3rd. The accession of fatal inflammation on exposure to heat and intemperance, as affording a most useful lesson in regard to the extreme caution with which similar cases should be regarded, even long after a successful operation.

The whole case also affords high encouragement to practitioners of the *Nil Desperandum* school, which bid us often to hope against hope, and who directs us not only to be most careful in forming our plans for treatment, but also to follow them up when convinced they are right, even under circumstances the most discouraging.

Charmouth, October 7, 1852.

DEATH FROM THE FORMATION OF A FIBRINOUS CONCRETION IN THE HEART.

By W. GARSTANG, M.D., M.R.C.S.L., L.A.C., ETC.

ON the 10th of February last I was requested to visit Mr. ———, a gentleman 64 years of age, who had been seized with erysipelas of the head and face. He was of a gouty diathesis, and had lived at all times freely. On some occasions he had shown signs of congestion of the liver, and even of ascites, but these attacks had always been removed by the usual treatment. On the present occasion these last-named symptoms were combined with the erysipelatos disorder. The erysipelas had given rise to much swelling of the head and face. The pulse was at 94, and moderately full; the tongue covered with a thick fur; bowels costive; motions deficient in bile; urine small in quantity, and of a high colour. I ordered, in the first instance, an aperient of calomel and colocynth; afterwards a mixture, containing antimony and nitrate of potass, every three hours. A cold lotion to be applied to the inflamed parts. On the following day the urine deposited lithates; the bowels acted well; the tongue was clean; the pulse at 90; and the inflammation abating. Favourable symptoms continued for a fortnight, and the patient became able to sit up for several hours during the day. His diet was improved, and he was allowed a small quantity of sherry at dinner. During the course of three weeks from this point there was not much change; the appetite was good; the digestive functions were performed well; the inflammation was gone, but the system did not seem to regain strength, and the heart's action was very feeble, the radial pulse being at 80, and weak. At the time now named (five weeks from the first attack,) the patient took a slight cold, and a mild repetition of the erysipelas, and of the hepatic derangement, appeared. These symptoms, however, were checked as speedily as before. The appetite returned, and digestion seemed to be easily accomplished; and yet, with all these favourable appearances, his strength failed, the action of the heart, and the respiratory movements gradually grew feebler, and at length, without any sign of pulmonary, cerebral, or abdominal

disease, these asthenic symptoms terminated slowly in death, just eleven weeks after the first commencement of the erysipelatos attack.

Post-mortem.—With the exception of a slight enlargement of the liver, we could find no organ exhibiting structural change. The lungs were perfectly healthy. Upon opening the heart, however, we discovered what, in my opinion, fully accounts for the gradual dissolution; a fibrinous mass filled both its right cavities, and sent up large and long branches into the pulmonary artery and its ramifications. The concretion was firm and white, and had an attachment to the walls of the heart.

Remarks.—I have but few remarks to make on this interesting case, and I should probably never have thought of publishing it at all, had not my attention been forcibly drawn during the last four months, to certain observations which have been made before the Medical Society of London, by Mr. B. W. Richardson, "On the Fibrinous Element of the Blood," and which have been reported in the columns of the *Lancet*. I find that in a paper read by Mr. Richardson, in November last, he thus observes:—"Lastly, in cases of asthenia, where fibrinous concretions exist in the heart, the very cessation of the act of life may be owing to their presence and gradual increase, the central organ of the circulation becoming literally choked by them.—(*Lancet*, 1851, vol. ii., p. 515.) In January, again, the same author briefly alluded to this subject, and produced a pathological specimen which strongly supported his views.—(*Lancet*, 1852, vol. i., p. 121.) And lastly, in the month of March, on exhibiting another heart in which a fibrinous clot was found, he gave more enlarged views on the matter, and threw out the idea, that during those diseases which are known to be attended with an abnormal quantity of fibrin in the blood, it may be, that some of the overplus of fibrin is deposited on the elevated structures of the moving heart, and he concluded by saying that:—"In all inflammatory cases marked by great superfibrination of the blood, and which end by what is called sinking, it would be interesting to learn how far similar concretions in the heart, may be concerned in bringing about the sinking state.—(*Lancet*, 1852, vol. i., p. 355.)

Now, without wishing to mention the many theoretical points which Mr. Richardson and other physiologists enter into with reference to the formation of fibrin, &c., &c., I cannot but observe that the case which I have related above, affords striking testimony as to the correctness of the opinions from which I have just quoted. My patient had suffered from erysipelas, a disease in which the blood is always superfibrinized, he sank in the most gradual manner, and the autopsy revealed no cause for the sinking, except (what was surely sufficient) a large fibrinous concretion in the heart.

Of course the narrative of a single case does not go far to establish a new opinion, but perhaps it may excite others to turn their attention to the same subject. I have been puzzled over and over again, at seeing patients gradually sink into death, after some slight disorder, with no evident disease that could account for such a

serious result. Now, if any explanation so simple as that given by Mr. Richardson, should prove, after further research, to account for some of these occurrences, a great step in the practice of medicine will certainly have been made. I shall look forward for further investigations on this subject with exceeding interest.

