from the lips of Sir James Graham, or by systematicallyenticing people to career over the wide world in search of
amusement, on the only day in the year which gives to
the majority an opportunity of kindly converse.

This is not the place for a discussion upon the theological
aspects of the Sabbath question; but, nevertheless, we may
be allowed to guard ourselves from misapprehension, by de-
claring that our convictions are opposed to the puritanical
austerities of Sabbath observance. We have adverted to
the subject, because there appeared to be imposed upon us the
duty of adding our voice to the protest of our medical
brethren. With them we feel that the introduction of
public amusements on Sunday would be a tremendous stride
towards national demoralisation; insomuch as it would be
the commencement of a system which would generate anti-
domestic influences similar to those which have been pro-
duced in France, and which have formed within the Parisian
vortex the most dangerous populace in the world—a populace
giddy and improvident—governable only by the physical
supremacy of an ever present army. If there be any reader
who has thoughtlessly admired the glider and seeming
joyousness of a Sunday in Paris, we would ask him to read
the bloody chronicles of the guillotine and the barricade;
and to ponder well the fact, that one third of the gay
crowd by which he has been charmed are destined to die in
the hospitals.*

THE IRISH MEDICAL ASSOCIATION.

It is with the highest satisfaction that we announce that an
Irish Medical Association was formed at Dublin, on the 7th
of this month, upon the model of our own institution.

The Branch System has been adopted. And a represen-
tative government has been constituted, the executive
Council being chosen by the County Branches. The follow-
ing is the excellent rule to which we refer:—

"4. Council. That the council shall consist of the pres-
ident, chairman of the council, four vice-presidents, thirty-
two provincial, two general secretaries, and treasurer of the
Association; with sixty-four provincial delegates, two
being selected by each County Association annually from
its members; seven to constitute a quorum for the trans-
action of business. With the council must rest the respon-
sibility of managing and conducting the affairs of the
Association from one annual meeting to another; the place
and time of their meetings to be arranged by themselves.

The Irish Medical Association holds out to us the hand
of fellowship; and let us grasp it right heartily, and bid the
sister Association God speed. We have no doubt that, when
our laws are revised, the Irish Medical Association will be
recognised in the same friendly spirit in which the Pro-
vincial Medical and Surgical Association is mentioned in the
subjoined law.

10. Ad eundem Members. In order to form a union
with our English medical friends, that the members of the
Provincial Medical and Surgical Association of England,
and so certified by their president and secretary, may be
enrolled without the payment of any subscription or fee, ad
eundem members of the Irish Medical Association.

It is worthy of notice, that the name originally proposed
was the Provincial Medical and Surgical Association of Ire-
land; but, ultimately, the more catholic and more compact
designation, "The Irish Medical Association" has been
selected.

* "The Paris Hospitals are the ordinary asylum of the poor when sick.
Indeed, one-third of the population of that city die under their roof."—Dr.

1853.

ORIGINAL COMMUNICATIONS.

TWO CASES OF SUDDEN DEATH FROM HEMORRHAGE FROM ULCERATION OF THE AORTA.*

By CHARLES COWDELL, M.D., Lond., Physician to the Dor-
set County Hospital.

(Read before the Dorset Branch of the Provincial Medical and
Surgical Association, on May 31, 1853.)

Case I. George Cockerell, labourer, aged 37, admitted
June 27th, 1852, stated that he had always enjoyed good
health until June 1851, when, after a hard day's mowing, he
was suddenly seized with rheumatism, feeling extremely
dilatation; and, as it was thoroughly recovered. He had never been in
the hospital at Salisbury, where he was cupped and blistered on
his loins, which were then the seat of much pain. On
examination when admitted, he was found to be moderately
fat, but flabby; and, indeed, in a state of general cachexia.

The sound on percussion over the apices of the lungs was
good; respiration was tolerably free, with somewhat pro-
longed expiration; sonorous and sibilant ronchi were
present in both bases posteriorly, and some finer subrepi-
tant ronchi in the left base. He complained still of
much pain in his loins. He had some cough, with slight
expectoration of thick mucus. He had never spat blood.

