diagnosis was rendered peculiarly difficult, from the tumour being posterior to the diaphragm. No murmur was audible in the tumour, as no blood-current existed therein, nor was there any bruit heard in the abdominal aorta, there being no pressure or other condition productive of murmur, in the calibre or contents of the tube, as was evidenced by the absence of œdema or venous obstruction. The ascending vena cava lay over the aneurismal swelling, but this did not apparently retard its circulation; the pressure of the tumour was directed towards the exterior of the body, and there exhausted.

In the absence of direct signs of cardiac or aneurismal disease, the diagnosis must be guided by collateral circumstances, and by those symptoms which arise from functional derangement in adjacent or related organs or structures. With reference to the former (indirect) source, it is peculiarly significant to note the occupation of most of the above subjects, as implying much and strenuous bodily exertion, prompted by a sanguineous temperament, and, in some cases, great mental excitement or anxiety. As regards functional derangement, this will depend upon the anatomical or physiological relations; œdema, lividity, vertigo, dyspnœa, etc., may or may not exist, according to the interference with, or freedom from pressure on the adjacent structures. The more or less intermittent character of pain or other functional disturbance, is worth observing in these sometimes profoundly obscure cases; the symptoms being for the most part paroxysmal, probably arising from varying conditions of blood-pressure, or other perturbations. Their aggravation at night, and in the recumbent posture, is very characteristic. The contents of the stomach and intestines exert a certain amount of pressure on the arterial tube, sufficient to decide its rupture, in its diseased and weakened state. The sudden and quiescent dissolution of individuals suffering from cardiac or aneurismal disease, is a conspicuous occurrence in such cases. In those cases but little complicated with other structural disease, death took place at night, and in the absence of all excitement. It is probable that the vascular apparatus is unusually loaded and strained at this period, both from this posture favouring accumulation and obstruction, and from the tendency to vascular repletion induced by the abeyance or diminution of functional activity in other organs. This diagnostic mark is of less value in cases associated with disease of the lungs, etc., in which death ensues in a more gradual and less unexpected manner, in consequence of the progressive wearing out of the system, and general loss of power.

In some, if not all, of the preceding cases of aneurismal disease, the blood probably abounded in fibrin, death occurring in one of them (Case VI) in an advanced stage of gestation. This function, it is well known, is attended with a buffed condition of the blood, and in other ways favours the operation of the more immediate causes productive of aneurismal or cardiac affections. In many of these cases, either fibrin, fat, cholesterine, or calcareous salts, more or less conjointly or separately, were found incrusting or replacing the normal tissues; thus indicating a disturbance of the balance obtaining in the healthy nutrition of the organism. Some showed evident traces of inflammation, and others exhibited aberrations of structure less evidently connected with the latter operation, though not the less arising out of malassimilation and loss of equilibrium in the blood-constituents. Of what cases either of these metamorphoses may be respectively predicated, it is impossible at present to affirm with any degree of precision; but a careful collation of all concomitant symptoms, with reference to age, sex, temperament, habit of body, etc., may enable the practitioner to assume, with some probability, the presence and nature of structural disease existing in the heart or blood-vessels.

The preceding cases, though the remarks appended have been of necessity disjointed and inconclusive, have served the purpose of bringing under observation some important subjects involved in the nature, diagnosis, and treatment of cardiac and aneurismal diseases. An extensive collection of similar cases will be required in laying

the foundation of a goodly and unassailable superstructure; so that trustworthy data as to the variation of symptoms corresponding with the site and character of the morbid change may be at length acquired, and acted upon in the diagnosis and treatment of these formidable affections.

21, Edwards Street, Portman Square, February 1853.

ON THE TREATMENT OF DIARRHŒA BY DILUTE SULPHURIC ACID.

By EDGAR SHEPPARD, Esq.

