

Another thing in relation to this disease, has still more interested me. In several instances, and at different periods in professional life, the opportunity has been afforded me to have charge of a considerable number of cases of it after its inception, from seven to ten days before eruption took place. In every case, by a thorough course of reducing to a bread and water diet, as far as practicable, and moderate saline purgatives, the result has been a remarkably mild form of the disease ; so much so, that in a few cases of delicate young lady adults, perhaps as much or more likely than usual to be thus successfully influenced, the pustules were reduced to only five or six upon the whole visible parts of the body, and these leaving no scars, or none that could properly be called pits.

Belfast, Me., March 9, 1854.

Yours truly,

ALBERT T. WHEELOCK, M.D.

RUPTURE OF THE HEART.

[Communicated for the Boston Medical and Surgical Journal.]

AN instance of this comparatively rare occurrence took place in Derry, N. H., on the 28th of Feb. last. The patient was Mr. B., a highly-respected farmer, aged 69, and the history of the case is as follows :—

For several years past he has been laboring under an increasing dyspnoea, aggravated by excitement or over-exertion, with occasional attacks of partial syncope. The severity of these symptoms was not such as to induce him to seek medical advice until February 15th, when on rising from his bed he was suddenly seized with severe pain in the epigastric region, faintness and great prostration. These symptoms continued unabated until evening, when, in the absence from town of his family physician, he got an emetic. This augmented the epigastric distress, and gave him a very uncomfortable night. After the nausea had subsided he was able to walk about, and to attend to his domestic concerns, although the local pain and weakness still continued.

On the morning of the 25th, he was again attacked with violent distress, referred to the region directly under and a little to the left of the xiphoid cartilage. This distress continued, accompanied by nausea and great dyspnoea, until his death. A very marked feature in the case was a constant sensation of fear that the slightest emotion or excitement on his part would be followed by immediate death. The physical indications were ambiguous. A careful inspection of the chest revealed no unnatural condition ; no change of shape was observable in the cardiac region. No cardiac impulse could be discovered, and the valvular click was with difficulty perceived. The heart was evidently in its usual location, and had become the seat of some serious disturbance. The arteries of the upper extremity were throughout affected by that calcareous deposit which is so common in aged persons ; but here it was so developed as to completely prevent the radial pulsations from being enumerated. Indeed, recourse was had to auscultation over the epigastrium, in order to number the pulsations of the abdominal aorta. And here a peculiar feature revealed itself. A loud whistling friction sound, en-

tirely unnatural, was heard. The pulse was for the most part 120, and intermittent. Added to these results, the right lung gave dulness on percussion, and the vesicular respiration was obscure. There was, however, no cough, no pain in the lungs, and no expectoration.

Diagnosis.—From the history of the case, in connection with the rational and physical signs, the conclusion was that the aortic valves, previously the location of organic disease, had recently become the seat of sudden and more extended lesion; that there was an effusion into the pericardium and right pleura, and that the aorta was the seat of cretaceous depositions.

The treatment which was adopted was accordingly palliative. After the operation of a mild laxative, anodynes were administered to allay the nausea; ice was freely taken by the mouth, and irritation was produced over the epigastrium.

Death.—About 4 o'clock on the morning of the 28th, after a quiet sleep of some twenty minutes, he raised his hands to his chest and instantly expired. The character of his death was such as to warrant an examination, in order to discover what sudden lesion had occurred, and what was the condition of the parts.

Autopsia, thirty-two hours after death. An examination was had of the thorax and abdomen. On opening the thorax, the most conspicuous organ was the pericardium, enormously distended. An effusion of sixteen ounces filled the right pleuritic cavity. Slight adhesions of the right lung to the costal surface existed. The lungs were perfectly healthy. The pericardium was filled with coagulated blood, together with serum, indicating previous effusion. On examining the heart, a rupture of an inch in length was discovered in the left ventricle, midway between the apex and aortic valves, and parallel to the fleshy columns. A section of the heart showed marked fatty degeneration in the vicinity of the rupture, and a microscopic examination confirmed the fact. About midway in the thickness of the ventricular wall a sinus was found, extending to the depth of nearly an inch entirely around the rupture, indicating that before the final rupture, and after the giving way of the fleshy columns, a proper cordal aneurism had existed. The aortic valves normal; the aortic sinus greatly enlarged, and cretaceous deposits were found in the vicinity of the valves.

The stomach and abdominal viscera presented their usual appearance.

E. L. GRIFFIN, M.D.

Derry, N. H., March 13, 1854.

CASE OF TWINS—A FULL-GROWN AND A BLIGHTED FŒTUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In looking over my notes, I find a case which I think may be of some interest, and which I send for you to do with as you may think proper.

March 25th, 1850, while on a professional visit some twelve miles from home, and in a neighboring town, I was, casually, called in to see a