A CASE OF SUDDEN DEATH FROM ANEURYSM WITHOUT PREVIOUS SYMPTOMS.

By Captain A. C. Osburn.

Gunner R., of the Royal Garrison Artillery, was brought to the detention ward at Agra Fort with the history of having "vomited blood in his sleep." Almost immediately after admission to the ward he vomited a pint of bright-coloured blood and expired.

His medical history sheet showed no history of venereal disease and no previous admission to hospital. He had never attended hospital for any minor complaint and never complained to his comrades of pain or discomfort. He was a particularly fine, healthy-looking man, a good soldier and fond of games and long walks.

Post mortem.—A saccular aneurysm, the size of a large orange (3½ inches by 3½ inches), was found at the junction of the transverse and thoracic aorta; the aneurysm had ruptured into the oesophagus at the level of the junction of the right and left bronchi; the communication with the aorta was a smooth-walled opening about half an inch in diameter, the communication being about 1 inch beyond the origin of the
left subclavian artery. The aneurysm was evidently a long-standing one, and was nearly filled with concentric layers of altered blood-clot. There was extreme erosion of the third, fourth and fifth dorsal vertebrae extending fully 1 1/4 inches on to the corresponding ribs of the left side.

In the case of the fourth vertebra the body was worn away to a thin shell of bone separating the aneurysmal cavity from the spinal cord, which latter appeared unaltered to the naked eye. The fourth rib and the corresponding articular process on the left side formed a complete bridge across the aneurysmal cavity. All the other organs were normal. The lungs showed no signs of pressure at the base, but there were signs of healed atheromatous ulcers in the thoracic aorta, and two suspicious pigmented circular scars on the upper third of both legs.

In view of the extensive erosion of the spine, and the size of the aneurysm, it seems odd that there was so little, if any, pain. In this case the intervertebral discs were, if anything, more eroded than the vertebrae.

A SUGGESTION.
BY CAPTAIN R. V. COWEY.
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During the last six months or so I have recorded by means of Snellen’s types the vision of some hundreds of recruits, with the result that I have been surprised to find how large a proportion of them have better vision with the left eye than with the right, notwithstanding which fact they are all taught on the barrack square to fire from their right shoulder.

I think no one will believe that a man whose vision is only equal to from D. 12 to D. 36 with his right eye will ever become anything but an indifferent shot, and if that man’s vision equals D. 6 with his left eye, it is surely absurd not to teach him from the first to shoot from his left shoulder.

If a man on enlistment is taught to fire from the right shoulder, it will be difficult for him to learn to fire from his left, as he will feel awkward in the new position. By regulations a man is permitted to fire from either shoulder, but, as a matter of fact, he rarely changes from the position he has been taught, as in many cases he does not realise that his left eye is better than his right, and even if he did would probably not be bothered to change, and so the result is that he goes through his service an indifferent shot when he might very well become a marksman by adopting the left shoulder position.

Many old soldiers pass through my hands for enlistment into the Militia, and several of them have been found to see better with the left eye than the right, yet on questioning them in no case have any of them stated that they fired from the left shoulder, and most of them acknowledged they were not good shots.