in front. The murmur may be dull and muffled, requiring the pressure of the stethoscope to elicit its distinct character. It is limited transversely to the seat of the disease, and propagated more extensively below than above that spot, and where sometimes it is alone audible. Dr. Walshe mentions, and this I have also had an opportunity of verifying, that in some instances systolic murmur is audible in the reclining, when inaudible in the erect posture; and again, as already stated, that in other cases no murmur whatever can be detected in any posture. Lastly, the aneurismal sound is inaudible over the heart.

The general symptoms of ventral aortic aneurism, when taken *per se*, are extremely vague and perplexing. The vessel, in its passage through the abdomen, being closely embraced by filaments from the solar plexus and other nerves, the neuralgic sufferings are often very intense.

The seat of the pain, often intermittent in character, is of course influenced by the locality of the sac; it is especially severe in the loins, lancinating upwards and in front to the hypochondriac and abdominal regions, and below, to the testicles and lower extremities, which may become contracted and convulsed. The pain often assumes the character of colic, and the poor patient describes his sufferings in the most graphic terms. The pulse is not often materially affected, and the appetite may continue moderately good. Pressure on the intestines may interfere with the functions of these viscera; and if the sac be large and seated high up in the abdomen, it may, by impeding phrenic action, render the respiration accelerated, and give rise to severe pulmonary distress. Such are the leading features, physical and general, which more or less obtain to aneurism of the abdominal aorta.

We may now briefly consider those other affections by which this is occasionally simulated, and which become both important and interesting in reference to its differential diagnosis. The first which we may notice, and which sometimes closely resembles ventral aneurism, is simple aortic pulsation from functional disturbance. This latter, occurring in dyspeptic and anæmic subjects, will be recognised by its concomitant nervous or anæmic symptoms.

In aneurism, as we have seen, the pain is something truly agonising; in simple aortic pulsation, this symptom is absent. The functional disorder is further diagnosed by its aggravation on slight exciting causes, and by its want of permanency; again, the sound and impulse are short, abrupt, and jerking, in contradistinction to the slow, heaving, expansive pulsation of aneurism, nor is the impulse so decidedly confined to a particular portion of the artery.

Inorganic pulsation may be attended with a systolic sound, but this, as a rule, is inaudible in the back. It is not unfrequently accompanied by a coexisting murmur in the neck. Lastly, the sex of the patient will assist our diagnosis; for while abdominal aneurism in the female is of very rare occurrence, inorganic aortic pulsation is very common. Fæcal accumulation and impaction has been mistaken for aneurism of the abdominal aorta. The oval shape of the tumour, with its doughy, inelastic feel, and the result of free purgation, will in general suffice to clear up the diagnosis. Enlarged glands, or organic disease of the abdominal viscera, either lying over, or pressing laterally upon the artery, will sometimes closely simulate aneurism. The history of the case, and especially the existence of malignant disease in other parts of the body, will aid our opinion; while in pulsation from superimposed tumour, the murmur may often be interrupted by change of position, or by applying the stethoscope laterally and displacing the tumour from off the artery. The obscurity of the symptoms, and pain accompanying lumbar and psoas abscess, may resemble the phenomena of aneurism, but the swelling, elongating downwards, without sound or impulse, and the want of the globular tumour of the enlarged artery, will in general distinguish these affections.

Tumours of the kidney may, by extending irregularly inwards and receiving the shock of the artery, sometimes resemble an aneurismal swelling; but the condition of the urine and the previous history of the case will sufficiently

assist the diagnosis. It should be borne in mind, however, that an aneurism pressing upon the emulgent vein may render the urine albuminous.

In all cases in which the symptoms are obscure (and in very many they will inevitably prove at first to be so), it will be well to examine the patient both in the erect, horizontal, and lateral postures, and in some instances it may be prudent to watch the case for a time before hazarding the responsibility of a positive opinion.

Ipswich, June 1854.

NEUROMA OF THE LEFT MEDIAN NERVE.

By W. E. IMAGE, Esq., Surgeon to the Suffolk General Hospital.

[Read at the Annual Meeting of the Suffolk Branch, June 23rd, 1854.]

MARY JOBSON, aged 29, a married woman, was admitted into the Suffolk General Hospital on October 4th, 1853. She had enjoyed good health up to the 8th of November, 1850; never having experienced pain or any other inconvenience in the arm or hand. The first intimation of disease was sudden: she was roused from her sleep by a violent pain in the palm of the hand, just below the thumb. This occurred on the night of the 8th, at one o'clock. The acute pain continued for four hours; it then remitted, but never wholly ceased. At one o'clock the following day, a severe exacerbation occurred. In the following night, the paroxysm recurred; and, from that time to the period of her admission into the hospital, the disease wore this very decidedly paroxysmal character. The paroxysms were regular, both as to the time of their access and duration. They occurred regularly at one o'clock, night and day; and continued for four hours. The pain in the hand never ceased, from the first attack up to the day of the operation; it only remitted. A "darting and aching" pain, to use her own expression, always continued in the palm of her hand.