There was slight aortic regurgitation and constrictio: no
hypertrophy.

The treatment was directed to the bronchitic symptoms.
He took with advantage a mixture containing chlorate of
potass, compound tincture of camphor, and tincture of
squills, with wine of ipecacuanha, and an expectorant pill
at bed-time. Under this treatment, his cough and lumbar
pains abated; but he was always listless and inactive. In
this way he went on for about a month, when he began to
expectorate a little blood mixed with the mucous sputa,
and it was thought probable that there was latent phthi-
sis, notwithstanding the slight indications of pulmonary
disorder. He was accordingly directed to apply leeches
to the chest, and to take oleum jecoris aselli. There was no
indication of aneurism.

July 27th. When sitting on a bench in the garden this
evening, he coughed slightly, was immediately deluged
with blood, and died in a few minutes.

Examination of the Body. The organs in the chest
were found tolerably healthy, except the heart and aorta.

Slight aortic disease, affecting the sigmoid valves, and
diminishing the aortic orifice, was discovered. Patches of
incipient atheroma were diffused over the inner surface of
the aorta throughout. In the middle of one of these
patches of atheroma was an ulcer, extending through the
wall of the artery into the right bronchus. There was no
dilatation of the artery; but between it and the bronchus
there was a very small sac, formed by the outer coat of the
vessel.

Case II. George Whittle, aged 30, married, a labourer,
was admitted at the end of August 1852. He had always
enjoyed good health (except an attack of scarlet fever, four
or five years previously) until eight weeks before admission,
when, after getting wet while through ploughing, he was
seized with pain in the left leg, which gradually increased.
When of the progressive history of his illness he could give no
account, having, as he said, been too ill to remember any-
thing about it.

When he was admitted, the face was worn and pale;
there was great emaciation of the upper extremities. The
right shoulder could not be moved without great suffering;
indeed, he could with difficulty be carried to his bed, or
turned when in it. The legs were edematous, especially
the left; as were also the walls of the abdomen, which
pitted under pressure. The heart's apex beat between the

* Reported by W. G. Bocot, Esq., House-surgeon. The meeting at which
this paper was read was held on 13th May, on the occasion of the Profes-
sional meeting, at the Dorset County Hospital in the chair. The paper was illustrated with pathological preparations of the
diseased parts.
fourth and fifth ribs, just under the nipple. The sounds at the apex were very indistinct, though a low soft murmur could be caught; at the base, a distinct rubbing to and fro sound was heard. The heart’s dulness appeared to tend to the sub-clavicular articulation. The pulse was 104, and thready.

In the lungs, percussion was decidedly duller under the left clavicle than under the right. There were strong sibilant and sonorous rhonchi on both sides of the chest; mostly on the right side, where, in the clavicular region, the respiration was loud and blowing, and equal in length to the inspiration. On the left side, the expiration was prolonged, but not nearly as much as on the right.

Over the front of the abdomen, there was a rush of a blueish shade, disappearing under pressure; the patches varying in size from that of a fourpenny piece to a pin’s head.

The bowels were open; the appetite was good.

The following treatment was followed. A blister was applied over the heart, and the following mixture prescribed:

- Vinii ipecacuanhe 3/ij.
- Spiritus aetheric nitrosi.
- Tinet. camphorae compost., ad 3s.
- Osmiellea siccis 3i.
- Aquae ad 3ij.

Suma: evisceriorum iij, unguia 4th, quina hora.

September 3rd. He was much improved, though the legs, especially the left, were much swollen. The urine was moderate in quantity, and deposited phosphates.

He gradually improved from this time, so as to be able in two or three weeks to leave his bed, and walk about on crutches, and even to go into the garden to smoke his pipe when the sun shone; but he continued weak and cachectic, with a dejected and air expression.

Oct. 4th. Mr. Lacot, the house-surgeon, was called in the evening to see him, and found him sitting on the bedchair (having just passed a motion), complaining of pain in his bowels. By the administration of stimulants at short intervals, he rallied from a state nearly approaching collapse.

October 5th. He was this morning quite free from pain, but his pulse was excessively small and weak.

