rations of organs. Who would not rather have to deal with an acute pneumonia or pericarditis, than with a case of confirmed morbus Brightii? How often does our healing skill hang its head in hopeless foreboding when our diagnosis has revealed the existence of an organic lesion! This must of course often be; but how needful then does it become that we should be thoroughly aware of these degenerative tendencies, and exercise the utmost vigilance to anticipate and stay those destructive changes which we are unable to reverse.

1, Southwick Place, Hyde Park, London, Sep. 22nd, 1853.

BRAIN AND HEART DISEASE, WITH EXTRAORDINARY AND LONG CONTINUED REDUCTION IN THE FREQUENCY OF THE PULSE.

By ALEXANDER HENRY PATERSON, Esq.

CASE. T. S., aged 62, a merchant in Glasgow, came under my care on Sept. 25th, 1852. He was a short, very stout, and apparently healthy man, with a quick intelligent face and an energetic manner. In his previous habits he had been very active; he had travelled much for many years, and was very temperate. His previous health had been good, except that he had had frequent attacks of chronic bronchitis since the age of 18, and had within the last three years had three attacks of giddiness, caused by strong mental excitement, and producing momentary insensibility. On these occasions he fell to the ground, but immediately recovered himself, and had not either before or afterwards any headache, paralysis, or other symptom of brain disease.

In April 1852, Mr. S. was for the greater part of the day engaged in looking over a farm a few miles from home: and on his return, he endeavoured to overtake an omnibus. For this purpose he ran up a hill; and, having taken his seat, suffered much from difficulty of breathing and palpitation. These symptoms increased, and a few hours after his return home he was seen by a physician, and found to be dangerously ill, with congestion of the lungs and bronchitis. For many days he was unable to lie down; the pulse, which in health had been about sixty, now beat twenty-six times in the minute. Anasarca rapidly showed itself in the legs and thighs. The kidneys acted very imperfectly. The brain, and nervous system generally were unaffected.

The treatment was diuretic and expectorant; and at the end of a month the more urgent symptoms abated. The lungs continued very generally congested; the cough was troublesome, the expectoration copious, and the anasarca diminished. Mr. S. breathed easily when the shoulders were well supported, but could not lie flat down, and suffered very much from shortness of breath on making the least exertion, particularly in attempting to walk up stairs.

Mr. S. continued gradually to improve till September, when he was advised to winter in a milder climate; and for that purpose he came to Bowdon. His general appearance I have described. He at this time had no blueness of lips, or other indications of venous congestion. His extremities were cold unless well clothed; he could take exercise with pleasure on a perfectly level surface, but on attempting to walk up a slight ascent or a few stairs, his breathing became painfully hurried, and he said that he lost all power. The tongue was clean and healthy; the skin pale, otherwise normal; the appetite was tolerable, but he suffered much from flatulence. The kidneys acted freely. There was slight pitting at the ankles; the bowels were rather sluggish. He had had for some years a seton in the neck for the attacks of giddiness, and had for the last two months also had one in the left side. The pulse was 28, full, and pretty strong. Mr. S. suffered from no pain, and chiefly complained of disturbed nights. He had his shoulders supported by two or three pillows, but was apt to slip from them, and was then disturbed by difficulty of breathing and increased cough. He was also, frequently, when free from this,

unable to sleep on account of restlessness. The pulse had been as high as 32, but had not exceeded this since April.

A careful examination failed to detect any symptoms of cerebral or spinal disease. The lungs appeared generally dull, and mucous rales were heard all over them, particularly posteriorly. There was frequent cough, with very free expectoration of frothy mucus. The heart beat with increased impulse, but the stroke was undecided and the sounds confused and indistinct. The impression given by the physical signs was that there existed either pericardial effusion, or absence of the mitral valve; but the extreme stoutness of the patient and the rales in the chest obscured the diagnosis. Mr. S. had for some months been taking sarsaparilla with acetate of potash, and pilula ferri cum assafoetida; as well as some mild aperients. This plan of treatment was continued by me, with some occasional variations of the diuretics.

