

ART. II.—*Cases from the Clinic of 1851.—Case of Hypertrophy of the Heart with unusual sound.—Case of Conjoined Emphysema and Phthisis.* By S. C. SEVELL, M.D., *Edin., Lecturer on Clinical Medicine, University McGill College; Physician to Montreal General Hospital, &c.*

*Case 1.*—The following case derives its interest from the first sound having been that usually ascribed to dilatation, and the heaving impulse having been absent, and the pulse feeble. Ann Wetenhall, ætat 28, a native of England, was admitted into the Montreal General Hospital, 22nd March, 1851.

*Previous History.*—This was not easily ascertained, as she had evident difficulty in collecting her thoughts, and irritable dislike to answering questions. When young, had an attack of acute rheumatism; when crossing the sea last summer, she suffered *most severely* from sea-sickness, and since landing had constant palpitation of the heart, with pain more or less severe; catamenia irregular and scanty.

*Present Condition.*—Countenance anxious; face œdematous; tongue clean; skin cold and moist; no appetite; pulse ranging from 120 to 130, *very feeble* both in carotid and radial arteries; appearance exsanguine.—Physical signs—præcordial dulness normal; apex of the heart struck in the normal position. The impulse of the heart was powerful and sudden, *without any back-stroke*. The first sound, short, sharp, clear and loud, while the second sound was that usually ascribed to hypertrophy, *very feeble*. The interval was scarcely appreciable, and only on minute attention being paid.

*Diagnosis.*—From the force of the impulse chiefly, I pronounced this to be a case of hypertrophy of the left ventricle. In pointing it out to the students, I made them remark that there were

no signs of valvular disease, and that the hypertrophy was probably dependent on pericardial adhesion. I also indicated to them the unusual character of the first sound, adding that I was unable to give any positive explanation of the cause.

On the 25th, epistaxis came on—regarding it as a salutary effort of nature to avert mischief from the brain, I did not interfere with it for some time. I saw her at 10 at night, and left directions with the house-surgeon to give her oil of turpentine, should the bleeding affect the circulation seriously. He gave it in the night, and at stated intervals, with the effect of controlling the hæmorrhage, which recurred in small quantity from time to time and ceased in the night of 26-7th.

28th. — Symptoms of compression coming on, with paralysis of portion of 3rd nerve of right side, the right eye being everted. Answered questions very slowly. Complained of excessive fatigue. Raised either hand alternately and pressed the head. Occasional jactitation of right fore-arm. Veins of neck enormously distended. Pulse very feeble. Character of heart's action unchanged. Coma came on rapidly, and she died at 10 P.M.

*Autopsy 15 hours after death*—The body had been placed on the table in the dead-house, with the head elevated, which position we did not disturb during the section. Encephalon: effusion of serum into and under the arachnoid membrane, but to no great extent.—Longitudinal and lateral sinuses, and the veins of pia mater very much congested. Substance of brain exsanguine, and exuding serous fluid. Lateral ventricles one third full of serum. Below the tentorium great effusion of serum.

*Thorax.*—On lifting the sternum,