

complete effervescence. In about fifteen minutes, as there was no further vomiting, I repeated the operation, using but half the quantity of vinegar with the same quantity of sal æratus and water, with the same immediate effect, and then left her for the night, with directions to give her freely strong green tea, if she should recover sufficiently to drink it.

"Next morning, I found her much prostrated, had vomited several times during the night, but was perfectly rational." She gradually recovered. T. R. B.

Axillary Aneurism—Ligature of the subclavian.—Death on the thirty-first day.
By S. D. Gross, M. D.

The subject of this case was a free negro, *ætat.* 36, a brick-maker by occupation, of a stout muscular frame, and temperate habits. On examination a circumscribed, pulsating tumour was discovered underneath the pectoral muscle of the right side, extending from the clavicle, which it had thrown considerably upwards, into the axilla, on the one hand, and down towards the cartilage of the fourth rib, on the other. It was of an irregular, conical shape, and about the size of a very large fist, measuring four inches at its base in one direction by three and a half in the other. It was very tense, and inelastic; and the pulsation was so distinct that it could be seen at the distance of some feet from the patient. Pressure produced a sensible effect upon it; and the blood rushed into it with a loud whizzing noise. Owing to the elevation of the clavicle it was impossible to compress the subclavian artery so as to arrest the pulsation in the swelling, or even diminish the flow of blood through it. The whole limb was benumbed, painful, and almost deprived of the power of motion; the swelling, however, was slight, and not at all edematous in its character: the temperature was also good. Severe suffering was likewise experienced in the site of the tumour and in the lower part of the neck. The pectoral muscle was stretched to the greatest extent; and the patient constantly inclined his head towards the affected side, keeping the elbow nearly at a right angle, and supporting it carefully with the opposite hand, to prevent tension of the swelling. The pulse at the wrist was nearly as distinct as in the other limb, but it now and then intermitted. For the last four weeks the pain was almost incessant, and was particularly severe at the chest and shoulder. His appetite was much impaired, and his countenance indicated the deepest distress.

Questioned as to the origin of his disease, he stated that in December 1839, while firing a yager, the butt-end struck against the collar bone, and was followed instantly by numbness of the whole limb, which gradually subsided at the end of an hour. In April following, the arm began to swell from the wrist to the shoulder, attended with slight pain and impaired sensibility. The tumour was first noticed in June, just below the clavicle, was of the volume of a hazelnut and pulsated very faintly. From this period it gradually enlarged. In January 1841, the aneurism increased rapidly, and there was aggravation of all the symptoms.

The patient first consulted Dr. G. February 13th, 1841, and on the 18th of the same month the subclavian was tied above the clavicle. During the operation a small vein, a branch of the subclavian, was divided, and secured with a temporary ligature. All pulsation in the sac, as well as at the wrist ceased upon tightening the ligature. The edges of the wound were brought together by three sutures and adhesive straps, and not half an ounce of blood was lost during the operation. In less than an hour after it, the temperature, which had been considerably depressed, was thoroughly restored, and the pain and numbness had abated.

After the operation the contents of the tumour became speedily solidified and its volume progressively diminished. The ligature came away on the fourteenth day without a drop of blood.

On the 15th of March his pulse was found to be accelerated, and a slight degree of tenderness in the apex of the tumour was observed. The wound at this time was cicatrized, except at two points not exceeding a quarter of an inch in length, and from which there was a very small discharge of healthy matter.

16th. The patient was suddenly seized with intense pain in the chest, which was particularly severe at the base of the right lung, and extended up towards the axilla. The respiration throughout the right lung was bronchial, and there was dullness on percussion over the lower ribs; respiration was short, hurried, and laborious; pulse 140; the aneurismal tumour had suddenly disappeared on the 15th at the time of the attack.

17th. Slight abatement in the symptoms.

18th. The patient experienced a sensation near the superior part of the chest as if a fluid was passing from the pleuritic cavity into that of the aneurismal tumour, and upon auscultation a plashing sound was heard at every inspiration, the noise resembling that produced by shaking water in a closed vessel; respiration still bronchial, though not so hurried and painful, and the dullness on percussion is perceived over a larger extent of surface than previously; respiration is likewise bronchial in the left lung. On the 19th he continued nearly in the same state, and on the 20th died.

Autopsy.—Wound completely cicatrized. The subclavian artery terminated abruptly at the outer margin of the scalenus musclev, where the ligature had been applied, its caliber being closed by a mass of solid fibrine, one-third of an inch in length, which adhered firmly to the lining membrane, and thus afforded an effectual barrier to the passage of the blood. Between this and the thyroid axis the vessel was occupied by a dark coagulum, which was unadherent. Beyond the point of ligature the artery had a rough, ragged appearance, and was sufficiently pervious to admit of the ready passage of a small probe into the aneurismal sac. The aneurismal tumour was of about the volume of a moderate sized orange, its walls varied in thickness from half a line to the eighth of an inch, and its interior communicated by an oval aperture, one inch and three quarters in length by an inch and a half in width, with the pleuritic cavity; it was situated between the first and second ribs, and was obviously the result of ulcerative absorption. Both ribs were denuded of their periosteum immediately around the opening, and the serous membrane had a shreddy, ragged aspect. The right thoracic cavity contained nearly three quarts of bloody looking serum, intermixed with flakes of lymph and laminated clots, the latter of which were of a reddish brown colour, and had evidently been lodged originally in the aneurismal sac. The pleura was highly inflamed, and the right lung was greatly reduced in volume, from the compression of the effused fluid. The heart and pericardium were sound, and none of the arteries appeared to have been affected by disease.—*Western Journ. of Med. and Surg.*, June 1841.

Appended to the history of his patient, Professor Gross has presented an interesting summary of some of the cases, twenty-six in number, in which ligature of the subclavian has been performed. Of these twenty-six, seventeen, or nearly two-thirds were cured. The most extensive researches hitherto published on the subject, have shown the mortality attendant upon operations for aneurisms of the great arteries, by Hunter's method, to be one in three, which is the same rate of success as that furnished by the summary of Dr. Gross. The analysis, however, of a larger number of cases of operation on the subclavian, goes to support the view commonly entertained by surgeons, of the greater danger after ligature of this than of the other great arteries. In a table of forty-nine cases which has been published, twenty-three, or nearly one-half, were fatal, and we possess a *resumé* of upwards of fifty histories, in which the operation has been done, and which does not include several of the fatal cases in the above mentioned class, that makes the number of deaths nearly as great. We omit the summary of Dr. Gross, having it in contemplation hereafter to furnish a more full tabular statement of the cases we have collected.—G. W. N.

Newspaper publications of Surgical Operations.—A correspondent of the *New York Medical Gazette*, inquires whether the practice, adopted by some Surgeons of publishing or allowing to be published in the newspapers, accounts of their operations, is not objectionable, and contrary to the spirit of our laws regulating medical ethics?