In the course of a few weeks, Mr. S. very decidedly improved. His pulse rose to 32. His cough was much relieved, and he could walk slowly up stairs without pain or much distress. The chief annoyance was from flatulence and restless nights. The diet was most carefully regulated, and medicine was nearly left off. On October 16, I was hastily sent for, and found Mr. S. apparently dying. The surface was cold; the face of a lead colour; the veins of the neck were very turgid; the breathing was stertorous; there was partial insensibility, and a feeble pulse of 28.

Mr. S., having on the previous day dined on Irish stew, had gone to bed in his usual health. Early in the morning, feeling some nausea, he rose for the purpose of taking a Seidlitz powder, and fell back in the state I have described. He shortly afterwards vomited; and, after taking some brandy and chloric ether, he gradually recovered his usual state.

My patient now had again an interval of tolerable health; he could walk two or three miles, wrote, read, and talked well, and for an hour or two at a time; and with increased care in his diet, he avoided a recurrence of such attacks.

In January 1853, Mr. S. had a few friends to dinner, and appeared in tolerable health. In the course of the evening, he went for a purpose of nature into the yard. While he was there, a servant quickly opened a back door. Being startled, he sprang a few steps backwards, and fell fainting to the ground. He was with difficulty carried to a sofa, and slowly recovered. About this time he complained of wandering pains in the head; and I thought his memory rather affected. After consulting his former medical attendant, we agreed to apply a blister to the nape of the neck, and give two grains of blue pill twice a day till the gums were slightly affected. The medicine was taken for nearly three weeks; it then produced the desired effect, and appeared to have caused some intermittence in the pulse. It was given up, and I did not again detect any head symptoms.

About the 12th of March, Mr. S. pointed out a pimple between his shoulders with a hardened base. This quickly enlarged, and became a carbuncle of the size of a cheese plate. The treatment consisted in occasional small doses of opium, wine and good diet, and stimulating poultices. I did not venture to make a free incision, fearing a dangerous return of the fainting and collapse. This carbuncle was followed by two more, smaller in size, but still giving extreme pain, and causing much thirst and restlessness. The pulse at this time varied; being on April 17th, at 10 A.M. 36, and at 5 P.M. 46. It was intermittent, particularly when sitting up in bed, and before taking food. I ventured on May 1st to lance the last carbuncle freely; and my patient bore the operation very well. He now began to recover his strength, his appetite being good. On the 4th of May, he got down stairs, and noticed his legs pitting, but there was no fluid above the knees. His urine was examined, and found to be natural in quantity and quality. His pulse was stronger (about 30), with occasional intermissions. On 23rd May he left Bowdon, and shortly afterwards returned to Scotland.

From Dr. Bell, of Glasgow, I have received the following account of the conclusion of this extraordinary case:

"Your old patient died at last (July 28) very suddenly. He was seized with a fit of dyspnoea, followed by the expectoration of several mouthfuls of blood. The difficulty of breathing rapidly increased; and he died, I think, about four hours after the commencement of the attack."

Dr. Bell also informs me, that a large tumour appeared some weeks before his death in the abdomen; it pressed on the rectum, and caused much pain, diarrhoea, etc. I very much regret to add that no *post mortem* examination could be obtained.

REMARKS. I have preferred to give an incomplete account of this case, to allowing all record of symptoms which appear so uncommon to be lost. An elderly man lives from April 1852 to July 1853, with a pulse averaging about 32; and at last dies, more apparently from the effect of some of the evident symptoms, than from the obscure cause of the disease. The physician, Dr. Bell, under whose care Mr. S. placed himself in May 1852, believes that he had suffered for some years from hypertrophy of the heart; that the run in April ruptured the *chorde tendineae* of the mitral valve; and that the alteration in the number of pulsations depended either on some effusion about the origin of the eighth pair of nerves, or on obscure brain disease. My own opinion coincided with Dr. Bell's, except that I thought there was some pericardial effusion, though not to any great extent. The treatment was very simple. The points chiefly attended to were, the avoidance of all excitement, simple diet, and a warm dry air, with ample clothing.

Altrincham, Cheshire, September 10, 1853.

FATAL POISONING FROM ARSENIC TAKEN TO INDUCE ABORTION.

By THOMAS BROWN, Esq.