At 2.30 p.m., when visited again, he was found in arteculo mortis, and rapidly sank.

EXAMINATION OF THE BODY. Chest. The lungs were covered with recent false membrane, not uniting them to the costal pleura in front, although it did so behind. There was no tubercle. The lungs were crepitate, and buoyant in water. The pericardium contained a little fluid, and some fine adhesions united the roots of the vessels to the pericardium. The heart was of normal size. There was a large white patch on the anterior surface of the right ventricle, the walls of which were a quarter of an inch thick. The tricuspid valves were healthy; the pulmonary valve had fine reticulations on two of its segments. The wall of the left ventricle was half an inch thick. The aortic valve was thickened and opaque, and had some reticulations. The mitral valve also was thickened at the points of insertion of the chordae tendineae; and the opposite portion was puckered and greatly diminished in breadth.

Abdomen. This cavity being opened, a dark plum-coloured fluid escaped, and the intestines on the right of the median line were found to be encased in a coagulum of blood an inch thick. On close examination, the liver was found united to the right pillar of the diaphragm. The aorta and vena cava were imbedded in a mass of fibrin, extending from the aortic opening in the diaphragm to just above the iliac arteries. This mass was removed entire, and exposed an aneurismal sac, bounded by the right pillar of the diaphragm, the anterior inferior surface of the liver—the lobulus Spigelii projecting into the sac, and in front by a layer of thick lymph, together with the vena porta and hepatic artery, which were moreover united by recent lymph to the lower edge of the liver. This cavity was divided into two of unequal size, that attached to the aorta being as large as a walnut, and separated from the larger one by a thick layer of blood, perforated with an opening of the size of a goose-quill, and having another opening, by which it communicated with the aorta, as large as a chicken’s quill. This last opening was found just above the giving off of the arteries, which usually unite to form the colica axis, but which in this case arose separately from the aorta. The aorta was roughened by a patch, apparently of atheroma, at this precise spot, without any dilatation, and was elsewhere smooth and healthy. The smaller cavity was rugose, like the lining membrane of the gall-bladder, and contained a tough, tawny esculent. The larger one—twice the size of the smaller—appeared to be of more recent existence, and to be formed principally by deposits of the parts and organs whereby it was naturally bounded.

Remarks. In neither of these cases was the calibre of the aorta at all increased. In both, there was deposit in the inner coat, though very slight, and confined to the immediate neighbourhood of the perforation of the artery in the case of Whitle. In both, the cellular coat appeared to form the aneurismal sac, being dissected away by the infiltration of blood. Both patients were in the state of rheumatic cachexy, contracted under very similar circumstances. But in Whitle there was something more: the valvular heart-affection, and an abscess over the right shoulder-blade (not mentioned in the account of the autopsy).

It appears sufficiently clear that, in the case of Cockerell, the affection of the artery commenced with his rheumatic attack. The inflammation of the serous lining of the heart (endocarditis) was continued to that of the aorta, ending in atheroma of the vessel; the peculiar characteristics of which—fatty globules and crystalline matter—were distinctly visible under the microscope. Kochansky affirms that this succeeds to hypertrophy of the lining membrane of the vessel in such cases.

In the case of Whitle, the incrustation in the aorta was so small and thin, that it may be doubted if it was of the same nature as that of Cockerell; and when it is remembered that there were two sacs—the inner one only containing a coagulum, and that, besides the coagulated blood, there was found in the abdomen a quantity of thick plum-juice-like fluid—we retain the impression then felt, that an abscess had given way. The outer and larger sac was probably that of an abscess, which had caused arteritis at the point of contact, with ulceration through its coats, and their dissection of its outer one by the effused blood, thus gradually causing the aneurismatic process. This conclusion is, however, somewhat at variance with the appearance which the larger sac presented, of being more recently formed than the smaller one.

The sudden pain in the belly, and the supervision of syncope in the recurrent posture, indicated internal hemorrhage from the yielding of arterial coats, either by ulceration or aneurismal rupture. Happily, the cause of death was clearly demonstrated by the post mortem examination, and as clearly exhibited in the well prepared pathological specimens with which the remarks on the case were illustrated.