bilharzia showed themselves. On questioning the men the fact was elicited that another man in the regiment was the subject of this disease but had been discharged from hospital cured.

CASE 3.—Private Allatt, 2nd Yorkshire Regiment, was in South Africa for two years and a half and had very good health all the time. Left the country in November, 1903, for India. He had no urinary trouble up to the summer of 1904, when hematuria and penile pain commenced and have continued ever since.

CASE 4.—Private Bottomley, West Yorkshire Regiment, contracted bilharzia in February, 1906, after a six months residence at Mian Mir. He had never been out of England before he proceeded to India.

CASE 5.—Private Mitchell, Argyll and Sutherland Highlanders, had never been abroad until he went to Poona. After being stationed there for six months he proceeded with his regiment for manoeuvres to Secunderabad, and after having been there about ten days he developed bilharzia, the infecting locality being, in all probability, Poona.

These five cases, when they came under my notice, had all marked symptoms of bilharzia, and eggs were found in each.

The interesting fact in connection with the series is the source of origin of the attacks. The two last cases were undoubtedly infected in India, the actual localities being Mian Mir and Poona. As regards the other three, a more than strong presumption exists that they were also contracted in that country. The period of incubation could not possibly extend to the long time which elapsed between the men's departure from South Africa and the onset of the disease, and the theory that the Bilharzia haematobia, in some portion of its unknown life, may have remained in their clothing, seems too improbable for credence. If we exclude it the fact must be accepted that all five cases were contracted in India.

A CASE OF RUPTURE OF SACCULAR ANEURYSM OF THE FIRST PART OF THE AORTA.

By Captain N. J. C. Rutherford.
Royal Army Medical Corps.

Colour-Sergeant X., 1st Battalion Grenadier Guards, age 32, service fourteen years, was admitted to the Queen Alexandra Military Hospital about 3 p.m., on February 3rd, 1906.

History as follows: was quite well that morning; came up from Aldershot with two comrades to see a football match. He appeared all right in the train until half the journey was over, when he told his friends he was feeling sleepy and settled back into the corner of the carriage as if to have a nap. Before the train arrived, it was noticed that Colour-Sergeant X. was in a strange condition, his head rolling about and his
body swaying; no explanation as to what was the matter could be got from him. On arrival of the train, his alarmed comrades put him in a cab and drove to the hospital.

No history of any injury or "ragging" in the carriage, likely to produce an injury, could be obtained. Patient was put to bed and examined. He was in a semi-unconscious state, could be roused to say "yes" and "no," but no information was deducible from his mono-syllabic answers. There was marked collapse, the skin surfaces were cold, the pulse could be counted with difficulty (about 130) and the temperature was subnormal. He complained of thirst, and had been given a little brandy and water, which he vomited. The bowels were opened once after admission.

There was no scalp wound, or ecchymosis, the pupils were equal, not dilated, and reacted to light, neither was there any twitching of muscles or paralysis. The cardiac sounds were rather indistinct; there was no murmur. The cardiac dulness thought to be increased to the right of the sternum. The lungs were normal and movement of abdomen not restricted. On palpation tenderness over hypogastrium was complained of, but on continued palpation, and endeavouring to elicit answers from the patient, it was evident that pain or tenderness was not present. It was thought the percussion note in both flanks was duller than normal, but there was so little resonance, excepting a tympanitic note over stomach, that this condition did not help the diagnosis much. There was no distension and no rigidity. The bladder was not distended. There was no distinctive odour from the breath, and no marked restlessness. The deep reflexes acted sluggishly; there was no muscular rigidity or loss of power. The patient was able to raise his limbs from the bed when asked to do so.

Treatment to reduce shock and collapse produced an improvement in colour and surface temperature; the mental condition and the pulse did not improve. There was no rise in temperature, nor did the patient pass into a state of coma.

The case was watched for the next few hours, no change taking place, patient lay on his side with a tendency to curl up in his bed; he was drowsy, lethargic, had a weak pulse, and the temperature remained subnormal. A catheter was passed and three ounces of urine drawn off for examination; almost immediately a clonic convolution seized him, lasting about thirty seconds, and leaving him comatose with long gasping respirations; a slighter attack followed in five minutes. As the man appeared to be dying, oxygen was administered and I opened the right median basilic vein and transfused three pints of normal saline. The patient seemed to rally completely, the pulse returned, respiration became normal, and he came out of the coma. Within twenty minutes of the apparent recovery another convolution occurred and he died a few minutes afterwards.
Lieutenant-Colonel C. Birt, R.A.M.C., has been kind enough to allow me to attach the post-mortem report.

Post-mortem.—The body was that of a man looking older than his assigned age, in good physical condition. Rigor mortis present, lividity about back and neck, no marks of injury on any part of the body, surgical opening into the right median basilic vein, no scars, no signs of syphilis, on percussion the cardiac dulness was increased by a rib’s breadth. The lungs were resonant in front, but there was a flatter note on left side behind than on right.

Head.—No ecchymosis or otorrhœa, calvarium normal, no fracture, membranes healthy, no blood in subarachnoid space, pia mater congested, vessels of base normal, brain healthy except a few punctate haemorrhagic spots in the right hemisphere and general venous congestion, no focus of softening.

Thorax.—Before opening the thorax, the precordial dulness was found extended, suggesting fluid in the pericardial sac. About half a pint of blood in the left pleural cavity, the right pleural cavity was normal, the pericardium was full of blood which had escaped from a small rent in an aneurysm of the first part of the arch of the aorta, no pericarditis.

Heart.—Twelve and three quarter ounces, was somewhat hypertrophied, right auricle and ventricle normal, pulmonary and tricuspid valves healthy, left auricle normal, mitral valve not dilated nor diseased in any way, aortic valves normal though orifice was dilated, immediately above the opening were thick cartilaginous-like patches of atheroma, the sinuses of valsalva were all distended, the right had become dilated into an aneurysm the size of a walnut which had ruptured by a rent about 2 mm. wide into the pericardium, there was no atheroma elsewhere in the aorta or great vessels, nor other aneurysm.

Lungs were normal.

Abdomen.—Much subcutaneous fat, no effusion into peritoneal cavity, intestines collapsed, healthy.

Liver.—Increased in size with some increase of connective tissue.

Right Kidney.—Nine and three quarter ounces. Left, seven and three quarter ounces. Capsules stripped readily, in places the cortex was rather thin, in others increased in depth, somewhat fatty, resembled what are found in large beer drinkers.

Cause of Death.—Rupture of saccular aneurysm of first part of aorta.