THE prevalence of diarrhœa at this unusual season of the year, in the locality where I reside, leads me to record a few additional cases illustrative of the success of the treatment by dilute sulphuric acid. In the last volume of the *Provincial Medical and Surgical Journal*, (No. 19, p. 471), I had the honour of submitting to the profession some remarks upon this subject; and the cases which I then detailed went far to prove, that when used with judgment and discretion, there is no remedy which can in any disease act more rapidly, or produce more strikingly beneficial effects, than the mineral acid above alluded to, in this common form of bowel affection to which we attach the term diarrhœa. And with respect to this treatment it may be further observed, that the profession has been almost unanimous in assenting to its advantages and benefits. Mr. Rogers of Plymouth* tried it, and came to the conclusion that difference of locality might produce a different type of disease, requiring an essentially different treatment. His cases would not yield to—nay, they were rendered worse by—the acid. This was the only exception to the efficacy of the dilute acid of which I have been enabled to hear. It indeed seemed nothing more than another testimony to the truth of there being distinctive characters, and essentially varying forms, of every disease, prevailing in different localities at one and the same time. Another gentleman, however, practising in the same town, was most successful with the acid, and gave the strongest evidence of its beneficial and rapid action. I thought that Mr. Rogers's doses were too small, and not exhibited with sufficient frequency; but he tried what I suggested (half-drachm doses) with an equal want of success.

How are we to account for this contradictory evidence? Was the acid of one practitioner harmless and inert; or were all the cases which one practitioner met with of that type which would only be aggravated by an acid treatment? The description of Mr. Rogers's cases would not lead to this latter conclusion; the former alone seems to yield the proper solution of such discrepancy in the results. But, be that as it may, Mr. Rogers stood almost, if not quite alone, in the conclusions to which he came as to the inefficacy of sulphuric acid. I proceed now to detail a few cases.

CASE I. J. P., for three seasons had been incessantly troubled with diarrhœa in the hot summer months. He usually applied then, as often as once a fortnight; relief for that short period being afforded—and that often with great difficulty—by chalk, opium, and astringents. When the diarrhœa proved more obstinate than usual, carbonate of soda and chlorate of potash were resorted to. A dry and furred tongue, with constipation and great flatulence, was always the ultimate result of the above treatment.

Last season he first applied in June, with the old train of symptoms; and I gave him the dilute sulphuric acid in half-drachm doses, with compound tincture of cardamoms and sugar. He was directed to call on me again the next day, if he was no better. He did not call; and therefore I could not report his case in my first paper upon the subject. Indeed, I never saw him after that period, until about six weeks ago, when, having chopped off one of his fingers with an axe, he was again brought under my observation. On my making inquiries touching his usual malady, he said that he had never had a day's illness since the "nice sharp"

* See last vol. of *Med. Times and Gazette*, No. 124.

medicine which I gave him in the summer. This is the most marked case I have ever seen, for the man was a perfect martyr (I had known him as such for three years and a-half) to diarrhoea, dyspepsia, and hypochondriasis.

CASE II. W. G., a strong healthy-looking man, but often afflicted with diarrhoea, applied on February 5th. He complained of constant pain in the bowels; great flatulence; thirst; and incessant purging; the stools being watery and colourless. Two doses of the acid effected a perfect cure. On February 27th he applied again: the same treatment was employed, with the same results.

CASE III. F. W., a delicate-looking, unhealthy individual, applied for relief. He had griping pains; great distension of the bowels; a white creamy tongue, with red edges; and profuse watery and colourless dejections. He was relieved by three doses of the acid.

CASE IV. Last week I determined to try the effect of this remedy in that form of diarrhoea, which is beyond all others so difficult to arrest, because usually dependent on different and much more serious causes—that of the last stage of phthisis. No benefit had been obtained latterly from the ordinary astringents, with chalk and opium; and but very slight and temporary from the combination of tris-nitrate of bismuth, and powdered acacia, suggested by Dr. Theophilus Thompson. Extract of logwood, rhatany root, and sulphate of copper, were also tried in vain. Dr. Cotton, in his recent valuable monograph upon *Consumption*, says, speaking of the acid, “for the advanced stages it cannot, I think, be trusted; in one or two instances I found it did some good, but in others it evidently aggravated the symptoms. The very circumstance that phthisical diarrhoea frequently comes on at the time when sulphuric acid is being taken to check perspiration or hæmoptysis, shows that, however useful it may be in some of the simple forms of diarrhoea, we have little to expect from it in consumptive cases.” (p. 227.) An additional inducement was offered me here to try the effects of the acid, in the circumstance of my patient, never having tried it for the symptoms so common in phthisis, for which it is generally resorted to. There had been an entire absence of perspirations from the beginning to the end of this case. The mouth was studded with aphthous sores, which necessitated the exhibition of the acid through a quill. The purging had not ceased for three days previous to this trial, a dejection taking place about every two hours. It was now arrested for twelve hours, by one dose. It then returned, and one more dose was given, but with no benefit. The last struggles of mortality were at hand; but I am content to think that this remedy did give some ease and comfort for a brief period, and so soothe the passage of my poor patient, and help to “lead her gently out of Vanity Fair”.

