able (6 centimetres); hypertrophy was as marked as dilatation, and the patient died of his heart affection, with thrombosis and gangrene.

Now, it is reasonable to suppose that if this patient had died earlier in the course of his heart disease of some surgical malady, as most or all of the other surgical patients did, dilatation of the auricle would also not have been observed in this case. In 3 instances the left auricle was recorded as hypertrophied, only once, however, considerably; but as the stenosis was not severe, except in 2 of the 18 surgical cases, hypertrophy of the auricle was not, in my opinion, to be expected. In 29 of the 70 cases the stenosis was of the less severe form, the mitral measurement having exceeded 55 millimetres.

The condition of the auricle was reported on in only 12 cases. In only 1 case was the auricle markedly hypertrophied (a great contrast to the result observed in the severe stenosis cases given above), in 2 cases it was slightly hypertrophied, in 4 it was dilated and hypertrophied, and in 5 it was dilated without hypertrophy. Since in 17 of the 29 cases of slight stenosis the condition of the auricle was not recorded, it is probable there was no marked change to record.

The absence of auricular dilatation in the surgical ward cases, its absence likewise in the majority of medical ward cases of slight stenosis leaves very little basis for the common assumption that in the earlier stages of mitral stenosis the left auricle dilates.

The above statistics, which I have carefully collected and assorted clearly indicate, however, that as the stenosis increases and becomes severe the left auricle hypertrophies, generally (even though judged from *post-mortem* statistics) without dilatation, but sometimes accompanied or followed by dilatation. The latter is best explained as causing and accompanying auricular breakdown and as being an old-age phenomenon in the history of mitral stenosis.

NOTE ON MEDIASTINAL FRICTION.

By ARTHUR T. DAVIES, M.D., F.R.C.P.,

Physician to the Royal Hospital for Diseases of the Chest, London.

In a paper recently read before the British Medical Association, Dr. George Perez, of Teneriffe, describes a new auscultatory sign, which he discovered in a patient of his, who for nine years had been subject to attacks of mediastino-pericarditis. The two following cases, both of which were seen by Dr. Perez with me, illustrate very well this new sign.

R. N., aged 25, was admitted into the Royal Hospital for Diseases of the Chest, on July 1st, 1896, on account of dyspnoea and cough, due to mitral regurgitation, aortic stenosis and regurgitation with dilatation of the aorta, and signs of adherent pericardium. The patient had had three attacks of rheumatic fever. On raising the left arm to the vertical position above the level of the head, distinctly crackling or friction crepitations were audible along the left side of the sternum, and similar sounds were elicited on the right side of the sternum, when the right arm was raised.

The second case was that of B. C., aged 53, who was admitted under my colleague, Dr. Hensley (to whom I am indebted for allowing me to use the case) on June 10th, 1895, for pains in the chest and dyspnoea. He had suffered from intermittent fever, but denied syphilis. There was present a distinct aneurysm of the first part of the arch of the aorta. Raising either arm to the vertical position caused distinct friction crepitation sounds to be heard on the corresponding side of the sternum. In both patients lowering the arms also brought out these signs, but they were not audible during inspiration or synchronous with the heart's action. The explanation furnished by Dr. Harris, of Manchester, as to the cause of these sounds seems to me to be the most probable one. He attributes them to the stretching, by the raising of the arms, of adhesions situated round the vessels external to the pericardium.

PRESENTATION.—Dr. J. R. Kaye, medical officer of health to the West Riding County Council, has been presented with an illuminated and framed address, which sets forth the appreciation entertained by the Huddersfield Town Council of his work in that borough.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

HEAT APOPLEXY: HYPERPYREXIA: ICE BATH: RECOVERY.

WHILST going through the Red Sea, about 9 A.M. on the morning of October 21st, *en route* to Hong Kong, the ship's cook, a healthy looking man, was carried to the hospital with the report that he had suddenly fallen down when at work. He was quite sensible on admission, and answered questions, but his temperature was 104° F. He was immediately placed in bed, some diaphoretic mixture given, and an icebag applied to the head and nape of the neck. An hour after this I found him in much the same condition, the temperature being the same, and although he complained of headache he still answered questions sensibly. Ten minutes after, when discussing the case with Surgeon-Major F. M. Baker, the orderly reported the man's temperature as being 107.4° F. To make certain that this was correct I immediately after had the temperature again taken with the same result—107.4° F. The patient now got rapidly delirious, and he quickly fell into a comatose condition: the eyelids drooped, the pulse was quick and almost imperceptible, there was stertorous breathing, and there was also a cyanotic appearance of face and lips. The case now being diagnosed as one of heat apoplexy, and as it was evident to my colleague and myself that the man was rapidly sinking, a bath of iced water was immediately ordered. Whilst the bath was being prepared, solid lumps of ice were kept assiduously applied to almost every part of the body. Slight signs of reaction now set in, and, the bath being ready, he was at once placed in it, the iced water being freely sponged all over the body. The treatment employed proved most successful. Within eight minutes the temperature fell to 99.4°, and he was then taken out of the bath. Reaction set in rapidly, and he began to recognise people. The temperature again rose for a short time to 103°, but the application of ice to the head and neck, and wet sheets to the body, speedily reduced it to 100°, about which it kept for two days, and then fell to normal. In less than a week he was practically convalescent, without a bad symptom, the only other treatment being the administration of 10 gr. of calomel.

I think the above case worthy of record owing to the fact of its having occurred in the Red Sea, when the average temperature in the cabins was about 90° F., and the temperature of the galley in which the man worked had registered 122° F. Fortunately we had an unlimited supply of ice, but notwithstanding this, considerable difficulty was experienced in getting the temperature of the bath water reduced, owing to the very high temperature of the surrounding air.

Colombo.

R. C. GUNNING,
Surgeon-Major A.M.S.

ANEURYSM OF THE ASCENDING AORTA: RUPTURE INTO PERICARDIUM.

ON November 4th, 1896, I received an urgent message to visit a man who had been taken suddenly ill at a colliery. During the three months he had worked at the colliery he had done his full time of nine hours. After finishing his full day's work he had to walk a distance of half a mile underground; the last part of this distance was up a very steep incline. On the day of his death, when he reached the top of this incline, he remarked to another workman, "That is a steep hill." Having said this, he immediately fell down, and, after breathing heavily for two minutes, died. The man, whose age was 52, had frequently been in my surgery during the previous two weeks for medicine for his wife, and looked a remarkably healthy man.

His wife and two of his brothers informed me that they never knew him to have a day's illness in his life, and never to complain of being tired with his work; also that he was a very steady and abstemious man.

I made an inspection of the body on November 5th. On opening the chest I found the pericardium greatly distended. I carefully opened it, and measured the contents, which nearly filled a quart basin with clots and serous fluid. There was