

months from the time he was shot before he was able to drive the thirty (30) miles between here and Lethbridge, and make the journey to Toronto. It was delayed after this also by a swelling of the right leg, which required rest and bandaging. He had suffered from phlebitis in this leg some years before, after an attack of typhoid.

I examined the patient a short time ago, and outside of some dullness on percussion around lower and back part of lung, due to thickened and adherent pleura, he appears to be all right. He is not able to indulge in violent exercise, such as cricket or lawn tennis, but for anything requiring a moderate degree of force, says he is as good as ever.

Remarks.—For the first twelve days both wounds were occluded. There was a moderate amount of blood in the pleura, which did not undergo any decided purulent change. On the entrance of air by the emptying of the small pus cavity alluded to in the entrance wound, hemorrhage recommenced. It was probably a mistake to enlarge the orifice, but a pardonable one under the circumstances, one that did not cost much, and one that was of value by affording a better knowledge of the nature of the wound. After this, there was nothing to be done but to control the hemorrhage by complete quietness, compresses, etc., and select the best time for paracentesis. After the counter-opening was possible the case became simple, and illustrated the advantages of cleanliness and thorough drainage.

CARDIAC POLYPUS — CAUSING SUDDEN DEATH.

BY W. H. B. AIKINS, M.D.,

Pathologist to the Toronto General Hospital, etc.

The subject of the autopsy was an old negress, who had been admitted to the Toronto General Hospital, to be operated upon by Dr. Reeve, for the removal of a cataract. The operation was done without the administration of a general anæsthetic, but by the aid of a local application of cocaine. The operation was successful, and the wound healed kindly, but the patient suddenly expired on the sixth

day after operation. No cardiac lesion had been detected upon stethoscopic examination before she underwent operation.

The main features of interest of a pathological character were the fibroids of the uterus—above six pounds in weight—which had undergone extensive calcareous degenerative changes, but of still greater interest was the condition of the heart. The valves were free and the cavities normal, save the right auricle, which was dilated and almost entirely occupied by “a true polypus,” or a true polypoid growth resembling an organized *anti-mortem* coagulum, and attached by a firm pedicle to a point corresponding with the situation of the eustachian valve in the *sinus venosus*. The pedicle, which was half an inch broad, was covered with endocardium, continued also over a portion of the mass. This polypoid, pear-shaped growth was elastic, tough and tenacious, measuring two inches in its long diameter.

There can be no doubt that fibrinous concretions and true polypi are formed in the heart from the blood during life. Rokitsky divides the coagula into three varieties: (a) Polypi; (b) ramifying coagula, and (c) globular vegetations (*végétations globuleuses* of Lænnec); and considers it a remarkable circumstance that polypi are almost always limited to the left ventricle, though he has observed them, in a few exceptional cases, situated in the right auricle and ventricle. In this case the growth was on the right side, and there was no evidence of any endocarditis having existed.

Many of the German pathologists have written exhaustively on the varieties of cardiac thromboses, though all have not taken cognizance of the true polypi. Pearls* mentions the “Herzpolypen,” but would apply the term rather to those clots formed during the death struggle, than to those formed at a considerable period previous to, or independent of, the fatal issue.

Rindfleisch,† likewise speaks of the “Herzpolypen,” which may be called thrombi, usually formed through a roughness of the surface and a lagging of the circulation.

* Lehrbuch der allgemeine pathologischen anatomie und pathogenese.

† Lehrbuch der pathologischen gewehelehre, 1886.