agglutinative effects exerted by the serum of cerebro-spinal meningitis on bacteria other than the specific coccus.

This case, then, is an example of genuine epidemic cerebro-spinal meningitis in which the serum gave a positive Widal reaction in a dilution of 1 in 200, and in which the *Bacillus typhosus* had no part in the infection.

REFERENCES.

¹BRITISH MEDICAL JOURNAL, June 22nd, 1907. ²Ibid., February 16th, 1907, p. 391. ³W. James Wilson, *Medical Press and Circular*, June 26th, 1907.

A CASE OF ANEURYSM OF THE ABDOMINAL AORTA WITHOUT SYMPTOMS.

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With a Note on the Pathological Appearances.

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THE interesting points in the following case are the absence of a history of any of the ordinary causes of aneurysm, and the fact that so considerable an aneurysm of the abdominal aorta could have existed causing practically no symptoms and no discomfort to the patient, who had led an active life as a midwife until a few years before her death.

The age of the patient when I first saw her was stated to be 86. Three years earlier she picked a pimple which was worrying her, and as it grew larger she applied some carbolic acid in vaseline from a tin which her nephew was applying to a sore on the back of a horse. As this application seemed to aggravate matters she consulted a doctor, who diagnosed rodent ulcer, but she refused all surgical intervention. When first seen by me a radical operation was practically out of the question on account of her general condition. The sole treatment during her past few months' illness was palliative—orthoform and resorcin playing a prominent part locally—but asthenia rapidly supervened *pari passu* with the malignant growth, which had taken on a fungating fetid character. When the patient was first seen, an abdominal swelling was observed which she said had been there for years, and which never gave her a thought, as it had never given rise to any symptoms either of discomfort or pain; in fact she was unconscious of its presence, and never worried about it. The patient, who was of a very cheery temperament, presented a rather anaemic and emaciated, in fact cachectic, appearance. A to-and-fro movement over the abdominal mass was seen easily, and appeared to respond to, or to be synchronous with, every heart beat; such motion suggested a tumour firmly fixed or connected with the arterial system. The swelling was mobile, easily defined, and solid, and principally occupied the umbilical region. It felt as large as a goose egg, and a heaving sensation was imparted on palpation; no thrill or diffuse pulsation was observed, nor any local varicose, abdominal, or other veins. The percussion note was dull, and auscultation over the tumour was negative. Occasionally, when gaseous distension of the intestine was present, the mass used to alter its position and give rise to uncomfortable sensations, and resemble a distended gall bladder in site and size. The arteries were somewhat thickened and calcareous but not tortuous. The radial pulses and pupils were equal. Inspection and palpation over præcordia, aortic region, and great vessels of the neck revealed nothing abnormal. There were no episternal phenomena. Percussion showed the heart slightly outside the nipple line, otherwise the outline was normal, as was the aortic arch. The apex beat was at fifth interspace, and both sounds were closed with slight accentuation of first mitral and occasionally reduplication of second. The aortic sounds were closed, but with impurity or roughness of the first sound, probably senile or atheromatous. The second sound was markedly accentuated. The tricuspid and pulmonary sounds were normal. There was no dropsy, lividity, pallor, or clubbing of the nose or fingers, or any other circulatory disorder, except cold feet occasionally. All the other systems were inquired into carefully, and nothing worthy of note was recorded. The spinal reflexes were active, and no evidence of pressure was manifested; all tactile sensations were unimpaired. The spinal column showed no deformity, or no tenderness could be elicited. Mental processes were active.

Necropsy.

In conjunction with Dr. J. H. McGee (who had seen the case previously with me) I opened the abdomen (*post mortem*) over the site of the tumour, and great difficulty was experienced in defining the mass, as adhesions were firmly binding down the intestines, omentum, mesentery, and aorta. However, after separation of the transverse colon and small intestines, the tumour was ligatured opposite the second lumbar vertebra above and at the origin of the iliac vessels below. It was found

continuous with the aorta, and all the other abdominal organs were examined, but nothing pathological was found. The kidneys were not movable, and the gall bladder was healthy. The liver was not enlarged. There was no evidence of any pressure effects on the vertebrae.

REPORT ON SPECIMEN BY CONSTANCE ELLIS, M.D.

The specimen consists of the lower 5 in. of the abdominal aorta, terminating in the two common iliac arteries. The aorta has been opened along its posterior surface, the orifices of the lumbar arteries being seen thereon, but neither coeliac axis nor mesenteric artery are present in the specimen. There are some atheromatous patches present in the aorta.

The mass of clot forming the aneurysm measures vertically about 4 in., and antero-posteriorly at its thickest part nearly 2 in. The aneurysm has evidently been formed by the giving way of the inner coat of the aorta on its

View from behind: artery wall vertically incised and reflected to show clot within. $\frac{2}{3}$ natural size.

anterior aspect, the condensation of the outer coat and the tissues around forming the wall of the aneurysm.

The clot is very firm and fibrinous and closely united to the condensed tissues forming the wall of the aneurysm. For about 1½ in. above the iliac vessels the clot is present in the aorta and is channelled for the passage of blood. Otherwise the blood flow has been unimpeded in the artery, as it lies behind the aneurysm, which has also left untouched the distributing branches to the abdominal organs. Hence we have the interesting fact, as seen in the notes, that so notable a pathological condition should have given rise to practically no symptoms and to no discomfort to the patient.

The photograph, taken by Mr. Sayce, of the Bacteriological Laboratory, gives an excellent view of the aneurysm.