by one which I fail to find alluded to in the ordinary text-books, and one which, though more ulterior in its appearance, is certainly not less fatal in its consequences. And naturally the question arises, Would the intra-venous injection have made the uterus contract as effectually as the perchloride of iron if it had been employed in the first instance? If it could be proved that such a performance would sufficiently reanimate the patient to bring about uterine contraction, then that course ought to be adopted; because, now that intra-venous injection has been reduced to a practical operation, the dangers of the latter appear diminished when compared with the former. But the issue of the second case shows that although the uterus does contract after intra-venous injection, it does not always do so sufficiently to arrest all hæmorrhage, as the perchloride had subsequently to be applied to completely arrest the flow. It may be thought that the hæmorrhage was the result of polypus, retained placenta, or other cause; but, although carefully sought for, no evidence of such was found. Getting up too soon was the probable cause of the hæmorrhage in the other case.

I am aware that final conclusions cannot be drawn from what may be called two isolated cases; but one thing, at least, appears to have been established—viz., that the operation of intra-venous injection is a practicable one.

In conclusion, I would thank Dr. Herman for his courtesy in allowing me to publish these cases.

London Hospital.

A CASE OF

ANEURISM OF THE AORTA RUPTURING INTO THE PERICARDIUM.

BY H. C. GUINNESS, SURGEON-MAJOR, A.M.D.,
IN MEDICAL CHARGE, STATION HOSPITAL, WESTERN HEIGHTS, DOVER.

CORPORAL A. D—, Royal Irish Rifles (83rd), age twenty-three, service five years (no history of syphilis, alcoholism, or rheumatism) was admitted into Station Hospital, Western Heights, Dover, on October 24th last, with inflammation of external meatus. In spite of the treatment employed the pus became very fetid, showing its neighbourhood to bone, and there was considerable constitutional disturbance with high temperature, &c. He became low and weak, requiring stimulants, &c., but no delirium or head symptoms occurred. During his life he had no symptom to direct attention to the heart or great vessels, and there was no suspicion of the existence of an aneurism. On November 12th, about 2 P.M., after his ear was syringed, he fell back in bed and expired almost immediately. As will be seen by the post-mortem report, the case is one of exceptional interest, owing to the mischief caused by the aural inflammation, the plugging of the lateral sinus and jugular vein, and the probability of this being the cause of the rupture of the aneurism by the increased pressure on its coats, also by the very small size of the aneurism. The post-mortem report I send in full, as furnished by Surgeon Skinner, Army Medical Department.

Necropsy.—Body pale and emaciated, rigor mortis well marked. On removing the skull-cap, the dura mater was found to be unusually adherent to the structures beneath, just above the torcular herodotii. The left lateral, petrosal, and cavernous sinuses were filled with ante-mortem clot; also the jugular vein in the jugular fossa, and for about an inch below that point. The brain substance was firm; but presented nothing unusual on examination beyond general emptiness of the veins. The left auditory meatus contained pus; it communicated with the jugular fossa by a perforation. On opening the chest, the pericardium was observed to be distended to its fullest extent by a dark substance. On opening it, some reddish fluid—in amount about two ounces—escaped, and the heart was found surrounded by a firm dark-coloured clot, which on removal weighed ten ounces. This clot was found to be especially adherent to the anterior surface of the first portion of the aorta; on removing it from this situation, a small aneurism was found rather larger than a hazel nut, with a perforation in its centre admitting a medium-sized bristle. The heart had a considerable quantity of fat externally and was firmly contracted. Its muscular structure was pale on section. The valves were healthy, but all the orifices were rather small.

The aorta presented commencing atheroma in small quantity throughout its whole thoracic portion. The mouth of the aneurism was small, with a ragged margin, and blood-stained for about one-eighth of an inch round; it was a quarter of an inch in its transverse, and a little more than one-eighth of an inch in its vertical measurement. The aneurism contained some laminated fibrinous clot. The external coat was thickened in this situation, except just at the point of perforation, which, from the inner aspect, presented a funneled appearance. The lungs were collapsed and somewhat congested, especially at the base of the left. The liver was slightly enlarged and congested. The kidneys were apparently normal, also the spleen.

Remarks.—The post-mortem appearances suggest the opinion that the rupture of the aneurism was immediately due to the increased pressure caused by the blocking of the veins on the left side of the brain.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Casts made with New Material.—*Diffuse Polypi of Colon.*—*Large Polypus of Rectum.*—*Polypus of Small Intestine.*—*Abscesses in Liver of Kangaroo.*—*Abscess and Pyæmia in a Python.*—*Changes in the Nerves in Infantile Paralysis.*—*Changes in Nerves after Amputation.*—*Hypertrophy and Softening of Bones in a Child.*—*Addison's Disease without Bronzing.*—*Bone and Brain Disease in Syphilis.*—*Micro-organisms in Pyæmia.*

THE ordinary meeting of this Society was held on December 19th, the President, Dr. Wilks, being in the chair. Dr. Goodhart's specimens of extraordinary thickening and softening of the cranial bones were referred to the Rickets Committee. Dr. Lees showed a living case of erythema papulatum in a boy aged three years.

Mr. BOWLBY showed some excellent casts of Limbs and Skin Eruptions made from a new material, the composition of which was described in the *British Medical Journal* a short time ago. The most important question was as to the durability of the specimens; some of those exhibited had been made nearly a year, but possibly it might be found advantageous to add some preservative like arsenic. The colouring of the skin eruption was done after the cast was made. His second specimen was a Colon of a man, aged sixty years, with diffuse Polypoid growths. There was no other disease of the alimentary canal found, and there were no symptoms during life. The growths commenced immediately beyond the ileo-cæcal valve and extended as far as half way down the descending colon. Some were sessile and some pedunculated. They consisted mostly of soft mucous membrane, and had no relation to any particular part of the circumference of the bowel.—Mr. BOWLBY also showed a very large Fibro-cellular Polypus of the Rectum. The patient was a girl, aged twenty-four, who previous to the discovery of the tumour had felt no discomfort beyond occasional constipation. While straining at stool she felt something come down which she was unable to return, and Mr. Everley Tayler, of Scarborough, having been called in, found a large mass, the size of a foetal head, protruding from the anus. The tumour was removed under chloroform and was found to be very succulent, much fluid escaping when it was cut into, and its weight was thirty-one ounces. Its attachment was to the anterior wall, and it consisted of very loose fibrillar tissue containing a considerable quantity of fluid—i.e., a soft fibroma. The mucous membrane over it was normal. It is now ten months since its removal, and there has been no recurrence. Its large size, and the absence of symptoms, were the most noteworthy features. His fourth specimen was a Polypus of the small Intestine. A female, aged thirteen months, under the care of Mr. Marrant Baker, was taken ill, with symptoms of intussusception, on April 28th. She was admitted to St. Bartholomew's Hospital on May 10th, when the vermiform appendix was found hanging loose from the anus, and on the 13th a large portion of the gut came away. The child immediately began to recover, and was discharged from the hospital on the 19th with the motions fairly healthy. On June 1st it was readmitted with wasting and con-