

the same eminent surgeon on the human subject did not result in success,\* this may be attributed to other causes than its impossibility, since numerous cases are on record of the total obliteration of the great vessel. I refer for examples to Graham, Craigie, Hulse, and Rokitsansky, the latter of whom points out the almost normal mode in which obliterations take place, just below the arch of the aorta. In all these instances, however, collateral circulation had been established; the abnormal changes had occupied probably a long time in their progress; the system had gradually accommodated itself to its altered conditions. We can, then, easily understand how interruptions of the vascular system can be borne with and overcome; but the reasons which are satisfactory in this case are inapplicable, when we apply them to explain the extraordinary amount of narrowing, sometimes almost occlusion, met with at the orifices of the heart.

The foregoing ideas have been suggested by the occurrence of a case which I offer to the Journal, not because it exhibits any novelty, but because it adds to the number of facts from which useful deductions may be drawn.

#### CASE I.

##### *Tricuspid Segments united—Mitral calcified and contracted.*

On February 28th, 1853, I was asked to visit a young gentleman (A. K.) who had been suffering under an attack of acute rheumatism, gradually increasing in severity for about a week. I found him complaining of much pain, and the other usual symptoms. There was no particular indication of the heart being implicated, yet upon applying the stethoscope, a loud endocardial murmur was perceived, accompanying the first sound, but loudest towards the heart's apex. Colchicum was ordered, and acted so beneficially as quickly to break up the complaint, and he convalesced rapidly—the murmur, however, had not disappeared when I ceased to visit him. At that time it was considered to be owing to rheumatic affection of the heart, but, since his death, his history has shown that some degree of heart disease must have been of much anterior date. Previous to his 3d year he was a healthy, fat child; he then had severe hooping cough, after which he remained thin and delicate—at the age of six he had choren, not severe, but very protracted, lasting about three years. It was observed, that, though cheerful and playful, he would never exert himself like other children, but remain looking on

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\* Sir A. Cooper ligatured the aorta in 1817, in a case of inguinal Aneurism in which the patient was bleeding to death—the patient survived 40 hours; and a sufficient circulation was established in the sound limb. The same operation has been repeated three times with a similar unsuccessful result. The last time by Dr. Monteiro of Rio Janeiro approached nearest to success, the patient lived ten days, and died not from want of circulation, but from secondary hemorrhage.—See Erichsen's Surgery, p. 499.