

order to prepare the skins, he had to perform with both arms a forward and a backward movement, which necessitated especially the action of the muscles of the shoulder, so that these were the first to be affected, and are at present almost completely atrophied. The wasting away is almost the same in both arms, as both were in action during the man's work, whereas, in respect to the legs, the right one alone was obliged to support the whole weight of the body. Consequently, with the lower limbs, the right leg is the only one that has wasted; it is one-half smaller than the other, and the affected muscles are those the action of which was the most constant, such as the rectus femoris, vastus externus, and vastus internus.

In the beginning, the patients complain especially of prostration, of weakness even in the morning on getting out of bed. They feel—particularly at the outset of the disease—intense, darting, intermittent pains. Before atrophy is well marked, there always exists more or less temporary contraction of the muscles.

When wasting has once begun, it follows a most rapid course if the patient continues to fatigue his muscles.

Almost always this affection is mistaken for progressive muscular atrophy, but it differs from it in its course and in a great many of the symptoms. 1st. The muscles which are the first to be affected are generally the largest ones, and particularly those in the neighborhood of the shoulder-joint. 2nd. The pain and cramps at the outset are also a distinctive sign. 3rd. These cases of wasting amend rather rapidly under the influence of rest and the use of constant and continuous electric currents.

Recently I observed one case which it was most difficult to differentiate from progressive muscular atrophy, as the atrophied muscles were the same as those which are the first affected in this latter affection. They were the muscles of the thenar eminence, and chiefly the abductor pollicis. The patient was an enameller, who had to hold an object all day between his thumb and index-finger. He first got cramps in the thumb, which suggested the idea of scrivener's palsy, then tremor of the thumb, on account of the fibrillar contractions, and lastly, atrophy. Under the influence of treatment there was a

rapid amendment, which showed that the case was really one of professional muscular atrophy, and not commencing progressive muscular atrophy.—*Monthly Abstract.*

RUPTURE OF HEART.—Dr. R. E. Van Giesen, of Greenpoint, presented to the New York Pathological Society, a heart showing rupture of the left ventricle. The history of the case was interesting as affording a premonitory stage. It was, briefly, as follows: A man sixty-five years of age, was seized with sudden vertigo on November 23rd, after suffering from severe grief for the loss of a near friend. Two days after, Dr. Van Giesen saw him; he was then having an attack of nausea and vomiting, accompanied with pain in the chest. Previous to this he never had been sick during his life. During the evening of the day in which the doctor saw him he was very comfortable, and continued so till one o'clock in the morning. At that time, while urinating, he sprang from his bed and dropped dead. The autopsy was made thirty-three hours after death. All the viscera, with the exception of the heart and aorta, were healthy, with the exception of the liver, which was fatty, and extended up to the border of the third rib. The pericardium was half filled with fluid blood. The right ventricle was very thin, and at a point near the septum there was a rupture about an inch in length. From a superficial examination it would seem as if the wall of the heart had undergone fatty degeneration. It was referred to the Microscopical Committee for report. In answer to the question of Dr. Van Giesen as to what was the cause of the preliminary trouble, Dr. Delafield said that cases occur in which the rupture is gradual and oblique. In cases of such a class there are premonitory symptoms, but in the case presented there were no evidences of such a condition. Dr. Van Giesen said that when engaged in the naval service he saw, personally, the death, from cardiac rupture, of Ripley, a distinguished gunner. While Ripley, in asking for a chew of tobacco, reached out his hand, he dropped dead. At the autopsy, the rupture was found on the anterior surface of the ventricle. The wall of the ventricle was as thin as tissue-paper. The pericardium was completely filled with coagulated blood, forming a perfect cast of the heart and pericardium.