

*Oertel: Causes of Death.*

doses of potassium iodide and hypodermic solution of mercury salicylate, he felt sufficiently well after nine days to ask for his discharge. Before this, however, he was suddenly seized, while still in the ward, with a severe hæmorrhage from the mouth. When the house physician arrived a stream of bright red blood, described as being the size of a lead pencil, was pouring from his mouth. A few seconds later the patient died before anything could be done for him.

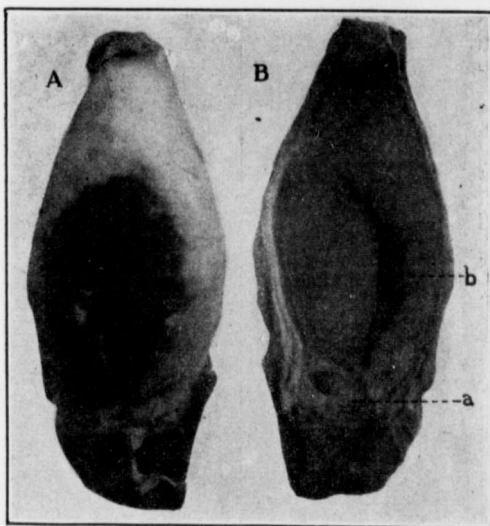


FIG. 7.—A, external view of the aorta above valve, showing hæmorrhagic infiltration of adventitia (dissecting aneurysm). B, a, aortic cusps; b, rupture.

The clinical diagnosis remained necessarily uncertain, although a ruptured aneurysm seemed possible. At the same time, the entire absence of any previous clinical signs or symptoms made even this diagnosis uncertain. One also had to think of ruptured gastric ulcer, or cesophageal varicose veins, against which, however, was the fact that the blood was not vomited, but literally