the whole breast from the pectoral muscle, and as no ligature was required, the parts were evenly brought together and healed in ten days completely. No constitutional disturbance followed, and never did a case promise a more successful termination. She continued perfectly well to the end of six weeks, when I was requested to see her on account of some uneasiness in the course of the cicatrix, which was attributed to the friction of her stays. On examination I observed a small pimple on the base of the cicatrix, which soon increased and became a troublesome sore, which rapidly spread, destroying all the parts around, and attacking the other breast. Her state soon became deplorable, and in less than six months she died.

CASE V.

FUNGOID TUMOUR OF THE BREAST.

I regret that the operation was not performed in the following case, as I think it would have offered a fair chance of success:—

Mrs. Davis, aged 50, perceived a small tumour in the breast, in March, 1817. It gradually increased until October, but as she suffered no pain, little notice was taken of it. In that month she consulted me, and had the appearance of being consumptive, and was much debilitated. The tumour was about the size of a small orange, with an irregular surface, but not very unlike a chronic abscess. It was situated on the upper part of the breast towards the sternum, and was soft and discoloured in one part. It was poulticed, and in four weeks had attained a very considerable size, the whole breast being involved in the same disease. The soft part now pointed, and appeared to contain fluid. It was punctured, but blood only escaped; a probe passed freely to a great extent through a spongy substance, which was easily broken down, and some small portions, resembling fat, were evacuated. For many days, small pieces of fatty substance were discharged; it bled occasionally; but the surface was generally dry, the dressings sticking, and bringing away portions of the same substance. A week after the puncture, a fungus protruded, and increased to a very considerable size, covering the edges of the wound over a large part of the breast, and measuring several inches in circumference. Nothing did good, and her health gradually declined. She often complained of a disagreeable taste in the mouth. After a time the fungus did not increase, and the surface died, and I frequently cut off large pieces; she suffered no pain. The various preparations of iron were tried internally, and the surface was covered with the carbonate, which destroyed the fungus without causing pain. By the beginning of March the size of the breast was reduced one half, and the fungus was gradually shrinking, but her health got worse. Before her death there was a discharge of matter from the breast, and all around it, as if Nature was making an effort to detach it. In this case, probably, the removal would have been advisable.

Torquay, December, 1845

REPORT OF A SINGULAR CASE OF HEART-DISEASE.

By JOHN BARCLAY, M.D., Consulting Physician to the Leicester Dispensary.

Mary Parsons, aged 18, a glove-stitcher, spare, well-formed, and of dark complexion. She has been always delicate, and had suffered for the last two or three years from shortness of breath; she has had rheumatic pains in the loins and lower limbs, but no acute attack, nor any illness, except those of childhood. The menses appeared at the age of 17, and continued regular till the present attack.

On the 5th of last October, she went for a walk, and was taken ill while out, with pain in the side, and palpitation. Mr. Derington, surgeon to the district, was sent for next morning, when she was better. He prescribed salines and a tonic mixture, but found, on auscultation, that there was dulness over the left lung, and remarked a slight bruit with the first sound of the heart, which then appeared functional merely. On the 10th, she was better; and on examination on the 11th, the bruit was not heard.

On the morning of the 12th, he was summoned to her, as she was said to be dying, and by his kind permission I accompanied him. She was lying in a semi-recumbent position, gasping for breath and moaning; the face was dark, and the hands and feet cold and clammy; the pulse 140; respirations 76. There was no dulness perceptible, but crepitation and absence of vesicular murmur over the left side; her state, however, prevented an accurate examination of the lungs; there were rusty-coloured sputa and cough; the heart appeared to be displaced towards the right side, its action was very violent, and with the first sound, completely masking all others, was a bruit, like a loud whistle in a deep tone, *audible a foot from her person*, with no medium of communication; while with the stethoscope it was quite painful to the ear. The hand applied over the cardiac region received a thrill, and this sound in a most extraordinary manner; it was not communicated up the aorta or carotids, was loudest at the apex, and of uniform intensity; there was no unusual dulness over the region of the heart. Sinapisms were applied to the feet; ammonia and wine were prescribed till she rallied; two grains of calomel were given every three hours; and inunction with mercurial ointment ordered twice a day; while a large blister was applied to the anterior part of the left side.

On the 13th, the symptoms had somewhat abated; pulse 132; respirations 64; the blister had risen well, and was discharging much; the tongue was clean; the bowels confined; and there was much thirst; the bruit retained the same characters in less intensity; it was not audible till the ear touched the bed-clothes, but there was no increase of dulness.

14th. The symptoms continued to abate; teasing cough and rusty coloured sputa were still present. The bruit was considerably diminished, was of a higher tone, and began to be variable in its character; there was no increase of dulness.

