46. Boy; aged 1 year. Partly fed from mother's breast; Died of convulsions. also with boiled bread.
47. Girl; aged 2 months. Very little breast-milk; had baked flour and biscuits boiled.
48. Child; aged 5 months. } These cases happened together
Coroner's inquest: ver- } in the same house. The child of a
dict "overfeeding". } wet nurse, and her nursing, were
49. Child; aged 7 months. } fed on a hearty supper of bread
Coroner's inquest: ver- } food; and were found dead at
dict "overfeeding". } 4 A.M.
50. Child; aged 4 months. A similar case to the preceding
Coroner's inquest: ver- } two.
dict "overfeeding". }

These 50 cases may be thus classified:—

Convulsions (in 7 coroner's inquests, verdicts "overfeeding": several not investigated)	22
Diarrhoea and other disorders of stomach and bowels	12
Total cases traceable to overfeeding and injudicious feeding	34
Or per cent.	68

The other cases (16 in number) were affected with hereditary, structural, developmental, and epidemic diseases: most probably in these cases death was wholly independent of diet. At least, it is remarkable that in these last named 16 cases, the children were in general either fed from the mother's breast entirely, or if brought up by hand, were fed with more judgment than is commonly observed.

The cases of convulsions (Nos. 12 and 15), I have been unable to trace to any cause. They were not hand-fed at all; and probably the attack in each might have been induced by some irregularity in the health or diet of the mothers.

Fed on bread food without the bottle: some having the breast in addition to bread food; some having other food, as sago, arrow-root, etc.:

Convulsions, or of diarrhoea	24
Fed entirely from mother's breast	11
Fed from the bottle	1
Fed entirely on cow's milk and water	2

Clearly, therefore, no conclusion can be drawn from the above facts that admixture of food, if judiciously combined with the mother's milk, is injurious. Indeed, the conclusion would be rather that death was less likely to occur in those fed on cow's milk and water than in those fed exclusively on their mother's milk. To do this, however, where so few cases so fed are given, would be unphilosophical.

52, Montagu Square, London, November 1857.

ANEURISM OF THE ABDOMINAL AORTA.

By THOMAS SMITH, Esq., Surgeon, Crawley, Sussex.

N. M., aged 31, by trade a tailor, short, but well formed, particularly about the chest, was out shooting in the first week of February last, and on jumping over a hedge was seized with a sudden sharp pain in the back. He went on for about thirty yards, when he was compelled to lie down from the severity of the pain; he, however, subsequently walked home. In a few days the pain subsided in a great measure, and he took no further notice of it until March 11th, when he first applied to me.

I found but little tenderness in the loin, but a good deal running down the left spermatic cord. As there was constipation, with some tenderness in the bowels, I gave him a purgative, which so much relieved him, that I saw no more of him for a month. At this time he appeared to be suffering from rheumatism, for which I gave him guaiacum, etc. There was no pain on percussion down the spine, a little in the region of the left kidney, more in the groin, and very much on the upright motion. The urine being scanty and muddy, my assistant was led to examine it, and found a notable quantity of albumen, and gave him quinine. The appetite, before very bad, became good; and the urine lost the albumen. This, however, did not last more than a fortnight, when his appetite again failed; he wasted fast; the pain increased, became paroxysmal; and at length, in the month of August, he took to his bed permanently.

The pain became most intense, running down the leg, front and back, to the knee and foot. His position in bed was now remarkable, half reclined, with the hollow of the back so filled

up with pillows as to make the vertebral column arch backwards, whilst the legs were drawn up as much as possible.

On careful examination, I one day found a preternatural fulness on the left side about midway between the cartilages of the ribs and the ilium, but extending upwards behind the false ribs. There was very perceptible pulsation; but no aneurismal sound could be heard. The heart's sounds, however, were thought to be distinguished through the tumour, which continued to increase in size, and at length seemed to point backwards about two inches from the spine.

My assistant diagnosed the case as one of encephaloid growth around the aorta, involving the kidney. A brother practitioner, whom I asked to form an opinion, thought it was a large abscess depending on disease of the vertebrae. My own opinion was that it was a dissecting aneurism of the aorta; but I was wholly unable to account for the disease, and for the altered appearance of the patient, until the discovery of the tumour.

All through the month of September, the patient went on from bad to worse, taking nothing but rum and milk, wasting to a skeleton, and getting but little sleep, even with the aid of large doses of liquor opii sedativus and chloric ether. Twice he had fits of faintness, and was apparently *in articulo mortis*, but rallied. At one time he was threatened with paralysis of the bladder; but that passed off. The skin over the tumour now began to look red, and threatened to break, but he died on October 3rd, without this event happening; and, agreeably with the wishes of the deceased and my own, we examined the body eighteen hours after death.

The body was wasted as much as I ever saw one. On dissecting the parietes of the abdomen off the tumour, I first saw the descending colon lying on the upper surface quite flat, but healthy; on dissecting a little further, the left kidney was exposed, also much flattened, scarcely more than a quarter of an inch thick, and a quarter the natural weight, but healthy. The tumour was then opened. Towards the anterior and outer surface, the sac was very thin: first, a large quantity of fluid blood poured out, then I removed a quantity of clots in every stage, from blood and serum and lymph to well formed fibrine. Feeling my way carefully, I at length found an opening into the aorta, opposite to the part where the celiac artery is given off, large enough to admit two fingers. I laid the vessel open, and found it perfectly healthy; the margin of the opening being rounded, slightly thickened, and smooth. The sac extended downwards as far as the iliac hollow, resting on the quadratus lumborum muscle; on the right side it formed as it were a tube, running down by the vertebral column, a little way into the pelvis; the body of the first lumbar vertebra was wholly absorbed as far as the spinal canal, and the second to a great extent. The abdominal viscera were quite healthy, as were the lungs. The heart was pale, flabby, and seemed much wasted.

REMARKS. The principal points in this case demanding particular notice appear to be: its early obscurity, the simulations and symptoms of other diseases arising in its course, the absence of any aneurismal sound, and especially the extreme rarity of cases of aortic aneurism, in which the origin can be fairly, or, with good presumptive evidence, traced to accidental and external causes.

The history of the injury was not obtained until after the tumour was discovered, when my suspicions were awakened as to its nature, and led to the inquiry as to the cause—the patient hitherto never having alluded to the accident.

We all know how difficult abdominal tumours are of diagnosis, how aneurisms of the aortic and iliac arteries have been mistaken for malignant fungoid disease, and that the absence of the aneurismal whirr, so called, is now taken to be anything but certain evidence of the absence of aneurism. The large size of the opening, the smoothness of its edges, and even continuity with the rest of the vessel, probably account for the absence of the *bruit*.

It may be asked, Is this a case of traumatic aneurism? To my mind the pain, unceasing (although occasionally much mitigated, it is true), and in character such as might arise from pressure, and dating directly from the fall, and the albuminous urine appearing early in the progress, establish a strong connection between the presumed cause and effect. The perfectly healthy state of the vessel immediately around, above, and below the opening, is worthy of notice.

With regard to the rarity of such cases, I cannot, in the few books at my command, find a case of aneurism of the aorta, in which the cause is attributed to direct violence. Much more might be said on this interesting subject.