subsequent to the attack, (as accidents,) generally increasing the danger. Each required its appropriate treatment. The first demanded the exercise of much patience. Disregarding any complaints of weakness, the question for our consideration was not the relative strength and weakness of the patient, but the control of morbid action, and the inducing of healthy functions. The reduction of the animal powers, and the absorption of adipose tissue, is a matter of little moment, when compared with the importance of relieving local congestion, or local affections analogous to inflammation. For instance, when the complaint assumed the form of *typhus cerebri*, the application of a few leeches to the temples became necessary. Sometimes in these cases blood drawn from the feet by leeches seemed preferable to any other method of depletion. This was followed by small sinapisms to the lower extremities. The hair was cut off, and the head frequently sponged with warm water; I do not mean fomented, but the head merely washed, which had the effect of producing an evaporation from the scalp, and an agreeable feeling. The palms of the hands, and the soles of the feet, were treated in the same way. When the temperature of the skin was unnaturally high, then such ablutions were particularly tranquilizing and refreshing.

In *typhus pulmonalis* frequent small doses of tartar emetic was useful in relieving bronchial affections connected with fever.

The most severe type of fever which we witnessed was that which has been termed *typhus abdominalis*; in such cases the more urgent symptoms were subdued by the exhibition of Hydrarg. cum Creta; and although diarrhoea or intestinal hæmorrhage might be present, this medicine was not on that account to be forbidden, since it was proved to be the most efficacious medicine in correcting the relaxation, and for improving the biliary and intestinal secretions. If the pain in the bowels was acute, the local abstraction of blood by leeches was preferable to taking blood by the arm.

Mrs. S—, aged 31, was affected by the third degree of fever, with paroxysms of great pain in the bowels; being of a full habit of body, blood was abstracted from the arm, and the pain was relieved, but the fever became much more formidable. The pulse, which had been 110, rose after the blood-letting to 130; delirium and involuntary motion of the extremities followed. In this state, for some days, medicines and every thing else were refused, except a little tea and soda water; ultimately she recovered, but her recovery was protracted.

A lady who was on a visit to the above also suffered from a similar attack. In this case doses of the grey powder, citrate of potass, and blisters, gave a safer check to the symptoms, and in three weeks she was able to be removed into the country.

Of this family, consisting of seven persons, four had

diarrhoea and fever. It is rather remarkable, that the three who escaped fever were the servants. In a person, where frequent dejections and tenesmus were distressing, compound ipecacuanha, with aromatic confection, was given; but it soon became evident in our practice, that whenever any preparation of opium was resorted to for the restraining of the motions and irritability of the bowels, a greater amount of fever was sure to supervene. Opium had also another ill effect, that of hastening congestion of the brain, and producing alarming lethargy or subsultus.

Soda-water was a most agreeable and valuable beverage. The same may be said of tea, coffee, chocolate and whey. The two last proved just sufficiently nutritive and in every respect beneficial, until the state of subsidence of fever. When there was cough, as a drink, a table spoonful of powdered gum acacia, in a quart of lemonade, was directed. The unsophisticated taste of children, however, at all times instinctively preferred that fluid which is the greatest of all febrifuges, pure water.

Under a state of convalescence much caution was needed in returning to a full diet. The patient in this respect required to be kept back. We frequently observed that the mistaken kindness of friends occasioned a partial relapse. Pressing nourishment against the inclination of the patient, was always attended by ill consequences from the beginning to the end. The best indications for allowing a better diet was a returning appetite and the patient experiencing a desire for food; then, whatever it might be, the appetite should be indulged. The permission was seldom injurious.

ANEURISM OF THE ABDOMINAL AORTA, SIMULATING DISEASE OF THE KIDNEY: RUPTURE INTO THE LUMBAR ADIPOSE TISSUE.

By GEORGE NORMAN, F.R.C.S., Senior Surgeon to
the Bath United Hospital, &c.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, held at Bath, September, 30, 1847.)

G. M., Esq., aged 68, an Irish gentleman, who had been engaged in active public life, had been subject at different times to gout, but not in any severe degree, and his general health had been good until a year and a half since, when his stomach became deranged, and he began to suffer from a dull, and at times severe, pain in the loins, more particularly in the right side. His physician in Dublin, finding that these pains were not removed by any treatment, advised him to go to Bath, to drink the waters and use the baths, as he considered the pains to arise from deep seated gouty inflammation. Accordingly he came to Bath, in April last, and became the patient of Mr. Church.

Soon after his arrival, it appeared that he had brought with him the infection of the low fever, then prevailing

in Ireland, and for about three weeks he laboured under continued fever. He then began slowly to recover, but his convalescence was soon arrested by a return, in a very severe degree, of the pain in the loins.

