

## A CASE OF FATTY DEGENERATION OF THE HEART.

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THE subject of this case was a young, ill-nourished native soldier of Her Majesty's (Left Half Battalion) 24th Regiment N. Infantry. He was admitted into hospital on the 30th July, 1878, for chronic articular rheumatism of one knee. His previous history was that he was under treatment for chancres and ague. There was at the time some synovial effusion, with thickening of the condyles of the femur, with little or no pain. Other joints were not affected in any way. By the internal exhibition of iodide of potassium, blistering the joint, and its absolute rest in splint, the fluid effusion was soon absorbed. He was then, for his anæmic condition, debility, and poverty of appetite, ordered cod-liver oil with sulphate of iron in decoction of margosa (*Azadirachta indica*).

On the morning of September 1st, on visiting the hospital, the assistant reported that this man had brought up some blood and was sinking. The case was at once seen. The patient was found breathing heavily, somewhat restless, but conscious, and could speak in whispers. He had the characteristic painful physiognomy of an individual suddenly and instinctively made aware of impending death. His pulse was small, irregular, and thready; his skin was cold and clammy. Sinapisms were ordered to the precordia and the calves of the legs, and the following draught was ordered to be taken at once, and to be repeated after half an hour:—Sixteen minims of oil of turpentine, thirty minims of aromatic spirit of ammonia, in an ounce of camphor-water.

It was remarked at the time that the man was sure to die very soon, and that in the dead-house organic disease of the heart would be found. Death took place half an hour after visit.

*Necropsy, five hours after death.*—Body spare, rigor mortis fairly marked. There was no visible bulging of the thorax anywhere. On opening this cavity the pericardium was found somewhat adherent to the sternum and costal cartilages; on carefully cutting through it with a pair of scissors, the sac was found full of clear serum, about three ounces of which escaped. The heart was not displaced, but appeared floating on a watery bed. The pericardium was thickened to at least three times its normal consistence, and flakes of recent lymph were deposited upon its internal or cardiac surface. The heart on removal was large, but seemed to the hand light in weight proportionate to its size; in the scale it proved nine ounces, or about two ounces below the average weight. The fingers presented a very greasy aspect after handling the organ, which felt soft, and seemed as if it would give way to even the slightest pressure. The muscular substance was of a pale dirty colour, streaked and replaced in many places (besides the following) by adipose tissue, which required no microscope to discern it; there were on both surfaces broad and elevated crucial bands of fat. Right cavities somewhat empty; the auricle, which was very much thinned, contained a largish, dark, discoloured clot; the ventricle was very anæmic, and there was general transformation of muscular into adipose tissue. With regard to the left cavities, they seemed full of fluid blood; other changes were much more marked than on the other side, and the ventricle was dilated. There was a small cartilaginous growth encircling as if it were the mitral orifice. The right lung weighed eighteen ounces and a quarter; apex and base, congested, but other parts pale and anæmic. The cut surfaces of the injected portions showed a considerable quantity of frothy mucus, which was also found in the right bronchus and its larger subdivisions. No cavity, tubercular or other deposit. Left lung weighed ten ounces and three-quarters; upper lobe healthy but lower congested, cedematous but crepitant. No vomica, &c.—Abdomen: Peritoneum healthy. Liver enlarged, weighing two pounds fourteen ounces; gall-bladder empty. The surface of this viscus, and also its interior, had an oily appearance; the application of a piece of white paper showed this very distinctly. Iodine gave no reaction. Both kidneys lardaceous. Spleen about normal

in size and weight, which latter was six ounces and a quarter. Brain not examined.

*Remarks.*—It is curious that this man never complained of any symptom attributable to the heart to arouse the least suspicion as to the gravity of the case; the organ, therefore, was unexamined prior to the fatal syncope. The only symptoms observed before this that might be at all associated with the pathological condition of the heart, were anæmia and debility; but here, in India, both these, and especially in natives, are far from uncommon as the results of malarial cachexy.

## 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.

### WESTMINSTER HOSPITAL.

#### CASE OF ACONITE POISONING.

(Under the care of Dr. STURGES.)

FOR the following notes we are indebted to Mr. Horace Elliott, M.R.C.S., &c., house-physician.

Clara B—, twenty-one, servant, was admitted to the hospital on Dec. 5th, at 1.15 P.M., having accidentally taken some aconite liniment. She stated that about 11.15 A.M. she went to a drawer to get a bottle containing some medicine she was in the habit of taking, and in mistake took some liniment belonging to her fellow-servant. She swallowed about half a wineglassful. She had taken two slices of toast and some tea for her breakfast about 9 A.M. Directly she had swallowed it she noticed a nasty taste in her mouth, and immediately felt a tingling sensation in her lips, mouth, and tongue; her teeth felt as if they were loose, and her lower jaw felt dead. Tingling then began in her fingers, and extended all over the body, and she felt numb. She tried to make herself sick by putting her fingers down her throat, but was unable to do so. She had no pain except the tingling; the feet felt cold; the eyes were dim, and she shivered. She managed to get down-stairs with some difficulty, her legs feeling numbed and heavy, and giving way under her. On reaching the bottom she fell down, and complained to her fellow-servant of great difficulty in breathing. Dr. Ffrench Blake was sent for about 11.30. He found her in an hysterical condition, the pupils being dilated. He administered an emetic of twenty grains of sulphate of zinc, which acted freely. The vomited matter smelt of camphor. The patient was taken up-stairs, and some oatmeal-and-water was given, which made her sick. She stated after this she felt stupid and dazed, but was able to recognise the people in the room. From this time she recollected nothing until she found herself in the hospital. The surgeon who sent her in says he saw her again at 12.40 P.M. (an hour and twenty-five minutes after taking the poison), when she complained of numbness and tingling, the pupils were dilated, and there was twitching of the muscles of the neck and spasms of those of the limbs. Mustard plasters were applied to the chest, and brandy was given internally. The patient was then sent to the hospital, and admitted at 1.15 P.M.

On admission she was in a state of collapse, the surface of the body being cold; the pulse almost imperceptible; respiration quick and shallow; the *alæ nasi* dilated, and the pupils widely dilated. The stomach-pump was passed, and the stomach emptied. This seemed to arouse the patient, and she tried to pull the tube out of her mouth. Brandy and hot coffee were then given freely, patient being able to swallow fairly. Her clothes, which were wet when she was admitted, were changed. She was then placed in blankets, and hot bottles were applied to the feet and to the sides of the chest. About 1.45 P.M. the surface of the body became warmer; the teeth chattered; the pulse was 75, small and