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TWO CASES OF PERICARDITIS.

By FERGUSON BRANSON, M.D., Physician to the
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Joseph Morland, aged 14, a table-knife cutter, was admitted an in-patient of the Sheffield Infirmary, December 15, 1843. He had been ill six weeks, and during that time had complained of pain in the left side of the chest, shooting to the left shoulder, with palpitation; he had also pain in the limbs, but no swelling around the joints. The only treatment was a blister applied to the chest, by his mother. A week before his admission into the Infirmary his legs began to swell, and he became generally anasarous. The day before his admission he was seen by a medical practitioner, who applied leeches to the heart, and recommended his friends to take him at once to the Infirmary. On his admission he was generally anasarous, the face pale, and very much puffed, and the eyes almost hidden by the tumid integuments; he was restless, and complained of oppressive dyspnoea; the impulse of the heart was bounding, quick, and slightly irregular; the pulse at the wrist was full and jerking; over the whole of the heart, but especially over the base and middle portion, a friction sound, the "to and fro" sound of Dr. Watson, was distinctly heard; in character softer than usual, so much so as to lead to a doubt whether the sound might not to some extent depend on valvular disease; this supposition, however, was refuted by the superficiality of the sound, and the full and bounding character of the pulse. Without tediously detailing the daily history of the case, my object being rather to connect the prominent physical signs with the after-death appearances, it is enough to state that by the repeated application of leeches and blisters, and the continued use of mercury, he was so much relieved as to be made an out-patient on the 22d of February. The anasarca had entirely disappeared, the friction sound over the base and middle of the heart had ceased, and there remained only a very slight double murmur, heard most clearly a little higher than the apex of the heart. The impulse of the heart, though considerably reduced in force, remained stronger than natural; the apex might be felt beating two inches below, and a little to the outside of the left nipple, and the dullness on percussion exceeded the normal limits. There was evident hypertrophy.

On March the 12th, he was readmitted; there was a return of the anasarca, though to a less extent than before, and the friction sound was now very distinct over the apex, and not heard at all over the base and middle of the heart. After somewhat similar treatment he was again relieved, and made an out-patient on

April 30th. The friction sound over the apex had not entirely ceased, though it was much softened in character.

On June the 4th, he came to the Infirmary to be prescribed for as an out-patient; his countenance was anxious, there was again considerable anasarca, and a very distinct, though soft, friction sound over the apex. A bellows murmur with the second sound was now heard on the right side of the heart, over the lower third of the sternum, and supposed to depend upon some obstruction to the passage of the blood through the tricuspid valve. As he could not at that time be admitted into the Infirmary, he was seen several times at his own house, a wretched and comfortless abode. No relief was this time obtained from medicine; he complained much of pain shooting from the heart to the left shoulder. On the 11th of June the friction sound could scarcely be distinguished, though the tricuspid murmur was distinct, and he died rather suddenly on the afternoon of the 13th.

At the post-mortem examination on the following morning, the pericardium was found to be universally adherent, with the exception of a small patch on the posterior surface of the heart; the adhesions, however, differed in character; they were much less firm, and apparently more recent over the apex than over the middle and base of the heart. The heart itself was nearly double its natural size, and the walls of the left ventricle much thickened. There was slight thickening of the aortic valves; no disease whatever of the mitral valve; very slight thickening and opacity of the tricuspid valve, and behind the tricuspid valve, and interlaced with the columnæ carneæ was a semi-organized polypous concretion, of a "pale flesh tint" (Hope) and adhering to the lining membrane of the heart by delicate filamentous bands of lymph, and clearly formed before death. The valves of the pulmonary artery were healthy; there was no disease of the lungs; the liver was large, with some hypertrophy of the white substance; the kidneys were much enlarged and presented a beautiful specimen of granular degeneration. Unfortunately the attention had been directed too exclusively to the heart, and no search for albuminous urine had been instituted during life. The post-mortem examination of the heart bore out exactly the symptoms observed during life. The firm adhesions over the base and middle of the heart corresponded with the first attack of pericarditis, the less firm adhesions over the apex corresponded with the last attack of pericarditis, and the semi-organised polypous concretion presented an obstruction to the passage of the blood from the right auricle to the right ventricle, suffi-

ciently great to cause the murmur with the second sound over the tricuspid valve.

William Riddle, aged 45, a comb-maker, and an inveterate spirit-drinker, called on me February 28, 1843. His complexion was sallow and anæmic, and he complained much of palpitation, dyspnoea, and cough. He said his health had been tolerable till five years ago, when he first remarked the palpitation, and observed that it was easily excited by ascending a hill or going upstairs. Twenty years before this he suffered from an attack of acute rheumatism. On listening to the heart, a remarkably loud musical murmur was found to accompany the first sound and was heard very extensively over the chest. He could only lie on his back, and his pulse had a peculiar thrilling character. I saw the man only once at this time, and made a very brief note of his case.

