

with the present state of our knowledge of tubercular ætiology.

As typhoids are more than ordinarily susceptible to all contagious diseases, they should be rigorously excluded from direct and indirect contact with diphtheria, erysipelas, and all wound diseases, the most thorough cleanliness should be observed about their person, and the towels, bedding, and utensils should be beyond reproach.

In the care of the lips, the tongue, and the nose, care should be taken that no abrasions be made which might open a way to secondary invasion.

So-called relapses are often due to a secondary mixed infection. Therefore, in all cases of relapse, careful, diligent, and if necessary, repeated search should be made for foci of infection which could give rise to the symptoms of relapse or any anomaly of temperature.

When a localization of infection has been discovered, the fact that the patient is, or has been, suffering from typhoid does not interdict the employment of ordinary surgical principles, but furnishes an additional and imperative indication for speedy operative interference, as furnishing the only known means of preventing the most disastrous issue."

#### SURGERY.

##### Aneurism of the Aorta.

The following remarks are based upon notes taken of a case under my observation for nearly one and a half years:—When first seen, the diagnosis was pretty evident, and although a post mortem was not consented to, the sudden termination, the mode of death, and the whole course of events point clearly to aneurism. The patient, a man *æt* 30 years, was rather ill-nourished, pale, and worn looking, and exceedingly nervous; the muscular system soft and flabby and poorly developed, and the skin unhealthy—a large patch of pityriasis versicolor covering the chest and shoulders. He complained of having suffered considerable pain in the chest for nearly two years, with wheezing, shortness of breath, and a dry cough. He fancied, or had been told, his lungs were affected and had taken cod-liver oil for some time. On examining the chest, a pulsating tumor about the size of a large horse-chestnut was visible immediately under the skin to the right of the sternum and in the position of the third costal cartilage, which had been absorbed. I gave him *grs. v.* of calomel and

*grs. x.* of bicarbonate of sodium to be taken at bedtime, and promised to see him the following day, when I mentioned to him the nature of his disease. As the chief part of the treatment, I advised perfect rest in bed. He rather demurred at this, but agreed to a consultation. Dr. I. H. Cameron saw him with me on the 23rd April. He advised the course of treatment I had proposed, and recommended that he be put on large doses of the iodide of potassium. The prominent symptoms at that time were: The pulsating tumor already referred to; a considerable area of pronounced dullness extending to the subclavicular regions on both sides. The distinctive bruit was quite easily obtained immediately over the tumor in front along the course of the carotids and even heard in the posterior part of the chest. The patient complained of considerable pain, which some months before was intermittent, sharp, and shooting, felt sometimes down the arm and up the side of the head; but now it was a constant aching in the front of the chest. There was marked dyspnoea, especially when he lay on his back, with some hearseness, probably due to pressure on the left pneumogastric or recurrent laryngeal nerve. He never experienced any dysphagia. There was considerable œdema of the face and neck. The veins of the left side of the face and neck became quite enlarged and prominent, no doubt from pressure on the superior vena cava or left innominate. The radial pulse was weaker on the right side than on the left.

The position of the aneurism and the variety are partly conjecture, but judging from its size, pressure, effects, etc., should say it was situated on the anterior part of the ascending aorta, or commencement of the arch, and that it was the false sacculated variety.

In searching for the cause there seemed to be nothing in the man's history predisposing to it. His age might be regarded as favorable, for statistics show that aneurisms occur most frequently between the ages of 30 and 40 years. He had never had rheumatism or gout, and there were no evidences of his ever having had syphilis or of subsequent mercurial treatment. He had never been a drinker and was now quite temperate and regular in his habits. Amongst the exciting causes, however, he referred back to a runaway accident some two years before, when he was thrown from a buggy and dragged on the