

A syphilitic eruption, however, may be itchy without scabies. It may be complicated with an ordinary eczema from accidental causes, probably evoked by the irritation of its own morbid products. In such a case, *where the itching is the only suspicious symptom*, perseverance for a few days in attention to cleanliness, with local emollient treatment, will usually suffice to leave the syphilid by itself.

Finally, we may remember, in this connection, a well-known law common to all eruptive complaints—that when an eruption breaks out from internal or even external causes, it attacks in preference the weakest points of the economy, and therefore those points where any special irritation happens to exist at the moment. Thus the eruption of an exanthem, such as measles or small-pox, is often seen to come out most copiously on parts where the skin has been habitually compressed, as by laces or garters; or on parts which have been irritated by recent blisters. In a very mild case of varicella which I met with the other day, in which only four or five vesicles were developed altogether, one came out on a slight bruise of the finger which the child had received the day before the fever set in. In scabies, according to Hebra, tailors are liable to such exceptionally severe symptoms over the tuberosities, that in many cases he professes to be able to diagnose the calling of his patient as well as his disease. In syphilis it is well known that mucous patches are apt to form on sores or abrasions of the skin, and not uncommonly on the primary sore, should that exist when secondaries appear, when the chancre itself is transformed into a mucous patch. Examples of this law might easily be multiplied; and so an eruption of scabies may not only evoke a syphilitic eruption which would not otherwise have broken out at that precise time; but, in the event of its breaking out, the form which it assumes may be greatly aggravated in consequence. I have seen this in many cases; and in the child R. M., on whose person the syphilitic eruption was fast disappearing, the irritation of the acarus not only seemed to introduce the new element of scabies, but to call forth afresh the coppery erythema and flat papules of the syphilid in greater abundance and more characteristically than at first.

V.—*Case of Aortic Aneurism with a spontaneously curative tendency, &c., with remarks.* By DAVID PRIDE, M.D.

THOUGH aneurism of the aorta is by no means of rare occurrence, the case, the history of which I am about to relate, will be found to possess some interesting peculiarities.

On the 6th November, 1864, I was asked, along with the patient's regular medical attendant, to see Thomas G., aged 39 years, a stone-mason, who had for about a month previously been complaining of a distressing uneasiness in the chest, severe pain in the back, &c. In particular, he had great difficulty in swallowing anything solid; and for a week or so before the time at which I saw him, he had been living chiefly on fluids, and even they, he said, were at times, "like to stick in his throat." He experienced the obstruction at the upper end of the sternum, but along with this he continued to complain of a dead weight in the region of the xiphoid cartilage. There was also most distressing orthopnoea, amounting at times to a sense of impending suffocation; and though able to move gently about the room, he could not go to bed, and for the four preceding nights he had sat constantly by the fire. He slept but little, and that little was disturbed—generally waking up startled and alarmed. He had had a severe cough, of a clanking-toned character, which, though still causing a ticklishness in the throat, had greatly subsided. His voice was completely suppressed. He complained of a most intolerable pain, at times gnawing and at other times lancinating in character, along the base generally, but particularly at the lower angle of the right scapula, and which was relieved only by intense heat, as when sitting with his back close to a stove or fire. From the mouth there was a copious flow of muco-watery fluid, tenacious and glairy, but no distinct expectoration—in particular, no pus, no blood, nor had there been either throughout the illness. Patient sat with his shoulders considerably forward, to relax the pectorals and take pressure off the chest, in which position he said he "felt most ease." There was no fever, no nausea, no rigors, nor had there been during his illness. He felt the sensation of hunger intensely, but instinctively dreaded swallowing. By percussion, cardiac dulness was slightly enlarged, and if anything, a little displaced to the left. The apex beat was rather obscure as felt by the finger. Over the manubrium there was a distinctly dull space three inches transversely, pyriform in shape, and extending towards the heart. In other respects the chest was pretty normal. There was no murmur over any of the cardiac orifices, no bronchitis, no pneumonic crepitus, no palpitation complained of; at the upper dorsal vertebræ pulsations were rather too loudly heard, but no murmur, no friction, nothing locally to account for the severe pain.

Radial pulses were slightly but distinctly unequal, the left being the smaller. Cornea of right eye being opaque from an injury, the pupils could not be compared; but the left pupil answered slowly to light. In the jugular fossa there was pulsation, and unusual resistance offered to the finger. Trachea seemed

slightly displaced. There was no thrill felt over any part of the chest, the throat was quite natural to appearance, and the edge of the epiglottis quite sharp to the touch.

