REPORT OF A CASE OF

ANEURISM OF THE ARCH OF THE AORTA
SIMULATING THAT OF THE CAROTID.

DISTAL OPERATION.

BY H. KNOWLES,
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SEPT. 3rd, 1867.—Wm. S——, excavator, aged forty-two, complained of cough, dyspnoea, severe lancinating pain, referred to the sixth intercostal space, when he throws his head back. On examination I found a pulsating tumour the size of a small walnut, extending upwards for an inch above the right sternoclavicular articulation. He told me he had been using a pick much lately, and first noticed the swelling early in June. I ordered him to rest, and take of iodide of potassium ten grains, in an ounce of camphor mixture, four times a day.

10th.—The tumour seemed somewhat firmer. He has fatty degeneration of the cornea. On auscultation I heard a double aortic bruit; first sound of heart duller than usual; pulse 80, hard and jerking. After due consideration I suggested an operation to him.

Oct. 22nd.—I had not seen him for six weeks. When he called on me to-day he said he found his symptoms getting worse daily. The tumour is larger, pulsating stronger. I again proposed to operate, to which he gladly consented. I ordered him to keep perfectly quiet, and take of iodide of potassium fifteen grains, with one drachm of simple tincture of bark, in water, three times a day. Diet: beef-tea, milk, and stout.

27th.—Health improved. To continue medicine.

31st.—Much dyspnoea, and pain felt in the stomach after meals. I decided on operating to-morrow. To take an aperient at bedtime.

Nov. 1st.—I met Dr. Bain and Mr. Barrett, surgeons to the Poplar Hospital, and Mr. Clouting, at my patient's house at one P.M. On examination the tumour was considered to be an aneurism of the carotid, and as we thought the innominate was involved I resolved to do the distal operation. Dr. Bain discovered another aneurism of the left subclavian, the size of an almond shell. The heart's action being very tumultuous we declined giving chloroform. I then proceeded to operate in the usual manner, and tied the vessel half an inch above the omohyoid. The patient bore the operation with remarkable fortitude, and lost barely half an ounce of blood. The dressing applied to the wound was the carbolic acid, &c. (Professor Lister's method). Five P.M.: He was breathing easily, free from pain, but was very sleepy; he expressed himself as feeling very comfortable. Nine P.M.: Not so well; pulse 100, hard and jerking; skin moist. On auscultation, large crepitation; much wheezing; cough; expectoration glairy, like white of egg; respiration hurried; urine cloudy. Ordered him an expectorant mixture. Milk diet.

2nd.—Pulse 104; feels better. Tumour firmer; less impulse. Passed a restless night; less wheezing; cough relieved. To continue medicine. Diet: As much beef-tea as he can take, and three glasses of port-wine daily. Five P.M.: Better; pulse 92.

3rd.—Passed a good night; pulse 82.

4th.—Pulse 80; cough better; expectoration copious; urine loaded with lithates.

5th.—Pulse 80; cough better; complains of much pain over the right side of head; tumour still pulsates much; says he coughs much less when in a sitting posture. Ordered him to be dressed and to sit up. Changed the dressing; the wound looked healthy. Bowels constipated. To continue cough mixture, and have the iodide of potassium with bark as before.

6th.—Pulse 80; bowels acted; pain in the head relieved; coughs much less when sitting. To get up daily.

7th.—Continues the same. To have beef-tea, one pint of milk, and four glasses of port-wine daily.

10th.—Till to-day he has been improving. Passed a restless night; pulse 90; hurried respiration; cough worse; dyspnoea increased.

11th.—Pulse 80; better.

12th.—As he still coughs a great deal I placed a graduated lint compress below the ligature, and fixed it firmly with strips of plaster, to relieve the stress on the ligature during coughing.

16th.—During the last four days he has much improved.

To-day the ligature came away; the wound is nearly healed, the tumour firmer, and the gastric symptoms quite relieved.

Dec. 3rd.—During the last fortnight he has been steadily improving, and the last few days been out for a short walk.

4th.—I visited him to-day. During my stay he fell down in an unconscious state; conjunctivæ injected, face turgid, pupils greatly contracted, breathing stertorous. The tumour became quite empty and remained so half an hour after returning consciousness, then refilled, and continued pulsating.—4 P.M.: Complete hemiplegia of left side; loss of both motion and sensation; muscles rigid; loss of sight of both eyes; delirious.—6 P.M.: Continues to get worse.

5th.—Pulse 120; tumour pulsating. The patient keeps beating the bed with his right hand.—10 P.M.: Died comatose.

His wife objected to a post-mortem examination, but gave me leave to open the neck. On doing so I found the tumour to be an aneurism of the arch of the aorta. I removed as much of the sac as practicable. The carotid was occluded for an inch and a quarter below the position where ligatured, and two or three small circular ulcers were to be seen in the internal wall of the sac.

The interesting features this case presents were, the duration of life, the marked effect of the operation on the tumour, the relief of the gastric disturbance, and the cause of death, which I have no doubt was apoplexy, although the fatal result is more commonly due either to embolism from valvular disease, or, oftener still, to softening from mal-nutrition. But I think that apoplexy was the cause for the following reasons:—The fact of a well-marked arcus senilis; the situation of another aneurism in the left subclavian—which leads me to think there must have been some lesion of one or more of the arteries of the brain; the presence of aortic, and the absence of mitral disease; and the fact that the intellect continued clear up to the hour of the fit.

Barking-road, Canning-town, May, 1868.

A Mirror

OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF ACUTE RHEUMATISM; HIGH TEMPERATURE;
SUDDEN DEATH; POST-MORTEM APPEARANCES.

(Under the care of Sir WM. JENNER.)

WE have referred more than once lately to a class of cases of which the following, derived from notes kindly supplied by Mr. G. Vivian Poore, physician's assistant, is a good example.

Julia M——, aged seventeen, a general servant, admitted May 22nd, 1868. She states that on the 19th she felt pain in her right ankle. On the 20th she suffered in both ankles, as well as her knees and wrists, and complained of considerable thirst and headache. On the 21st, all the large joints, hips, knees, ankles, shoulders, elbows, and wrists, were affected, and she was brought to the hospital on the 22nd.

On admission she was suffering intense pain, cried out frequently, and complained of the weight of the bedclothes on her arms and knees. Patient was a strongly built girl, rather fat. Face flushed, and of a somewhat cyanotic tint; skin hot and moist. There was considerable heat about the joints, especially the knees, but no marked redness or enlargement. She cried out when touched on the limbs or trunk. Heart's apex impinging in normal position; no increase in cardiac dullness; no murmur. Tongue covered with a thick white fur; bowels confined since the 19th; has not vomited; pulse 120, of good volume; respirations 34; temperature (11.30 A.M.) 103°; urine free from albumen. Ordered to have the affected joints wrapped in cotton-wool covered with oiled silk, and to have linseed poultices constantly applied to the region of the heart. Also to take at night a powder composed of four grains of calomel and ten grains of compound ipecacuanha powder; and in the morning a draught containing four drachms of sul-