On March 30, 1844, he brought an out-patient's recommendation to the infirmary. His countenance then was bloodless and anxious; there was the same remarkably loud deep-toned and extensively heard musical murmur, loud enough to be distinguished by the unaided ear at a distance of several inches from the chest, and superadded to this older symptom was a friction sound, heard only over the apex of the heart, and at this point only was there tenderness on pressure between the ribs. He was with some difficulty persuaded to become an in-patient. On examining him in bed, the intensity of the musical sound was found to be greatest over the upper third of the sternum, and over the cartilages of the adjacent ribs on the right side. The musical sound could not be heard in the femoral arteries, nor in the abdominal aorta, but it was easily detected in the lower part of the carotids. There was no jugular pulsation. The dulness on percussion over the heart extended beyond the normal limits, and the apex of the heart was felt beating an inch below, and to the outside of the left nipple.

There was general throbbing of the arteries. The recent attack of *partial* pericarditis, indicated by the *limited* extent of the friction sound, was combated with leeches, blisters, and calomel; he soon, however, became tired of medicine, and was made an out-patient at his own request on the 11th of April. The friction sound had nearly disappeared when he left the infirmary, and ten days afterwards it had ceased entirely.

I lost sight of him till the 4th of June, when his wife called at the infirmary to tell me he was much worse. I found him altered in appearance, and much thinner; he was greatly harassed by the cough, and expectorated with difficulty a quantity of frothy mucus. He was unable to lie down, and passed the night in a chair; mucous râles were heard extensively over both lungs, and the musical sound was as loud as ever.

On the 13th he was gradually becoming more exhausted, passed restless and sleepless nights, and his legs were œdematous. There was no trace whatever of the friction sound.

On the 15th a loud and remarkably rough friction sound was heard over the whole of the præcordial region, very superficial, and through which the musical murmur could be heard distinctly. The pulse 100 and

jerking; tenderness on pressure in the intercostal spaces over the heart; cough very distressing and followed by urgent paroxysms of dyspnoea, which was much increased by the supine position. The urine was scanty and high-coloured, and did not coagulate on the application of heat; there was dulness on percussion over the lower part of the right lung, the respiration being indistinctly heard in that situation and over the whole of the left lung, and over the remaining portions of the right lung there was large mucous crepitation. Leeches were applied and three grains of calomel were given every two hours.

On the 17th, the friction sound was rather less distinct, and the heart's action irregular and fluttering.

On the 18th, the friction sound was less loud and distinct than on the 17th; the breathing, however, had become even more hurried and laboured; he was no longer able to expectorate, the pulse was rapid, the countenance expressed extreme suffering, and he died in the afternoon after a prolonged paroxysm of dyspnoea. On opening the chest on the following day a considerable quantity of serum was found in the right pleura, and the surface of the pleura pulmonalis on the right side was to some extent coated with recently effused lymph. The pericardium contained at least a pint of serum. The surfaces of the pericardium were throughout non-adherent, and on both surfaces were found extensive patches of firm, rough, granulated lymph; and which, when rubbed with the finger, gave out a friction sound precisely similar to that heard during life. The heart itself was double the natural size, from dilatation with hypertrophy. The endocardium was throughout considerably injected. The tricuspid valve was perfect, as were also the semilunar valves of the pulmonary artery; and the only lesion, if lesion it could be called, met with on the right side of the heart, was a somewhat friable state of the chordæ tendinæ. The pulmonary artery was also softer than natural, and easily broken through by the finger. The mitral valve was healthy—perhaps a little thickened. In the aorta immediately above the valves was a considerable atheromatous and bony deposit, the probable cause of the musical murmur; and a similar deposit was found on the aortic valves, but to a much less extent. The bony deposit was confined to an inch and a half of the aorta immediately above the valves, whilst the atheromatous deposit extended along the aorta as far as the finger could be passed into the vessel, but it was felt to diminish in quantity as the distance from the heart increased.

The liver had the nutmeg character, and the kidneys were healthy.

Sheffield, July 3, 1844.

CASE OF IMPERFORATE VAGINA.

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Irregular forms of disease occasionally present themselves to the surgeon requiring operation, for the performance of which no exact rules are laid down in the systems of operative surgery.

In these instances the surgeon is obliged to shape out for himself that course of operative proceeding which appears best calculated to fulfil the end required.

The case which I am about to relate is of this nature,