Though anæmic and rather emaciated, the patient was a man of athletic make and above the average size. He had always been accustomed to hard work and heavy lifting; and notwithstanding having been much exposed to inclement weather, and having been in the habit of taking a good "dram," he had generally enjoyed pretty good health. Many years ago he sustained an injury by a stone falling on him, but neither spontaneously nor on being questioned does he personally connect his present illness with that or any other injury he might have sustained; but from his brother, also a mason, it is learned that about two years since patient sustained an injury, when lifting a mass of stone, which he referred to his chest, and since which his health has never been the same. He had an illness about twelve months ago, but there was nothing in it to attract special attention.

About 7 o'clock of the same night, after a fit of coughing, patient spat up, for the first time, a clot, and about 12 oz. of arterial blood.

About 4 a.m. of the 7th he had another attack, similar in kind, but slighter.

On the 9th, after another fit of coughing, patient spat up another clot, and about 16 oz. of bright blood. From this time till his death he got beef-tea enemata, with a little tinct. opii, and spirits, but was not allowed to swallow anything.

On the 10th, after another attack similar to the above, he died, and on the following day we held a post-mortem examination, the result of which was as under:—

There was no blood in the thoracic cavity, but situated on the posterior aspect of the transverse aorta, immediately behind the origin of the carotid and subclavian arteries, was found a distinct aneurism, consisting of a single sac, and about the size of a large orange, which had opened into the œsophagus, in a manner afterwards more particularly to be referred to. The aneurism was densely filled with a fibrinous mass, evidently not of recent formation, and for all practical purposes, physiologically speaking, it acted as a tumour pressing upon the trachea and œsophagus. The aneurism, the œsophagus, and the trachea were matted together by adhesions, so much so that the walls of the two former had coalesced, and become exceedingly attenuated; and at the upper margin of the fibrinous mass there was a small rent of about half an inch in length, communicating with the aorta and gullet; but, besides these adhesions, the tumour was found to have pressed back so as almost to obliterate the caliber of the gullet, except what resulted from the elasticity of its coats.

To the size of a crown piece the opposite wall of the œsophagus was thin and translucent by pressure also, and surrounded by a distinctly thickened border. This attenuated spot was not ruptured when we first opened the chest, though it gave way when taking out the viscera. The crack in the upper border of the fibrinous mass was the source of the hæmorrhage, and until it was discovered it was exceedingly difficult to account for the blood getting out at all. The pneumogastric and recurrent nerves were both involved in the diseased mass. The vertebræ were quite sound, and the parts otherwise, so far as examined, quite normal, with the exception of an old pleurisy on the right side.

Remarks.—Now the principal features in this case were, extreme difficulty in swallowing, difficulty of breathing, suppression of voice, and severe pain in the back; elements, which, though quite in harmony with the presence of aneurism, might—if isolated from the history, the physical characters brought out by percussion, and the examination of the pulses, &c.—all be almost equally well accounted for by other and less fatal causes; and in reality this is just what occurred. The gentleman under whose care the case first appeared—an intelligent and experienced practitioner—looked upon it as an affection of the larynx and œsophagus, and that only. But as the symptoms did not succumb to the judicious application of proper remedies for such complaints, I was asked to see it, and a careful examination led me to think it a case of aneurism, and most probably of the transverse aorta. When the hæmorrhage took place I was inclined to believe it was from the trachea, into which I presumed the sac had burst. My friend, on the other hand, thought it was from the œsophagus and most probably an ulcer—a discrepancy in opinion which well illustrates the extremely deceptive nature of such cases. There was aneurism, with the symptoms of such a malady; but it was thought ulceration of the œsophagus amply accounted for all, whereas, though ulceration was present, it performed only a secondary part. The features of the two affections were intimately mixed, so much so, that the symptoms of each rendered the characteristics of the other extremely doubtful.

There was also something peculiar in the attacks of bleeding. They were always *preceded* by a clot of considerable size, and the discharge of both clot and blood was always *consequent* upon a fit of coughing; the rationalé of which was simple. As the patient swallowed nothing to disturb the parts, and as the œsophagus was for all practical purposes stopped up, the blood, slowly oozing from the ruptured surface, gradually collected in the part of the gullet above the stricture, until it got sufficiently high to touch the glottis, and by reflex action of its nerves produce coughing with discharge of clot and blood; thus showing how

bleeding taking place a good way down the œsophagus might come to simulate the characters of laryngeal or tracheal disease.

