deposit of tubercle. In both, the lungs were in the same condition as in the case under consideration. In one, the chest was repeatedly examined by a very able and experienced surgeon, as well as by himself, without the discovery of a single sign to indicate disease in the lungs. The only symptom was a state of low fever, protracted through seven or eight weeks. The second case occurred under similar circumstances, and was of five weeks duration. Both occurred in young children.

ST. GEORGE'S HOSPITAL.

ANEURISM OF THE AORTA.

Under the care of H. BENCE JONES, M.D.

ELIZA S., aged 37, a married woman, was admitted under the care of Dr. Bence Jones on May 18th, on account of a very large pulsating tumour of the chest, which had made its appearance about last Christmas. It seemed that it had commenced above the left breast; but, on her admission, it had extended across the median line, and presented a very singular appearance. There was an enormous aneurismal tumour, almost as large as her head, reaching from the level of the larynx to the upper part of the chest, more to the left side than the right, covering both clavicles, and pulsating violently, so as to shake the entire trunk. The pulse could not be felt in the right radial artery, although in the right carotid and facial artery it could be felt. The sterno-mastoid on each side was tightly stretched over the tumour—more so on the left side than the right. She suffered from dyspnoea to such an extent that she could not swallow solids; and there were also some dyspnoea and cough, with expectoration of a tenacious mucus. The enormous pulsating tumour, however, on the chest, prevented any satisfactory stethoscopic examination; the *bruit* being excessively loud. The pulse in the left wrist was felt; it was weak, and 132 in the minute. The *bruit* was not heard behind.

It is unnecessary to go further into the history of the case than to say that the dyspnoea rapidly increased, and that she died of it five days after her admission into the hospital. The nurse observed that the pulsation in the tumour continued for some time (she said five minutes), after the breathing had ceased, and the patient appeared to be dead.

The *post mortem* examination was made thirteen hours after death. The body was found to be much emaciated. The tumour had fallen in very much since her death, and was quite flaccid; it covered the inner part of both clavicles, had eroded the sternum to a great extent, and lifted up the two upper ribs on both sides. On the right side, the second rib had been broken across about two inches from its cartilage; and the inner fragment, displaced by the muscles, was found sticking vertically upwards. This bony prominence had been noticed during life. The pectoral and sterno-mastoid muscles, which were stretched across the tumour, were greatly wasted. The tumour was formed by a large aneurism, which communicated with the ascending aorta by an opening of about the size of a half-crown, an inch above the valves on the anterior part of the vessel, perfectly smooth, with rounded edges. This led into a very large sac, of the size of a child's head, which was filled principally with fluid blood and coagulum formed after death. The outer part was lined with a thin layer of laminated coagulum. In front of the sternum the proper sac seemed to cease; and here the sac was formed only by the muscles and condensed cellular tissue. The aneurism had not given way in any part. The trachea and œsophagus lay behind it, and from the upper part of the arch four vessels were given off. The first was the right carotid, which passed off undivided, but otherwise presented no peculiarity. The second was the left carotid, which seemed to come off lower down than usual, and lay at its commencement more behind the trachea than natural. The third branch was the right subclavian, which passed quite behind the œsophagus, between it and the spine, close to a point where the fourth and fifth dorsal vertebrae had suffered from pressure, and were deeply eroded. Hence it was concluded that the artery had also been compressed by the tumour. The last vessel given off from the arch was the left subclavian. The left lung was consolidated throughout, every part sinking in water. The bronchial tubes were much enlarged, and the parenchyma loaded with numerous very small white granules, rather resembling miliary tubercles. The heart was healthy. The root of the aorta, up to the opening of the aneurism, was very atheromatous; but the continuation of that vessel and the iliac arteries were healthy.

REMARKS. The peculiarity in this case, in the symptoms observed during life, was, that a tumour originating in the left side of the body, and situated principally on that side, should have compressed the subclavian artery to such an extent as to stop the pulse entirely, without similarly affecting the carotid—a circumstance hardly possible in the ordinary arrangement of the vessels, when any pressure exercised upon either of these arteries must have acted on them entirely or principally through the innominate. The anatomical peculiarity, however, discovered after death, fully accounted for this symptom, inasmuch as it showed that the right subclavian, in its unusual course, was exactly in the situation where the pressure was greatest. The peculiarity is a rare one, but is noticed in all our text-books of anatomy (*vide* Quain's *Anatomy*, vol. i, p. 500, edit. 1848). It is also noticed by anatomical writers on this head, that in such cases of anomalous origin of the branches of the aorta, they are frequently placed lower down on the artery than usual; and that the right subclavian may even arise as low down as the fourth dorsal vertebra.