On the 15th, a remarkable remission of all the symptoms had taken place, though she complained of greater general uneasiness than before. The catamenia had appeared during the night, and she stated that she

had frequently suffered for three or four days before these periods. The tongue was clean; the pulse 130, steady and soft; breathing 48; expectoration very small in quantity, and still of a brown colour. The diminution of the loud bruit now rendered audible a soft bellows-murmur with the first sound, of which the other seemed independent; that was now not nearly so loud, and frequently absent for two or three beats; the second sound was perfect, and the heart's action still continued more violent than natural. The bowels being confined, some castor oil was ordered, and as the gums began to be affected, the mercurials were omitted.

16th. She was much improved in appearance, and had passed a large lumbricus. The bruit had again become louder, but the bellows-murmur was distinct over the ventricles. Pulse 96; breathing 30. The heart continued displaced, but there were no signs of effusion. There was still a troublesome cough, and crepitation over the lower part of both lungs.

29th. She had again become worse, with increase of the crepitation in the left lung, but no dullness. The bruit was again louder and constant; pulse 100; respirations 30. Aperient pills and a saline draught were ordered.

30th. Bowels not yet freely opened; pulse 112; respirations 52; sputa rusty. A blister was applied to the left side, and the medicines repeated.

November 1st. She was much better; pulse 100; bowels freely opened; large mucous crepitation over the left lung.

5th. She continued to improve, but was emaciated, and had acquired a very cachectic appearance. She was now able to be up and move about; the bruit was still present, and constant, though not so loud.

24th. She was now going about; the catamenia did not appear when expected. The heart presented at the apex a soft bellows-murmur, apparently from mitral regurgitation; but besides this, mingled with it, as it were, beginning about the middle of the first sound, and prolonged into the second, there remains the bruit which was formerly so loud. The nearest representation of the sound by syllables, (as Williams has proposed,) would be *lihoopüp*. The heart's action continued more powerful than natural.

She is now, December 11th, much better, and able to resume her employment, though not strong. She has not yet menstruated. The heart appears more in its natural position; the loud bruit still continues, almost constant, and is increased on exertion. She states that when she goes quickly up-stairs she can herself hear a sound with the action of her heart, "like a little drum beating." The soft bellows-murmur is also still to be heard, but there are no bruits in the neck.

I am inclined to think that there is insufficiency of the mitral valves, with dilatation of the left auricle; and that the frequent attacks of apparent pneumonia are merely the results of congestion from the blood being forced back upon the lungs; but the source of the louder bruit, and the theory of its production, still appear to us very uncertain. I need hardly add how happy I shall be to receive any suggestions on this head from those of larger experience in diseases of the heart.

Leicester, December 11, 1845.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF RHEUMATISM WITH PERICARDITIS.

(Reported by Mr. JOHN ELLIOTT WOOD.)

Ely Lock, aged 22, single, [was admitted under Dr. A. T. Thomson, May 20th, 1845. His occupation is that of a servant; he is of moderate stature and conformation; his habits are regular, and the quantity and quality of his food good. A short time only has been allowed him for sleep; with this exception his duties have been light. He has lived in an open, airy situation, and has never had rheumatism before; nor, as far as it can be ascertained, is the disease hereditary in his family. The present attack commenced on May 16th, with shivering, and a feeling of languor and debility. On the following day he was unable to attend to his usual employment; he felt great tightness across the chest, and pain in the back, and also in the right knee and shoulder. The pain in the chest continued till his admission; it was never acute, but dull and aching; he had no cough. Previous to his admission he took some effervescing medicine and aperient pills.

On admission, four days after the commencement of the attack, there was little, if any, increased heat of surface; he complained of pain in the region of the heart, and a slight murmur with the first sound was heard on auscultation; the pulse was not resisting; the tongue was furred; the appetite lost; there was constipation; the urine was high-coloured and very acid, but contained no albumen, nor excess of urea; the head was unaffected.

Sixteen ounces of blood were taken by cupping from the region of the heart; a purgative draught administered, and a pill containing calomel, tartar-emetic, and opium, of each one grain, ordered to be taken every six hours. Low diet.

May 22nd. The pain in the chest is much relieved by the abstraction of blood, which however was not bled or cupped; he perspires freely, and the secretion has a sour smell and reddens litmus-paper; there is much aching, but no actual pain in the joints; the pulse is soft and regular; the tongue dry. The pill has not produced any sickness or vomiting. It was ordered to be taken every eight hours only, and in the intervals the following draught—

R. Liq. Ammon. Ac., dr. iv.; Potassæ Nitr., gr. xij.; Mist. Camph., oz. j.

24th. There is more pain in the joints, particularly in the wrists, which are red and swollen; the other symptoms remain as before.

Venesection to sixteen ounces. To omit the draught, and to have in its place—Liq. Potassæ, dr. ss.; Vin. Sem. Colchici, m. xv.; Aquæ, oz. iss.

26th. There is considerable dullness in the region of the heart, greatly extended, both longitudinally and transversely; the impulse is very feeble, but felt over the whole of one side; the sounds are not as loud as natural; at the left border of the sternum is a distinct double friction-sound. In changing the position of the patient, the seat of dullness is considerably altered.

27th. The impulse of the heart is more plainly felt over the chest, and the dullness is rather less extended; the sounds of the heart are very feeble at the apex, but