Six months after the first attack, she accidentally discovered a small tumour, of the size of a pea, about three inches above the inner condyle. She became aware of it, by a person grasping her arm. She paid but little heed to this small tumour, as she had no reason to refer her suffering in her hand to this part; as it was only, for the present, painful when touched. The tumour continued in this state for six months after this time, or twelve months from the commencement of the pain in the hand, before she experienced any pain in it, except when pressed; but not then communicating pain to a distance.

In November 1851, the tumour began to be painful, even when no pressure was applied to it. The pain extended up to the shoulder, side of the neck, and half the head; and when the tumour was touched, the pain was "sent" (her own word) to the palm of the hand, but not in the upward direction. The tumour slowly increased in size; the pain in the part greatly increased; the paroxysmal character continued; and, when she arrived at the hospital, she was worn down by suffering and sleepless nights. No treatment gave any real relief; indeed, it sometimes appeared to aggravate her suffering. Blisters alone appeared to afford any alleviation. They also completely failed. The tumour was moveable in a transverse direction, but not in the axis of the nerve.

Oct. 31st. I removed the tumour, with half an inch of the median nerve attached at each end. The disease was not adherent to the surrounding tissues. All pain ceased in the arm and hand. The thumb and middle fingers were numb and powerless. She could not close the hand; she could just move the fingers, and had some sensation in them, but it was very deficient. The little finger was quite normal; the ring finger partially so. The wound progressed favourably; her health began to improve; her sleep returned; and she left the hospital cured.

I had an opportunity of seeing her in April 1854. Her health was restored; she had never had any pain since she left; the sensation in the hand was restored; and the power

of closing her hand also almost recovered. I observed that she was not able to close the left hand quite so firmly as the right.

REMARKS. This case is interesting in a practical point of view, as it shows the uselessness of any known plan of treatment; and also that so important a nerve as the median may be cut through, without any very serious injury to the future usefulness of the limb.

Bury St. Edmund's, June 1854.

PERISCOPIC REVIEW.

EPIDEMIOLOGY, HYGIENICS, AND STATISTICS.

REPORT ON THE RECENT PROGRESS OF CHOLERA.

PART I. BY JOHN CHATTO, ESQ.

THE epidemic which during the last year or two has been committing devastations in various parts of Europe seems to have arisen in Persia, in the years 1851-2, and prevailed there to a fearful extent. M. ERNEST CLOQUET, at that time a resident at Teheran, in the accounts he sent to the French Academy of Medicine, states that it first declared itself at Basserah in 1851, followed the course of the Tigris so as to reach Bagdad in 1852, and then traversing Kurdistan, spread into Azerbaijan. After ravaging this province, and especially its capital, Tauris (where, according to some accounts, probably much exaggerated, 1000 persons died daily), its course was directed to the south and south-east, along the borders of the Caspian Sea. Teheran in this way became the seat of cholera at the beginning of April 1853, the disease reaching it, contrary to all precedent, from the north. The temperature of this spring was remarkably low, the wind blowing from the N.E. and S.E., and the air being loaded with moisture. During April, May, and the half of June, at least forty-five persons were carried off per diem in a population reduced by flight to thirty or forty thousand. By the beginning of August, it had nearly ceased at Teheran, though still prevailing with great severity in other parts of Persia, especially in the eastern and southern provinces. It is calculated that, of a population of 160,000 souls, comprised in Teheran and its environs, from 15,000 to 16,000 perished. At the same time, the epidemic prevailed, though with less intensity, at Emmenah, placed at 7000 feet above the level of the sea; the weather, too, being so cold that snow fell in May.

The outbreak of cholera in Poland in 1852 was, according to Dr. TSCHETSKIN, President of the Sanitary Commission, unprecedented in the sudden and spontaneous character of its appearance. No cases had been met with in that country since the end of 1851, when the disease suddenly appeared in the district of Sieradz, in the government of Warsaw, on May 24th, 1852, and spread thence in every direction. It did so, however, in the most irregular manner, sometimes concentrating itself in certain localities, and then spreading by leaps to distant populations, leaving intermediate places for the time unscathed. The first cases occurring at Warsaw appeared in separate parts of the city, and were not traceable to intercommunication. To the 5th of September, the number of cases amounted to 10,673, of which 4,462 died, 5,908 recovered, and 303 remained under treatment. The culminating point of the epidemic was the thirty-fourth day, the 10th of August, when 570 new cases occurred. The total number of cases occurring in the government of Warsaw to the 5th of September amounted to 44,928, of which 20,906 died, 20,159 recovered, and 4,710 remained under treatment; this being indeed the most disastrous epidemic of this disease ever witnessed in Poland. Notwithstanding the large armies stationed in this province, they furnished only 2,066 cases; the observance of hygienic laws having been most rigidly insisted on.