In other respects, the case is interesting as an example of the enormous size to which such a tumour may grow in a very short space of time, and of a termination to the case which our experience would lead us to regard as not a very uncommon one; viz., by pulmonary inflammation, occasioned by the irritation of the tumour.

Original Communications.

IDIOSYNCRASIES.

By T. W. NUNN, Esq., Assistant-Surgeon to the Middlesex Hospital.

INSTANCES of the poisonous effects, on certain constitutions, of drugs ordinarily of moderate action, are not unfamiliar in medical practice. Ipecacuanha is perhaps one of the best examples of a drug that, even in a state of the minutest subdivision, is capable of producing, idiosyncratically, extreme results. But some articles of diet also are, to individuals, poisonous: a numerous class of persons might be easily found, the members of which could not take, without inconvenience, one or other of the various alimentary substances. There are, doubtless, scattered over the field of unrecorded medical experience, very many interesting and curious examples of this idiosyncratic incompatibility or susceptibility. The production of spasmodic asthma seems to be the most frequent symptom of idiosyncratic poisoning. Irritation of the mucous and cutaneous surfaces is also a common one; direct influence of a severe character on the nervous system, a rare one.

The object of this communication is, however, not to discuss the physiological questions which naturally arise in the consideration of such a subject: it is rather to offer an instalment of facts. I am the less willing to submit any theory on such a purely medical subject, since I have perceived that Dr. Hyde Salter (from whose able pen much information may be expected), in his paper on the Varieties of Asthma (*Edinburgh Medical Journal*, May 1859), promises to enter fully into the subjects of hay asthma and asthma from animal emanations.

CASE I. *Poisoning by Rice.* J. M., an occasional patient, cannot eat rice in any shape without extreme distress. From the description given of his symptoms, I believe spasmodic asthma to be the cause of his discomfort. On one occasion, when at a dinner party, he felt the symptoms of rice-poisoning come on, and was, as usual, obliged to retire from the table, although he had not partaken of any dish ostensibly containing rice. It appeared, on investigation, that some white soup, with which he had commenced his dinner, had been thickened with ground rice.

CASE II. *Rice-Poisoning.* A gentleman who, as in the preceding case, could not eat rice "without being suffocated", took luncheon with a friend in chambers. The fare was simple—bread, cheese, and bottled beer. On the usual symptoms of rice-poisoning seizing him, he informed his friend of his peculiarity of constitution. The symptoms were explained by the circumstance of a few grains of rice having been put into each bottle of beer, for the purpose of exciting a secondary fermentation.

CASE III. A gentleman, some time since under my treatment for stricture, informed me that he could not eat figs without experiencing a most unpleasant formication of the palate and fauces; and that the fine dust from split peas produced the same sensation, accompanied by a running at the nose. The father of this gentleman suffers from hay-fever at certain seasons.

CASE IV. Mr. P., himself a gentleman of a peculiarly nervous temperament, states that his father cannot endure the sensation produced by handling a russet apple. He also communicated to me

CASE V.—that of Mr. T., who cannot remain in a room in which there is a cooked hare, on account of the peculiar effect produced on his system.

CASE VI. Miss —, after eating egg, suffers from swelling of the tongue and throat, accompanied by “alarming illness”.

CASE VII. Miss —. In this case, somewhat similar effects follow the taking of honey of any kind, and especially honeycomb, into the stomach; viz., swelling of the tongue, frothing of the mouth, and blueness of the fingers.

CASE VIII. The following is an extract from a note received by me from a lady, who says:—“I had on three mustard plaisters—one on the throat, one on the back of the neck, and another under the left shoulder. They remained on half an hour. Cotton wool was applied on their removal. About thirty hours afterwards, a painful stinging sensation commenced in the back of the neck, followed by violent twitching of the muscles of the face, arms, and legs, which continued in regular succession through the whole night. It yielded, after about twelve hours, to hot fomentations of poppy-heads applied to the back of the neck.” It cannot be ascertained that any medicine containing strychnia was taken.

CASE IX. A gentleman, a member of the medical profession, with whom I am well acquainted, suffers from nettle-rash after eating veal. Veal has the reputation of being particularly indigestible. The above instance of the production of urticaria from its use is, doubtless, not an uncommon one.

CASE X. I have been informed of a lady who cannot remain in a room in which there is a cat. Although the cat may be concealed, the lady's peculiar sensations immediately declare to her the presence of the animal.

CASE XI. A patient under my care, since dead of cancer, was invariably thrown into a state of nervous excitement by the exhibition of the compound infusion of orange-peel.

CASE XII. A personal friend of my own suffered from erythema nodosum after eating shrimps, although these were perfectly fresh. I believe shell-fish generally is particularly liable to excite unpleasant consequences.

It would be useful, I venture to suggest, if other members of the Association would contribute any instances of idiosyncratic poisoning they may know; since, from a multiplicity of exceptions, some general rule may be deduced.