On Monday, October 21st, 1850, I was requested to see Sarah Weston, at the Lock, Weston-on-Trent, a single woman, aged 24 years. On my arrival, I ascertained that she came from her situation as domestic servant at Alvaston, a distance of seven miles, on the Saturday evening previous; and that during the journey she suffered from pain and vomiting, the latter continuing on her arrival at home, where she was prematurely delivered (by a midwife) of a male child. It was not until Monday morning that the friends with whom she lived thought it necessary to send for a surgeon; and, in the meantime, all traces of the matter ejected from the stomach had been removed. I found my patient delirious and unconscious, with a cadaverous countenance, and feeble rapid pulse. The abdomen was tender on pressure, and somewhat distended: there was urgent thirst and constant jactitation. Leeches to the abdomen and an opiate were at once ordered; but no alleviation of the symptoms took place; and death occurred within seven hours from the time I first saw her. In two hours afterwards, the infant of which she had been delivered also died.

Being called in after every actual symptom of poisoning was absent, I attributed the death to peritonitis: and the bodies were speedily interred, without, however, any medical certificate from myself or any other medical practitioner. On the second day of interment, some rumour prevailed that the subject of our case had been the victim of foul play; and this report gaining ground, the coroner for the county at once ordered the body to be exhumed. This was done on the 28th of October, 1850, just three days subsequent to interment.

In company with a neighbouring surgeon (Mr. John Smith), I proceeded to the barn where the body was exposed for examination. On carefully inspecting the œsophagus and cardiac portion of the stomach, there was no appearance of poisoning; but as we traced downwards near the pyloric orifice, we at once perceived erosion or ulceration of the mucous membrane, with a well defined line of demarcation.

I conveyed the stomach to my surgery, and the contents were tested by Marsh's apparatus, as well as by some of the more simple or uncertain modes; but having regard for the stomach (as a specimen of the action of arsenic, which was forwarded to the museum of the Sheffield Infirmary), I forbore subjecting the same to strict analysis, particularly so, as in the evidence adduced at the inquest it was clearly proved that the deceased had procured arsenic, and had taken it for the purpose of procuring abortion. The verdict was in accordance with this evidence.

September 22, 1853.

PERISCOPIC REVIEW.

PRACTICE OF MEDICINE AND PATHOLOGY.

DEGENERATION OF MUSCLES: MICROSCOPIC EXAMINATION.

The *Union Médicale* for May 7th, contains an account given by Dr. DUCHENNE, of an examination made by him of the right arm of a man who had died with muscular atrophy.

The subject was a man, aged 32, a mountebank, who had been under the care of M. Cruveilhier, labouring under general atrophy of the muscles, with loss of power of motion. Deglutition, speech, and respiration, gradually became impeded; and he died during an attack of influenza, from inability to dislodge the mucus which accumulated in the bronchial tubes.

A very full account of the case, and of the *post mortem* examination, is contained in an essay read before the Academy of Medicine by M. Cruveilhier, and published in the *Gazette Médicale* for April 16th, 1853.

All the muscles, although much atrophied, had almost preserved their normal colour; these muscles had undergone no change of structure. The brachialis anticus alone presented a pale grey colour. Several of the muscles on the front of the fore-arm were only tendons, having some muscular fibres attached to them; these fibres were for the most part of good colour, and of normal structure. There were no traces whatever of the pronator teres; more deeply, there were found some remains of the muscular fibres belonging to the superficial and deep flexors, and to the pronator quadratus. These fibres varied in colour from yellowish to pale grey. The fibres having the latter colour had the appearance of gelatine more than of muscle. All the muscles of the palmar surface of the hand were in the last stage of depraved nutrition, except some muscular fibres of the hypothenar eminence.

The muscular fibres were examined under the microscope by Dr. Duchenne and MM. Aran and Mandl. Their volume and texture were normal in those muscles which had preserved their colour, and which had been ascertained during life to be obedient to the electric or the voluntary stimulus.

Fig. 1 represents healthy fibre with transverse striæ. Some longitudinal fibres are seen.

Figs. 2 and 3 represent the first degree of degeneration. The transverse striæ are less distinct; they are frequently interrupted, are lost here and there, and at last are altogether displaced. The longitudinal fibres become more distinct.