M. AMEÉE LATOUR, examining the history of the progress of this Polish epidemic, regards it as differing from other recorded visitations of the disease; for, although cholera had been raging in Persia, and around the Persian Gulf, it never advanced thence to the Russian eastern frontier. He thinks it bears more analogy to some of the great epidemics due to the local prevalence of peculiar "epidemic constitutions", such as those observed in London by Willis and Sydenham, in 1670 and 1676.

Kalisch, a town in Russian Poland, situated on the Prussian frontier, became in June 1853 a fearful focus of the disease,

fugitives transporting it hence in July to the Prussian towns Ostrowo and Pleschen, in the Duchy of Posen. Of the 5,799 inhabitants of Ostrowo, by the 8th of August, 276 had become attacked, and 115 had died, and 267 deaths occurred among the 5,481 inhabitants of Pleschen; the disease also rapidly spreading to other places in the duchy. Other fugitives carried it to various places in the government of Breslau. Breslau had indeed, not long prior to this, suffered from a visitation of cholera, which had prevailed from August 17th, 1851, to January 8th, 1852, furnishing 545 cases and 271 deaths in a population of 167,507. The epidemic seems on that occasion, according to the accounts in the Prussian *Medicinishe Zeitung*, to have travelled from Bohemia, where 53,121 individuals are stated to have been attacked during 1851, of this number 23,225 dying.

At a not much later date than that of the immigration of the disease by Kalisch, it traversed the frontiers of Eastern and Western Prussia, at other points, it being brought to several places apparently by raftsmen floating timber from Galicia and Poland. By the 20th of August, 153 cases, furnishing 80 deaths, had occurred in the town of Dantzig, and by the 19th of September these numbers had increased to 1,164 and 674 respectively. The cases occurring in the entire government of the same name were 7,541 in number, and the deaths 4,572. Later still, Berlin and Landsberg were attacked, 235 cases and 152 deaths occurring in the former city, and 306 cases with 194 deaths taking place in the latter. Many other places suffered in the provinces of Brandenburg and Silesia, and some of these severely. The Marienwerden government furnished to the middle of November 9,294 cases, with 5,640 deaths. Among the 42,146 inhabitants of Posen, 2,571 cases and 1,356 deaths occurred; while, in the entire government of that name, there occurred 19,019 cases, with 11,292 deaths.

Dr. LEWENHARDT (*Medic.-Zeitung*, July 1853) gives a few interesting details of the outbreak of the epidemic at Prenzlau, a place of 12,720 inhabitants. No epidemic had occurred for a very long period, and the public health of the town was supposed to be in a very satisfactory state. However this may be as regards some of the more marked diseases, as a mortality of 30 to 52 per 1,000 occurred, there was evidently not much to boast of for a provincial town. The locality is singularly free from cases of pulmonary consumption, while typhoid and intermittent fevers, together with rheumatic and catarrhal affections, are prevalent; the town lying in a flat district, unsheltered by mountains from the north wind. Pneumonia and croup are also of frequent occurrence. Some cases of sporadic diarrhoea occurred in the autumn of 1852; but the affection had acquired less extension than in some other years, when a chimney-sweep arriving from Berlin exhibited symptoms of cholera on the 3rd of October, and the earliest subsequent cases were believed to be traceable to his residence. The epidemic reached its maximum by the fourth week, and then gradually decreased. From the 8th of October to the 23rd of December, 1,662 persons (764 males and 898 females) were attacked, and of these 622 (274 males and 348 females) died. Jews seem to have enjoyed marked exemption from the disease.

The epidemic of cholera which visited Prussia in 1853, contrary to what has been observed in former invasions, which have taken place by the Russo-Polish, Austrian, or Bohemian frontiers, made its descent at the seaboard, without, however, entirely neglecting its old course along the Vistula. The attack, indeed, was chiefly spent upon the maritime provinces, few places in Posen or Brandenburg suffering, except Berlin. It is remarkable that the first cases manifested themselves on the selfsame day (July 13th) at four widely distant places, viz., Memel, Dantzig, Stettin, and Thorn. Although the chief manifestations of the disease were observed, on this occasion, at the maritime towns, yet traces of its presence occurred, towards the end of July, at places situated on the frontiers of the Russian Baltic provinces and Poland. From Thorn, which communicates by the Vistula with Poland and Galicia, it spread to Kulm and other places, but to no great extent. At Dantzig, the cases chiefly occurred among Polish raftsmen and foreign sailors, and thence it spread to some of the adjoining towns. The entire number of cases that occurred at Stettin amounted to 1,156, of which 710 died. To the 21st of November, 1,403 cases had been observed at Berlin. Of this number, 413 cases were treated at the Cholera Hospital, 256 dying, and 156 recovering; and 992 were treated elsewhere, 665 dying, and 327 recovering, making a total of 940 deaths, and 465 recoveries. The disease broke out at Anklam, in Pomerania, on the 26th of August, its introduction not being traceable to importation, and three persons residing in the same house being its first victims.