of dilute sulphuric acid, and 50 minims of water, was put under his skin, in different places, about the shoulders. Within one hour the heat of surface had perceptibly decreased; he steadily improved during the night, was quite sensible next morning, and recovered without any bad symptoms. As far as I am aware, this was the first case in which quinine was *hypodermically* employed. Surgeon J. Anderson, at present with the "Chestnut troop" of Royal Horse Artillery, shortly afterwards, in the same hospital, treated a case with equally satisfactory results. I attended five cases of heat apoplexy at Barrackpore, and employed this method, and they all recovered.

Now, as to the condition of the patient, and the way in which the remedy acts. Heat, at first, acts as a stimulant on the vaso-motor centres, causing the heart to beat more forcibly and rapidly. But after a long time, the over-stimulated centres become exhaused; then the capillary vessels are dilated fully. This condition is now generally recognized as one of real debility. A writer in the *Lancet* of February 3, 1872, under the head of "Therapeutic Traditions," remarks:—"For the old idea, that sensible heat of skin with redness of the face in itself implies strength of constitution, no authority remains; the obvious fact being that surface redness means *vaso-motor paralysis.*" One prominent symptom is noticed in heat apoplexy; that with increased amount of blood in the skin, there is entire suppression of *perspiration.* The sudoriparous glands have apparently lost their power of action. I have an idea that the pathological conditions of heat apoplexy, and the *secondary fever* of cholera are very like one another, each a state of exhaustion, the consequence of previous stimulation, and that in both these states stimulants and quinine do good.—*Practitioner.*

Sir William Fergusson and Dr. Arthur Farre.—We are happy to be able to report that Sir William Fergusson continues to improve and to regain strength. He drives out daily, and at the end of the month he will go to his home in Scotland. We are very glad to say also that Dr. Farre is making very favourable progress towards recovery.

DEATH FROM RUPTURE OF A VERY SMALL INTRA-THORACIC ANEURISM.

BY JOHN C. THOROWGOOD, M.D., F.R.C.P.,

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Mr. T. H., aged forty-two years, whom I had known for some five years as a dentist rising into considerable practice, came to me one morning in April last, complaining of very severe pain whenever he swallowed food. The seat of the pain appeared to be about the cardiac orifice of the stomach, and as soon as the morsel swallowed had entered the stomach the pain ceased.

The only ailment for which I had been called in before had been obstinate pains, like those of rheumatism, about the body generally, associated with profuse night-sweats. Of late the health had been remarkably good, and flesh had been gained to some extent. So little importance did the patient attach to the pain on swallowing food, that he was contemplating an excursion into the country on the very day on which I was consulted; but from this intention I dissuaded him. It was about April 16 when I saw him for the symptom just alluded to, and at that time the pulse was 96, tongue clean, spirits good. Careful examination showed some little increase of hepatic dullness towards left; no cardiac murmur, but second sound seemed unduly loud; no cough; breath-sounds normal; no vomiting; bowels open. Patient told me that some years ago he had had a similar attack of pain in swallowing, attributed to congestion of liver, which in a few days passed away. I prescribed a powder of hydrargyrum c. cretâ and pulv. ipecac. co. at bed-time, and an antacid laxative mixture. Three days later he was no better. The pulse was small; at one time it would be 96, and six hours later would fall to 72 or thereabouts. A motion from the bowels was described to me as inky black. These symptoms alarmed me more than they seemed to do my patient, but he promised to rest and take the dose of tincture of opium which I ordered. Nothing new in the way of physical signs.

On April 21, at 9.30 a.m., just as I was leaving for a distant visit to the country, my poor