Another highly interesting peculiarity in this case was the spontaneously curative tendency it possessed.

It is generally considered that aneurism of the aorta cannot undergo spontaneous cure; but this case not only shows the fallacy of such a supposition, but pre-eminently illustrates how the cure is effected: for had it not been the vitally important parts with the proper action of which, in its growth, this aneurism came to interfere, its tendency was most undoubtedly to cure itself. And this being the case, we should take courage in our efforts at treatment. When we see, as this case well exemplifies, the powers of nature have even a natural tendency to aid the powers of art. But let us examine this further. The circumstances in any case predisposing to a deposition of fibrine are—First, that the blood be in contact with unhealthy texture, which, physiologically, will be equivalent to a foreign body. Second, that the circulation of the blood be retarded in its motion, but not entirely stopped. Third, that there be a distinct cavity admitting the blood to have moderate motion. Now, in this case, at one period of its history these circumstances must all have been present, and the result was decidedly in its nature such as we should have predicted. That the aneurism had once been a distinct sac filled with fluid blood, was perfectly evident from the features possessed by the tumour after death. It had a distinct neck $1\frac{3}{4}$ inches in diameter at its aortic connection, beyond which and inside of the remains of a distinct cavity the fibrine was found lying in laminated layers having a circular arrangement, as if deposited whilst the blood in a fluid state gyrated in the cavity.

Now blood so treated would naturally tend to deposit its fibrine—1. Because when in the sac it would be in constant contact with unhealthy, probably atheromatous tissue. 2. Because the flow of blood would be interfered with—not stopped, but considerably retarded. 3. Because there would be a gyrating motion in the sac. Now these three—viz., contact with unhealthy texture, retarded circulation, and stirring motion in the part—would have the same effect in promoting a deposition of fibrine, that the stick stirred in the butcher's bucket is seen to have. It is just possible that this fibrinous deposition may be viewed by some as a purely post-mortem phenomenon; but that such was not the case was clear—1st, from its arrangement; 2nd, from its aortic surface being covered by a thin pellucid membranous-looking substance; 3rd, from the very different appearance it presented from the white fibrinous clot extending from the heart through the aorta—an undoubted post-mortem phenomenon, or at most

occurring in the last minutes of life. The hæmorrhage was peculiar. On opening the aorta, though the aneurismal orifice was plainly visible, it did not at first appear how the bleeding could possibly have resulted from such a well-filled cavity; but a more particular examination revealed a rent or crack in the upper border of the mass, as before stated, whence the blood had oozed into the œsophagus. This rent, whether the result of straining, lifting, or coughing, appeared to be the immediate cause of death; but the proximate cause of the present attack was, perhaps, more to be found in the inflamed, attenuated, but not ruptured wall of the œsophagus on the opposite side from the tumour. A single glance at the morbid mass rendered evident the parts of which the patient complained as being sore when swallowing, or felt eased when he held forward his shoulders to take pressure off the chest. On seeing the relation of parts, we both experienced a sense of relief that no bougie had been passed; for had such been done—and a most natural proceeding it would have been at the outset of the complaint, to have ascertained the site and nature of the stricture—so surely would it have ruptured the œsophagus and sac, and death would have been the result while yet the patient was in our hands.

VI.—*On Two New Specific Remedies for Gonorrhœa.* By THOS. B. HENDERSON, M.D., F.F.P. & S., Glasgow.

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A CONTRIBUTION to the practice of medicine such as we have before us in this card for the title of this paper, needs little or no introduction. The paucity of remedies for gonorrhœa has been regretted, I believe, by almost every general practitioner.

This complaint, from its occasionally intractable character, has sometimes proved, or threatened to prove, an *opprobrium chirurgorum*. Without doubt, ingenuity in prescribing the two specifics known to the profession has been attended with great success. But even with the greatest skill and ingenuity they occasionally fail. Too often they sicken or nauseate the patient, and in delicate constitutions, if given in doses large enough to have a curative action, they always produce inconvenience and disorder. I believe, in consequence of these effects, many practitioners dispense, or endeavour to dispense with the use of specific remedies, treating their cases principally by local measures. The variety of these applications surely indicates a general want of proper remedies, each of the agents used being useful in a few instances only. Does it not seem strange that no addition has been made to the specific