extension of ulceration with all its attendant dangers. The importance of taking the disease in time is universally recognised; the worst cases are seen in persons who have tried to resist the *malaise* of the initial stage, and have continued about their work or made long fatiguing journeys during that stage. The exhaustion thus produced increases not only the severity of the true primary typhoid infection, but also that of the secondary ulcerative affection. Hence also the prospect of recovery is, *cæteris paribus*, better in young robust adults, especially of the male sex, than in extreme youth or advanced age.—*Brit. Med. Jour.*, Nov. 21, 1891.

Rupture of an Aortic Valve through Physical Exertion.—Tretzel (*Berlin. klin. Woch.*, Oct. 26th, 1891) publishes a case of rupture of an aortic valve caused by violent exertion. A healthy, muscular man, while pushing a heavy wagon, was suddenly seized with pain in his chest, soon after which there came on a peculiar purring noise, clearly of cardiac origin and audible several feet of, no other discomfort being experienced except some tightness of the chest. The purring noise corresponded with a thrill felt when a hand was applied to the chest-wall. Auscultation showed the *bruit* to be synchronous with the cardiac diastole, and loudest over the middle and to the right side of the sternum. Treatment was ordered in the form of digitalis and physical rest. Instead of resting, however, the man continued at his arduous occupation. About two years afterwards he again sought advice, when Tretzel found him breathing with difficulty, cyanosed, and with œdema of the feet. Rest in bed, calomel and digitalis alleviated his symptoms, and enabled him in a measure to resume his occupation. About a month later, however, he suddenly fell down dead. At the necropsy the heart, especially the left ventricle, was found enormously enlarged. The right aortic valve was partially torn from its point of attachment, its free detached edge being slightly thickened. Corresponding with its former seat of insertion was a wide linear tendinous-looking scar, slightly raised above the surrounding intima. The other valves were healthy and competent. The muscular wall of the heart was pale and friable, having evidently undergone degeneration.—*Supplement to the British Medical Journal*, Nov. 21, 1891.