8, Stratford Place, W., June 1859.

ON THE INFLUENCE OF VITALITY UPON THE EXCRETIONS.

By T. INMAN, M.D., Liverpool.

In a recent number, I ventured to call the attention of the profession to the influence which a debilitated condition of the system had upon secretion generally. I wish now to call attention to the influence the same cause has upon the secreted matters themselves; or, as they are sometimes designated, the excretions.

All of us are more or less familiar with the fact that the excretions do not decompose, as a general rule, while they are in the body. The faeces, retained though they be sometimes for days, and in some rare cases for weeks and months, in the colon or the rectum, do not decompose there, as they do when they are expelled from the body; and this observation holds good, even though the bowels are distended with flatus, and the fecal matter is in contact with a gas differing in no degree from common atmospheric air. The urine, when retained in the bladder, becomes denser, and undergoes some change; but it does not decompose in the same manner in the interior of the body as it does when expelled therefrom, and kept in a close well stoppered bottle. We account for this by saying that the excreta have a certain vital power as long as they remain in the body, which enables them to resist the ordinary laws governing the inorganic world.

But we know from experience that the vital power does not immediately leave a limb after it has been amputated; and it becomes, therefore, a question whether vitality may not also remain in excretions for some time after their expulsion from the body. In other words, do the excretions lose their vitality as soon as they are expelled? or is there a period during which they successfully resist chemical laws? And, if such period exist, is it definite for all? Do the excretions of some decompose, *ceteris paribus*, sooner than those of others? and, if so, can we associate that phenomenon in any way with the condition of the individual at the time?

My attention was first called to this subject in the following manner. When M. Ledoyen came to Liverpool, about twelve years ago, to demonstrate the deodorising power of his “disinfectant” fluid, with other experiments, the following was made. The alvine dejections of a certain number of patients, ill with fever and various other diseases, were all placed side by side, to the number of thirty or more, in a small room attached to the pauper hospital. They remained all night in the chamber, and the next day M. Ledoyen commenced operations. After demonstrating the general advantages of his compound, he proceeded to sprinkle a few drops of his diluted mixture into each utensil. The amount used was the same in each case; but the appearance produced varied immensely; and, according as the chemical change was excessive or otherwise, he judged of the condition of the individuals who had passed the “motions”. “This patient”, he would say, “is not very bad; that one is seriously ill; this one is dying; this one is nearly dead;” etc. As his observations were correct, he was asked how he judged of the danger the patient was in? His reply was, “that he had found, in the course of his experiments, that faeces decomposed rapidly or otherwise, according to the debility of the individual passing them.”

For a long period, the principle here enunciated seemed to belong to the class of interesting but useless facts. More recent observations have, however, shown that it may be turned to good practical account.

If any one will diligently consult the napkins used by infants, he will find that, during the time the motions are of a good healthy yellow colour, they have a peculiar odour, which they retain for twelve hours at least; but if, from any cause—*e.g.*, debility in the nurse, or inappropriateness of the food—the child loses its healthy condition, the motions not only change in colour and consistence, but in smell, and decompose in a very short time after being passed. Where there is diarrhoea and excessive depression of the vital powers, the motions are often found to be decomposed in a few minutes. We may notice, too, that a similar result is met with at the same time in the other secretions of the child; and that the urine decomposes quickly, and the breath is foul or sickly.

But it is not in children alone that this change may be detected: it is equally evident in adults. If, for example, the doctor is called to attend a case of diarrhoea, where there is always more or less debility present, he may consider it necessary to inspect all the alvine discharges that take place. His visits are at intervals of twelve hours only; and he has on each occasion placed before him perhaps as many as six motions in different utensils. He is probably struck with the different odour exhaled from the various specimens, and notices a difference in the colour; but a few words from the nurse soon explain the mystery. The dark brown stinking ones are those passed the longest period ago; the healthy looking and smelling ones are those passed only a short time before the doctor's visit.

Simple though this fact seems to be, it is one which is not universally acknowledged and acted on; I have known “motions” which have simply become decomposed taken for “foul secretions”, and the patient dosed with mercurials, under the impression that they would improve the condition of the bowels. The result has been what might have been anticipated; the patient has got weaker, and the bowels no better. The following case came under my notice some time ago. It is valuable as illustrating the danger resulting from inattention to these points.

An elderly gentleman was under treatment for indigestion. He was improving upon a tonic plan of treatment, when he was induced by his friends to have “a second opinion”. When the physician called, he was shown a motion which had been passed twelve hours before. It had undergone decomposition, and was pronounced to be extremely “vitiated”; and, with the intention of improving the secretion, a mercurial alternative was prescribed. This acted freely; and when the visit was made the next day, the motions were all inspected, and as that