As it was evident he was losing ground, Mr. Church, with Mr. Norman, examined the state of the back, on the 29th of May. Mr. M. referred the pain entirely to the right lumbar region, excepting that some pain extended down the right thigh. He had constant nausea, and about this time began to have vomitings. There was no disease discovered by examination of the spine, or of the abdomen, and Mr. Church and Mr. Norman were inclined to believe the disease was in the kidney, although the urine shewed no evidence of disease, excepting in excess of lithic acid, and once or twice a slight trace of blood. Alkaline medicine and sedatives afforded some slight relief, but in two or three days violent pain came on in the back, accompanied by vomiting; the pain continued for hours, and was so intense as to require large doses of opium. It was after this attack that there were traces of blood in the urine, and his medical attendants were the more impressed with the belief that the disease was in the kidney, though unable to decide on its character. For some days the pain continued in a less degree, but in the same part, and the next material circumstance was, that Mr. M., whilst sitting on the night table, became faint, almost lifeless, and without pulse at the wrist, but by being placed on the bed, and the administration of stimulants, he recovered, after some time, and became much as he had been before, excepting that his pulse became weaker, and he lost strength daily, as well as all inclination to take nourishment. He afterwards had three or four more attacks of syncope, but not to the same degree; he became exhausted, and died on the 12th of June, having vomited up a quantity of dark grumous blood for three or four days before his death.

On examination of the body the following day, there were found strong and old adhesions of the pleura in the right side, on which side he had once sustained fracture of the ribs. There were no adhesions on the left side, and the lungs on both sides were free from any trace of disease. The heart was perfectly natural; its valves and large vessels in a normal state. On opening the abdomen, the stomach was seen to occupy a large space, and the upper surface of a dark colour, from the veins being in a congested state. The stomach contained a quart of the same kind of dark grumous fluid that had been ejected previous to death. On the mucous surface of the inferior portion of the stomach was a deposit of lymph, adhering to the surface, but which could easily be scraped off. The mucous surface of that part was red and vascular, but not ulcerated. The liver and gall-bladder were perfectly natural; so also were the intestines, and the left kidney. In the situation of the right kidney was a tumour, extending into the right iliac region, formed by coagulated blood effused into the adipose substance surrounding the kidney, by which the kidney had been forced back out of its usual position, but there was no evidence of disease found in it. On opening the descending aorta, to trace from whence the hæmorrhage had taken place, about three-fourths of that vessel, a little

above where the émulgent arteries are given off, was destroyed by ulceration, and the opening communicated with an aneurismal sac, the size of an orange, formed by condensed cellular substance, and covered by the peritoneum. The inner surface of the sac was in a great part formed by laminae of coagulum. The coats of the artery were all destroyed at the point of ulceration, excepting the remaining three-fourths of its diameter. The ragged edges of the internal coat were everted, as is usual in aneurism. Directly below the ulcerated portion of the aorta, the area of the vessel was contracted, and nearly two-thirds of its circumference were ossified for the length of an inch. In the lower part of the aneurismal sac was a circular opening where it had given way, and through which the blood had passed into the adipose substance surrounding the kidney. The peritoneum being every where entire, no blood had got into its cavity.

Bath, September 30, 1847.

HISTORY OF A CASE ILLUSTRATIVE OF SPECIMENS OF PUNCTIFORM AND TUBERCULAR MELANOSIS.

By EDWARD JOHN SPRY, Surgeon to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16, 1847.)

The patient from whose foot three specimens of melanosis were dissected, was a healthy-looking well-made man, of ordinary stature, aged 45, a labourer in a mine. He was sent to me by my friend and former pupil, Dr. Paddon, under whose care he had been for several weeks, for a troublesome ulceration of the great toe. I found the under part of the toe of the left foot, presenting a large dark-coloured almost sooty mass, moist on its surface, and denuded of skin to the extent of an inch in diameter. The surrounding parts were irregularly tuberculated, soft in some places, hard in others. On the dorsum of the foot were ten melanotic deposits, varying in size from a pin's head to that of an ordinary pea; over two of the larger deposits ulceration had commenced, displaying the same dark half-fluid substance as that described to exist on the base of the toe. It will be seen by an examination of the preparation, that none of the sooty cysts extend to the cellular membrane, but that they are lodged in the true skin.

I advised an immediate removal of the diseased parts, and for that purpose recommended him to go to the Infirmary, where he was admitted on Oct. 30th, 1845, under the care of Mr. Bassett, who, on Nov. 4th, amputated the toe at the metatarsal articulation, and dissected out the two elliptical portions of skin here preserved. The stump healed slowly, and when he left the Infirmary on the 26th of February, 1846, which he did at his own request, there was a superficial sinus or two remaining, and the cicatrix on the dorsum had assumed a bluish appearance.

Some months afterwards he again fell under the care of Dr. Paddon, as surgeon of the mine, who cut out