

If from a larger opening, and this is the usual case, the pericardium is rapidly filled with blood and death takes place quickly with only partial clothing of the exuded blood.

With these preliminary remarks I would like to now draw your attention to this specimen of a rupture of the left ventricle in a specimen obtained from a man sixty years of age, for some time - invalidated by a chronic neuritis, peripheral, apparently, but still working when he felt like it at his trade, that of a cabinet-maker.

On the evening of June 4, 1897, after having eaten his usual evening meal he suddenly fell to the floor, pale and unconscious, in a few minutes becoming restless and crying out as if in terrible pain, hand applied to the epigastrium. The three succeeding days he spent mostly in bed, pain becoming less, and sensorium clear. On the fourth day, in the morning, he got up, ate his breakfast, felt like going to work, and intended doing so. Went to the bath-room, and after defæcation, buttoned up his clothes and started to leave the bath-room. He suddenly fell forward on his face to the floor, and moaned a little. Was carried to his room, gasped a few times, and in a few moments was dead.

*Post-mortem.* Abdominal organs as usual. Brain and cord not examined. Pericardium distended with blood about ten ounces, partly fluid and partly clotted. A longitudinal rupture through the whole thickness of the left ventricle, one inch in length, with ragged edges, commencing one-half inch from upper border of ventricle, and extending midway between anterior and posterior borders, and extending from point of commencement towards the apex. Internally the rupture is of about the same dimensions and in the same direction, but more ragged, and consequently not so linear in appearance. The left ventricle wall is not more than three-eighths of an inch in thickness at any part, and its substance is very friable, and "grossly fatty" in appearance. The heart in other respects is fairly normal, except that the muscular tissue everywhere is somewhat soft. There is a patch of atheroma about as large as a five cent piece in the aorta, two inches from its commencement. All the coronary arteries are atheromatous. The anterior branch of the left coronary artery, immediately after its commencement, is occluded by a partly organized thrombus, which extends downward as far as the artery can be conveniently opened up. In the interior of the left ventricle, near the apex, some columnæ carneæ and part of the wall of the heart have been torn, and between the torn portions and around them are several very firm thrombi. Other organs as usual.