Deposit of tubercle. In both, the lungs were in the same condition as in the case under consideration. In one, the chest was repeatedly explored by a very good surgeon, 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 15th, 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 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 stethoscopical examination; the bruit being excessively loud. The pulse in the left wrist was felt; it was weak, and 122 in the minute. The bruit was not heard below.

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 sterno 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 tumour, was found protruding vertically upwards. This bony prominence had been noticed during the lifetime. The pectoral and sterno-mastoid muscles, which were stretched by 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 conglutinum 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 oesophagus 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 a considerable distance more than the trachea than natural. The third branch was the right subclavian, which passed quite behind the oesophagus, between it and the spine, close to a point where the fourth and fifth dorsal vertebrae had separated, with rounded edges. 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 articular cavity was filled with more or less the trachea than usual. The heart was healthy. The root of the aorta, up to the commissura, was very small, was not perceptible; 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, although the right subclavian, right carotid, and right internal thoracic arteries must have acted on them entirely or principally through the innominate. The anatomical peculiarity, however, discovered after death, fully accounted for this symptom, insomuch as it showed that the right subclavian, right carotid, and right internal thoracic arteries must have acted on them entirely or principally through the innominate. The peculiarity is a rare one, but is noticed in all our text-books of anatomy (vide Quain's Anatomy, vol. 1, p. 500, ed. 1848). It is also noted 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.

Instanee of the poisonous effects, on certain constitutions, of drugs ordinarily of moderate action, are not unfrequent in medical practice. Propecoanthes is perhaps one of the best examples of drugs that, even in a small quantity, is capable of producing, idiosyncratically, extreme results. But some articles of diet also are, to individuals, poisons; 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 idiosyncrasy 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 instance, in a species of facts, in 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 water. On the second day, the symptoms of rice-poisoning seizing him, he informed his friend of his peculiar constitution. The symptoms were explained by the circumstances of a few grains of rice having been put into each tumbler of beer, for the purpose of exciting a secondary fermentation.
ON THE INFLUENCE OF VITALITY UPON THE EXCRETIONS.

By T. Irwin, 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. This is because there is sometimes a difficult in making the same change; but it does not decompose in the same manner in the interior of the body as it does when expelled therfrom, and kept in a close well stoppered bottle. We account for this by saying that the body has a capacity 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, most unpleasant to 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.

The excreta of the body is a certain percentage of the activity of the chemical process, which enables the body to live.

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 Mr. Ledydon 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 individual who had passed the motions. "This patient, he would say, "is 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 could so rapidly judge of the condition of the patient. "It is," he answered, "that he had found, in the course of his experiments, that feces 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 colour, which they retain for twelve hours at least; but if, from any cause—e.g., debility in the nurse, inappropriateness of the food—the child loses its healthy condition, the motions not only change in colour and consistency, 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 most rapidly.

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 delirium 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 previously placed him—though as many as six motions in different specimens. 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 "fool secretions," and the patient dosed with mercurials, under the impression that they would improve the condition of the bowels. The result has been the contrary; the patient has grown weaker; the bowels no better. The following case came under my notice some time ago. It is valuable as illustrating the danger resulting from insensibility 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 take a sudden "specific" in the shape of a bottle. 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 "vitalised"; and, with the intention of proving 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