

days after its administration had been stopped. He also recommends that the hair should be cut and examined; in one case in 100 grammes of hair he found 1 milligramme of arsenic. As regards the discovery of arsenic in the tissues after death, authorities have been by no means agreed. Scolosoboff and others have asserted that arsenic accumulates to the greatest extent in the brain and spinal cord. Ludwig found that it was most persistent in the liver; the bones, according to him, might retain the poison for some time, but not so long as the liver. Professor Brouardel, however, finds that when the poison has been taken into the body slowly in small repeated doses it is apt to be deposited in the spongy tissue of the flat bones, for example, of the cranium, vertebræ, and scapula, and that it is eliminated from these very slowly indeed; in the more rapid cases it is found in the bones rich in compact tissue, that is, the femur, and this fact no doubt explains the apparent discrepancy between his results and those of Ludwig.—*British Medical Journal*.

### **Spontaneous Rupture of the Heart.—**

Dr. Mallet of Paris described before the Société Anatomique of that city a case of this accident which occurred last May in the Hôpital Tenon. The patient was a man aged 79, with pulmonary disease. He died suddenly after rising to micturate. A rent, almost vertical and over two inches long, was discovered in the anterior aspect of the wall of the left ventricle. The pericardium was full of blood, the aorta atheromatous, and the left coronary artery nearly obliterated. All the valves were normal. Dr. Mallet quotes Odriozola's statistics of spontaneous rupture of the heart. That observer could only collect 176 authentic cases. In many instances the patient was old, being between 60 and 70 in thirty-six, and between 70 and 80 in forty-five. The accident appears most frequent in women. As a rule, the escape of blood into the pericardium is considerable. The rent in the wall was unusually large in Dr. Mallet's case. In nearly every instance in Odriozola's statistics, the rupture was in the anterior part of the left ventricle. The original report of the case deserves study. The rupture apparently took place fifty-three hours before death, when the patient was seized with dyspnœa and