had another fainting fit, and died in less than five minutes. At the necropsy was found a complete rupture of the left ventricle, about half an inch in diameter. The pericardium contained twelve ounces of blood-clot, besides some blood mixed with a serous fluid. The heart substance was very friable and fatty degenerated, as were also most of the other organs.

The interest in the case arises from the fact that the man lived exactly seven days after the date when we may assume the rupture partially occurred, or otherwise how are we to explain the severe symptoms complained of? But it is difficult to understand how he lived so long, unless we presume that, on the day when he was seized with his severe symptoms, the rupture was incomplete, or so small as not to allow the escape of blood into the pericardium, but that on the date of his death a sudden exertion or an increased pressure of blood ruptured more completely the previous injury, and as a consequence the immediate rush of blood stopped the heart's action, which undoubtedly was the cause of death. I should be glad to hear of anyone who has had similar cases, though I find in Bristowe's Medicine patients having lived a few hours or even a few days, but never as long as a week. The above case is, I think, of sufficient interest to be worthy of record.

Colney Hatch Asylum, New Southgate, N.

HÆMATOMA OF VULVA POST PARTUM.

BY FRED. W. MANN, M.B.,

LATE HOUSE SURGEON TO THE SIMPSON MEMORIAL AND MATERNITY HOSPITAL, EDINBURGH, ETC.

MRS. H—, residing in Huddersfield, aged thirty-four years, multipara (married sixteen years), seven labours and three miscarriages. The patient always enjoyed good health during her married life, is above an average-sized and a strong-looking woman. Last miscarriage four years ago; youngest living child nearly three years old; last menstruated about Sept. 5th, 1890. All her labours, with the exception of the first, were pretty easy, the last being very easy. I was called to see Mrs. H— on Sunday, May 17th, 1891, at 8.30 P.M. On vaginal examination the following was made out: Head at pelvic brim, os well dilated, and membranes almost down to vulva. I ruptured the membranes, and the head descended and presented; in about an hour the labour was completed without any further assistance. I inspected the perineum, which I invariably do, and it was not in the least injured. I gave her a drachm of ergot by the mouth, washed and bound her up, and after taking the pulse, which was about 90 per minute, left. About 3 A.M. the same night the husband came for me, and said that something had come down; he thought it was the womb. I refused to go, being absolutely sure the uterus could not

by any possibility have become prolapsed. After a little while the daughter came for me crying, and said that her mother was dying. On my arrival the patient was perfectly blanched, sighing, gasping for breath, vision obscured, and picking at the bedclothes. On visual examination a swelling the size of a man's skull was observed between the thighs, which was a hæmatoma of the left side of the vulva. I applied a cold antiseptic cloth, and went for Dr. Macgregor, whose patient she was, and whom I was assisting at the time. We went back together immediately, to find that the patient had burst the sac and was lying in a pool of blood. Dr. Macgregor examined her quickly, and confirmed my diagnosis. He then increased the rent, turned out the clots, syringed the cavity with hot antiseptic lotion, and plugged with sterilised gauze. Brandy and soda-water and milk were freely administered. The plug was removed twenty-four hours after, and not replaced. Subsequently she was syringed out by me twice daily with sublimate for ten days, and then continued it herself. She recovered without a bad symptom, and without a rise of temperature.

Remarks.—The following are worthy of note: The easy labour, the bursting of the tumour, antiseptic efficiency in midwifery, and recovery. My apology for publishing the case is its rarity, and its occurrence oftener in easy labours than those in which instruments are used.

Mortimer-street, W.

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.

ST. THOMAS'S HOSPITAL.

EXCISION OF THE ILEO-CÆCAL VALVE FOR CARCINOMA;
SUBSEQUENT OPERATIONS FOR FÆCAL FISTULA;
RECOVERY.

(Under the care of Sir WILLIAM MAC CORMAC.)

THE case we here record is one which presents many features of interest. Although chronic intussusception is more common in adults than in children, and in the situation in which it appeared here than in other parts of the intestine, it is rare to find a malignant growth forming part of the tumour produced by the intussusception and apparently the cause of it. The cases of resection of intestine for malignant disease hitherto recorded are but few, and of these success equal to that obtained by the operations in this patient has seldom been achieved. The question as to the best method of treating malignant disease involving the large intestine is one which must be decided at the time the individual sufferer applies for relief. Sometimes the symptoms of obstruction are too urgent, the general condition too bad, to permit of any prolonged operation; the growth has too many adhesions to surrounding parts to allow it to be brought to the surface, or there are considerable secondary deposits. In these cases the formation of an artificial anus is desirable. When the circumstances are as favourable as they appear to have been here, the operation of resection presents advantages offered by no other method. It will more especially meet with favour in similar cases should it ultimately appear that immediate suture after the resection can be done with equal or greater safety than the resection, formation of artificial anus, and the serious operation for the closure of the latter. Hahn's statistics were in favour of the performance of the operations in two stages. Senn has recorded two cases of resection of the cæcum for carcinoma in which he employed his decalcified bone plates. One of these was a success; the other died from ulceration of the intestine. We hope it will be possible to give the ultimate result of the operations on this patient. For the notes of the case we are indebted to Mr. H. B. Robinson, late resident assistant surgeon.

E. O—, aged thirty-six, a blacksmith, was admitted into the hospital on Nov. 29th, 1890. There was no history