CASE V. Mrs. R. H., who had been confined three months previously, and was much reduced by nursing, was seized, on March 1st, with violent pains in the bowels, great relaxation and slight sickness. Two doses of the acid arrested the purging. The infant was not griped, although the mother continued to suckle it. Doses of five grains, thrice daily, of the citrate of quinine and iron have completely restored Mrs. H.'s health.

Upon what the diarrhoea which has recently obtained here is dependent, unless it be upon the wet and sodden state of the country, I do not pretend to determine. Is it prevailing elsewhere? It differs from the summer cases in there being much less thirst, and rather less pain. In fact, the general disturbance is not so great. It is equally amenable to treatment by dilute sulphuric acid; as, I trust, the foregoing cases have demonstrated.

Enfield, March 9, 1853.

IS HYPOSPADIAS A BAR TO MARRIAGE?

By DANIEL NOBLE, Esq.

SOME years ago, I was consulted by a gentleman, of high education and great intelligence, as to the propriety of his marriage. He laboured under that defect of the generative

organs called *hypospadias*; that is to say, the penis, which was short, was wholly imperforate; and the urethral opening was precisely at the point of junction between the scrotum and the inferior aspect of the organ. I informed him that he might marry; but that offspring, though not impossible, was improbable.

He married accordingly, about four years and a half ago. No signs of conception followed until last summer; and, a few days ago, the wife gave birth to twins, a son and a daughter. They were fine children, and alive.

As the individual cases of this description are generally of an embarrassing nature to the practitioner when consulted, I have thought it right to put this instance upon record.

For obvious reasons, I avoid names, and any address that might risk the slightest indication of the parties referred to.

Manchester, March 6th, 1853.

BIBLIOGRAPHICAL NOTICES.

ASYLUMS FOR THE INSANE. OBSERVATIONS UPON THE IMPORTANCE OF ESTABLISHING PUBLIC HOSPITALS FOR THE INSANE OF THE MIDDLE AND HIGHER CLASSES, etc. By THOMAS DICKSON, L.R.C.S.E., Resident Medical Superintendent of the Manchester Lunatic Hospital. pp. 62. London: 1852.

THE LUNACY QUESTION; OR, THE LUNATIC BENEFITED AND PROTECTED; with an Inquiry into Public and Private Asylums. By JOSEPH WILLIAMS, M.D., etc. pp. 48. London: 1852.

THE object of these pamphlets is to advocate the proposition, that *all* lunatics should be confided to the care of government. The vicious principles upon which existing arrangements for the isolation of the affluent insane are founded; the extinction of private asylums; and the amalgamation of the laws affecting the sequestration, detention, treatment, and inspection, of all classes of the insane, are a few of the objects aimed at in this sweeping measure.

Dr. DICKSON recommends his views by endeavouring to identify the treatment of mental disease in private establishments with “commercial enterprise”, and with such selfish and sordid motives as pecuniary dishonesty, “continued detention of those eligible by convalescence to trial, at least, in society”, and accessibility “to the interested suggestions of nominal friends”. He cites the abuses and atrocities disclosed by the parliamentary inquiries of 1815, which, it must be noted, applied to public as well as private asylums; together with instances of maltreatment, mismanagement, and unjust seclusion, detected by the Commissioners in Lunacy of late years, as inexpugnable arguments for saving the rich insane “from the evils they have long suffered through the rapacity and unscrupulousness of proprietors of private asylums”, whose “interest it is to *obtain and retain* the insane and the alleged insane, the curable and the incurable, and, maintaining their bodily health, to hurry them through the several gradations of mental disease, till imbecility ultimately accrues”. In the last place, he enters into calculations to show that the expense of fifteen public hospitals, constructed, furnished, and maintained, for the express purpose of suitably accommodating the higher classes, would be more than met by the funds at present appropriated for the benefit of the proprietor, rather than for the support of the patient.

Dr. WILLIAMS has a mortal quarrel with certain medical critics; but into this we do not feel it to be our duty to enter, further than to remark that, though he may have had some grounds of complaint, the bitterness of his retort impairs the force of his argument.

Dr. Williams's thesis is, that “government should assume a more direct control over the medical officers both of public and private asylums”; and that the latter should be “done away with”.