Dobcross, Paddleworth, near Manchester,
August, 1852.

ANOMALOUS CASE OF SCROFULOUS ABSCESS OF THE HEART.

By ROBERT RANKING, Esq., HASTINGS.

JAMES ASHENDEN, aged 39 years, of remarkably temperate and industrious habits, by occupation a gardener, after having complained of slight indisposition for ten days, which he attributed to having taken cold, and for which he had no medical assistance, was suddenly attacked on the morning of April 28th, 1831, at about eight o'clock, with the following symptoms:—viz., dyspnoea and most acute pain in the chest, referred especially to the region of the heart. The countenance exceedingly anxious and ghastly, having the appearance of a person suffering from extreme hæmorrhage, cheeks and lips perfectly blanched; extremities and the whole surface of the body cold and imbrued with profuse clammy sweat; eyes sunken; incapacity to lie down; pulse scarcely perceptible, about 70 beats in the minute. On inquiring into the circumstances of the attack, I learned that, feeling himself indisposed, he had, on the previous evening, taken a dose of Epsom salts, which had acted twice that morning; that he was in the act of stooping to pull some radishes, when he felt a degree of faintness come over him, attended with so much oppression at the chest, that he with great difficulty got home and threw himself upon his bed. I was sent for in great haste, his friends supposing that he was dying. My assistant who first saw him, directed sinapisms to be applied to the chest and feet, and ordered him a mixture with ether, ammonia, and mistura camphoræ, a dose to be taken every quarter of an hour.

Ten o'clock, A.M.—No improvement; state of collapse extreme.—Ordered to take hot brandy-and-water alternately with the mixture, and large flannels wrung out of very hot water to be applied to the arms, legs, and thighs.

Twelve o'clock.—Some degree of reaction; hands and body warmer; feet and legs still cold; pulse 108, exceedingly irregular; great oppression and disinclination to speak; complains of feeling sick.

Four P.M.—Called to him in great haste. Frequent vomiting; great prostration, amounting almost to syncope, after each fit of vomiting; pulse at the wrist of the same feeble character, and not synchronous with the pulsations of the heart.—To have carbonate of ammonia with lemon-juice, in a state of effervescence, every two hours.

Ten, P.M.—Much the same. Continue as before.

April 29th.—6 A.M.—Has passed a wretched night; vomiting incessantly; pain removed from the heart, but very acute over the right lobe of the liver. So much so that he declares the least pressure would be instant death.—To have a large blister applied over the pained part, and to take Hydrarg. Subm., gr. iij.; Pulv. Opii, gr. ss. quarta quaque horâ.

12 o'clock.—Sickness somewhat abated; oppression of chest much relieved; can now take a deep inspiration; pulse the same; extremities still cold.

Four, P.M.—Sickness returned with great violence; bowels have not acted. To have a purgative enema, and continue the calomel and opium.

Ten, P.M.—Sickness very urgent; pulse much more feeble and intermitting; pain returned with great violence; countenance extremely anxious and cadaverous. Has all along expressed a conviction that he is a dying man.—To continue the calomel and opium, and to have arrowroot and brandy by teaspoonfuls, every ten minutes.

30th.—7 A.M.—Has slept at intervals during the night; says he has little or no pain anywhere; sickness still very urgent; exhaustion excessive; pulse scarcely perceptible, and so irregular as to be with difficulty counted; blistered surface covered with gangrenous patches, the size of half-a-crown.—To have Quin. Sulph., gr. iij.; Extr. Humuli., gr. iij., in a pill, every two hours.

Twelve, A.M.—Just before taking the first pill, he got the yolk of an egg beat up with wine, which remained on the stomach; has since taken four pills, and several articles of food, which have not been rejected; pulse not improved.—To take whatever he can fancy, provided it contains much nourishment in a small compass; and to have Quin. Sulph., gr. iv., secundâ quaque horâ.

Four, P.M.—Sickness much abated; pulse more regular and distinct; has retained his food.

Nine, P.M.—He is very much more comfortable; has no sickness, but complains that everything he takes is like pepper in his stomach.

May 1st.—7 A.M.—Much the same; an indifferent night; bowels constipated.—To have Hydrarg. Subm., gr. ij.; Ext. Coloc., gr. vj., in pil. ij., tertiâ quaque horâ donec alvus sit solut.

Two, P.M.—Bowels have not acted; abdomen painful and distended.—The enema to be repeated.

Ten, P.M.—No evacuation; no sickness; great pain and distension of abdomen to be prevented, and to take Ol. Croton, gtt. j., statim, and continue the quinine.

2nd.—7 A.M.—Has had two small evacuations from the bowels; complains of great oppression at the præcordia; pulse extremely weak; constant vomiting.

Ten, A.M.—Vomiting has again ceased, in other respects he is the same.—To continue the quinine and nourishment.

Four, P.M.—He is sinking. He continued to sink from this time, and died between one and two o'clock in the morning of May 3rd.

Sectio-cadaveris fourteen hours after death.—The