DIFFUSED INNOMINATE ANEURYSM.

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THE great interest and importance attaching to aneurysmal disease of the innominate artery, and its comparative rarity, induce me to record the following case, which I think particularly shows the impossibility of diagnosing the actual limits of the disease in this class of cases, and the risk in operating lest the available vessels be atheromatous.

William W—, aged sixty, shipwright, first came under my care four years ago, suffering from hæmorrhoids. As he was losing a rather large quantity of blood after each stool, and was much weakened in consequence, I proposed their removal to him, to which procedure he assented. Upon examining his heart preliminary to the administration of an anæsthetic, a somewhat loud systolic bruit was heard over the aortic area. To be on the safe side it was decided to operate without anæsthesia, which was accordingly done, and the patient made a quick recovery.

He, however, shortly afterwards again consulted me, complaining of obscure pains in the chest and back, which he said quite unfitted him for his work; and in accordance with his wish the authorities of the dockyard granted his superannuation. On examining his chest again, I could discover nothing abnormal except the bruit previously mentioned, and the subjective symptoms seemed quite out of proportion to the objective. I was, however, able to afford him some relief by the administration of anodyne drugs, and after a time I quite lost sight of him. This respite was, however, not destined to last long, for in November, 1885, he once more came to me, this time complaining of a swelling in the neck in addition to his other troubles. On examination, I discovered a pulsating tumour, the size of a large walnut, situated immediately behind the right sterno-clavicular joint. He did not complain of much pain. The right radial pulse was full and strong, while the left was small and weak. The right carotid pulse was weakened. In spite of the anomalous condition of the radial pulses, I felt sure I had to deal with an innominate aneurysm, probably complicated with aortic disease. I saw him in consultation with several medical

friends, who, with myself, deemed operative interference unadvisable, considering the probable general diseased condition of his arteries, and also the possibility of its being aortic. I prescribed a spare diet with absolute rest, and gave a mixture containing iodide of potassium with morphine. The second injunction he refused to obey, and persisted, in spite of repeated warnings, in taking long walks and occasionally doing a little gardening. Under these adverse circumstances the tumour steadily increased until about three months before his death, at which period it began suddenly to enlarge very rapidly, and at each visit I noticed a decided difference. The dimensions it attained are well shown in the accompanying woodcut, which is from a photograph taken a month before death by Mr. Newby, F.R.C.S. Eng. It will be noticed that the surface is very uneven, and appears, as it were, "pointing" in several places, one of which (marked A) became very thin and developed a black crust on its summit, which eventually came off leaving an ulcer, the base of which seemed to be entirely composed of cellular tissue. This condition caused me great anxiety, as it gave one the idea that the next pulsation must burst the apparently thin tissue. Fortunately this event did not happen, for although the ulcer spread to the size of a florin and bled to a trifling extent, it gradually became drier, and the poor fellow died from exhaustion, and in part possibly from suffocation, on Dec. 7th, 1886, having only taken to his bed during the last week of his long illness.

Necropsy.—The wall of the sac was of varying thickness, being at the most not more than from three-eighths to half an inch, and in some places was extremely thin. The arterial coats could not be distinguished, and there was scarcely any attempt at lamination. A small clot of fibrine was found in the interior, surrounded with dark, semi-coagulated blood. On tracing the sac, it was found to pass in all directions. To the outer side, it communicated with the right subclavian artery, and upwards with the carotid artery of the same side; whilst to the inner side it passed across the trachea, œsophagus, left carotid, and subclavian arteries. Downwards, it had passed over the clavicles and sternum, eroding the sternal ends of the former bones and the upper part of the first piece of the latter bone. Backwards, it had pressed upon and displaced both the trachea and the œsophagus. The aorta was found to be considerably dilated and atheromatous, the disease involving the whole of the arch and the commencement of the thoracic portion. On passing the finger along the interior of this vessel, one discovered the opening corresponding to the innominate artery, which communicated directly with the aneurysmal sac; the atheroma here appeared to be less marked. Passing the finger along still further, the openings of the left carotid and subclavian arteries could be made out, the former being a mere chink, whilst the latter was of natural size. Both openings were, however, rigid, and surrounded by atheromatous calcification, and gave the impression of being foramina in bone. The coats of both carotids and subclavians were more or less diseased. A further inspection was not permitted by the friends.

Portsmouth.

MALIGNANT DISEASE OF RIGHT LUNG AND POSTERIOR MEDIASTINUM, PRODUCING COMPLETE PARAPLEGIA.

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By the kindness of Dr. H. G. Sutton, under whose care the patient was in hospital, I am enabled to publish the following case, which presents somewhat rare and peculiar features.

B. C—, aged forty-five, was admitted into the London Hospital on June 1st, 1886, complaining of pain in the right side and numbness of the legs. Family history very good. He has been engaged as stevedore and coal-porter all his life, and until three years ago had always enjoyed good health. Is a moderate drinker, never exceeding three pints of beer a day. Three years ago he had severe pain in the chest and slight cough, and is said to have been treated for pleuro-pneumonia. Ever since then he has had pain in the