

sounds occupying one second, and the spasm being followed by two seconds of absolute rest. These phenomena were followed for twenty minutes, and were quite regular and without variation. Examination of the abdominal viscera and of the cervical region gave negative results. In arriving at his diagnosis Dr. Hammer was able to exclude fatty degeneration and enfeeblement of the heart by the physical signs, although perhaps at present we are not in a position to define exactly the signs of these affections. Alterations of innervation, he says, were contra-indicated by the absence of all evidence of change in the central nervous organs, or in the cervical nerves; of an acute infectious disease there was no evidence; the percussion of the heart and the examination of the thorax generally negated the idea of any altered relations of pressure or of any organic affection of the heart such as myocarditis, endocarditis, hypertrophy, atrophy, or valvular disease. The striking feature in the case was the suddenness of the collapse, which pointed to a sudden interference with the nutrition of the heart, possibly to thrombotic occlusion of the coronary arteries; further consideration convinced him that, though this was probable, only one artery could have been occluded, or the heart would have come to a stop altogether, while the regular tumultuous heart-spasm of five seconds' duration pointed to a one-sided affection. The affected side acted as a dead weight to the organ, and impeded the movements of the sound half, but whether the affected side was right or left no conjecture seemed possible. Dr. Hammer accordingly made his diagnosis, much to the astonishment of his colleague. The patient died nineteen hours afterwards; and, leave to make a partial examination of the body having with difficulty been obtained, the thorax was opened. The lungs were engorged and œdematous; the pericardium contained half an ounce of clear serum; the heart was of normal size and appearance, and lay in its proper position, fully distended. Its surface was smooth and shining, and, except a layer of fat in the coronary sulci, there was no trace of fatty or other infiltration. On removing the heart, they found the right auricle and ventricle full of clot, the cavities and valves normal; the muscular wall and endocardium were also normal. The left side of the heart was equally so, except the aortic valves. In these latter the most striking appearance was the distention of the right cusp by a mass which nearly filled the right sinus of Valsalva, and was of a hemispherical shape. The superficial layer of this mass, followed into the coronary artery, were recent coagulated, yellowish white blood-clot, but downwards from the coronary artery the clot became darker, drier, and finally of a grey-reddish colour. From the lowest layer a fine thread about an inch long passed, to become connected with the new growths about to be described. The aortic

valves were not thickened, but the hinder cusp was united to the right and left cusps at their commissures for a short distance. Involving these attachments and the three-cornered part of the wall of the aorta immediately subjacent, were fresh, soft, whitish excrescences, which, with the slight adhesion of the valves, caused a partial stenosis of the aortic orifice. From the apex of one of these vegetations situated between the posterior and right cusps there was a slender prolongation, which was continuous with the fine thread-like process from the clot in the sinus of Valsalva.

Dr. Hammer says he has not been able to meet with an account of such a case in literature, nor has he found that the great clinicians, Bamberger and Kussmaul, with whom he has discussed the case have had any similar experience.—*Lon. Med. Record.*

A NEW TREATMENT FOR LUMBAR ABSCESS.—Osman Vincent has treated eighteen cases of lumbar abscess by the injection (after evacuation) of sulphurous acid. He selects two cases as examples. The first was cured in two months and ten days, the second in twenty days. The other cases were similarly successful, the only difference being in the amount of pain caused by the injection, which was sometimes severe, but often altogether absent, and in the character of the constitutional disturbance, which was either slight or totally wanting. There was one point upon which he asked the opinion of the meeting; this was, that as a rule, the injection went in colorless and came out black; this was most marked in the cases that succeeded best. He concludes as follows: "The sulphurous acid acts on the pyogenic membrane in such a manner as to prevent the formation of pus, and if strict recumbency is made an essential part of the treatment, there is no reason to fear that this dreaded, but, if taken in time, avoidable complication of angular disease, may, by this treatment, be shorn of much, if not all, its previous destructiveness."—*The Medical Press and Circular*, December 26, 1877.—*Medical Record.*

USE OF THE ACTUAL CAUTERY IN SCIATICA.—We learn from *The Lancet* that M. Michel Peter, of La Pitié, prefers the employment of the actual cautery to any other means of treating sciatica. A case is related in which, wet cupping having afforded but slight relief, a number of superficial cauterizations were made by an olive-headed cautery along the course of the sciatic nerve and its divisions, from the trochanteric region to the outer malleolus. About twelve of these cauterizations were made. M. Peter considers this treatment preferable to blistering, because of being enabled by it to follow the whole course of the nerve, whilst it does not produce suppuration or lead to any vesical trouble. It may also be repeated, if necessary, with impunity.—*Med. and Surg. Reporter.*