rasping sound, very much in the position of that which is occupied by dilatation or aneurism of the pulmonary artery, and no pulsation, murmur, or tremor above the right clavicle; but the sound did not cease abruptly above the clavicles, and was heard more distinctly in the courses of the large arteries of the neck than at other situations of it, which is exactly the contrary to what is found in dilatation or aneurism of the pulmonary artery, and consequently forms a very good point of diagnosis between these two affections.

With respect to the origin of this aneurism, Dr. Fletcher thought that the history of the case, the man dating his illness from the accident, the healthy state of the arteries generally, except just at the seat of disease, and the thickness that existed around the aperture in the artery where the two inner coats seem to terminate abruptly, and the comparative thinness of the parietes of the aneurism when compared with the thickness of the arterial tissue, tend strongly to indicate that the origin of the disease was a rupture of the internal and middle coats of the aorta. It was difficult, he said, to come to any direct conclusion in this respect from inspection of the parts, but it must be remembered that the disease had existed some time, and that aneurisms form for themselves lining membranes, smooth, and nor unlike the lining membranes of true aneurisms. Dr. Fletcher wished to leave this point for the consideration of the society.

The aneurism had produced pressure upon the left bronchus, so that it was flattened between it and the descending aorta, from which the right bronchus was left quite free, and yet the diminished respiration was on the right side, and the puerile respiration on the left, which is contrary to the general idea about the cause of feebleness of respiration resulting from aneurisms; for it is generally supposed, as stated by Dr. Stokes and others, that this sign results from pressure upon a bronchus, and the cause, which existed in this case, of the feebleness of respiration, is not alluded to by authors, which was evidently the pressure upon the right pulmonary vessels; that, as the veins are more feeble in the structure of their parietes than the artery, operated upon them to a greater extent, and thus produced congestion and œdema of the lung, and consequently the dulness and feebleness of respiration in the side of the chest corresponding.

SHEFFIELD MEDICAL SOCIETY.

Dec. 29, 1842.

Mr. H. JACKSON in the Chair.

RUPTURE OF THE STOMACH.

Mr. Brulbee exhibited a portion of the liver of a female, containing a serous cyst of considerable size. He knew nothing of the previous history of the case.

Mr. Brulbee also exhibited the stomach taken from the same female, which had been ruptured by external violence. It appeared that three men were quarreling in the house of the deceased, and were about proceeding to fight, when she interposed. One of the men knocked her down by a violent blow on the epigastrium, and another kicked her whilst she was down. Mr. Brulbee was sent for to visit her, but she was

dead before he got there. He was told that she died immediately. On examining the body after death, a considerable quantity of food, which had been recently taken, was found in the peritoneal cavity, and a rupture, three inches in extent, was discovered posteriorly in the coats of the stomach, near the cardiac extremity.

HYDROPHOBIA.

Mr. W. Jackson related the particulars of two cases of hydrophobia which have recently occurred in the neighbourhood of Sheffield. The first case was that of a man, aged seventy, of spare habit, who had for many years been a soldier, but had latterly been employed as a laboring man in the village of Maltby. He was bitten over the right eyebrow by a farmer's dog one day during the last week of August. The dog afterwards proved to be rabid. The poor man continued in good health till during the night of October 4, when he began to feel unwell. In order to allay his thirst he procured some water, which he experienced much difficulty in drinking. In the morning, without being aware of the nature of his malady, he came to Sheffield, a distance of twelve miles, for medical advice. The symptoms of hydrophobia gradually developed themselves with increased force, and he died in a state of insensibility during the afternoon of the 7th. He was not so much affected by currents of air or by bright substances as has been observed in many other cases; but he had great difficulty in protruding his tongue, and the effort invariably brought on a paroxysm. He was treated with large doses of hydrocyanic acid, opium, calomel, and mercurial inunction, but the friction caused so much distress that it was discontinued.

The subject of the second case was a boy, aged eight, who was bitten by the same dog three days after the old man. The symptoms of hydrophobia appeared during the night of November 8, when, having awoke feverish, and asked for water, the attempt to drink brought on violent convulsions. On the third day after the attack the child seemed better, and played about with another child, but on the next day it died during a violent paroxysm of convulsions.

There was no complaint of pain in the wound in either case, and no vesicles appeared beneath the tongue. In the first case there was not a stage of recrudescence, but in the second the wound reopened three or four weeks before the appearance of symptoms of hydrophobia. The chief morbid appearances observed after death were injection of the membranes of the brain and spinal chord, as well as of the substance of the brain and chord.

Mr. Jackson subsequently suggested the propriety of subjecting every person who has been bitten by a rabid animal to a long but mild course of mercury. He would keep up a mercurial action for a period of three months, in the hope that the mercury, having thus obtained possession of the system first, would prevent the occurrence of hydrophobia.

[We shall publish Mr. Jackson's interesting cases in full in our next Number.]