

ANEURISM OF COMMENCEMENT OF DESCENDING AORTA, PROJECTING BACKWARD—FATAL BY BURSTING INTO LEFT LUNG.

BY CHAS. W. PARSONS, M.D., PROVIDENCE, R. I.

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J. A. A., aged 40. Formerly intemperate; reformed several years ago, and has been a hack-driver. Has generally been in very good health. For about three years before his sickness, has been subject to pains in the left side, shoulder and back, worse in spring and autumn. He called them rheumatic, and used liniments, &c. In spring of 1850, had turn of pain in region of heart, without dyspnœa or palpitation. Pain was made worse by riding his coach, and he gave it up for a few weeks. In the summer he became short of breath on quick movements, and particularly on going up stairs or lifting heavy baggage. This continued about the same for a few months, he being still in his business. Late in October he had a severe attack of præcordial pain and dyspnœa; could not sleep in bed for several nights. No palpitation. Dover's powders taken a few evenings procured him comfortable nights. But ever since that attack he has been subject to frequent pains in thorax, and has never returned to his occupation. He was able after this to walk about street, slowly; had particular difficulty in going up hill or stairs.

Feb. 12, 1851, in the evening, I was called to him. He had increase of pain, preventing sleep; and a beating in the back, felt disagreeably by him when leaning against the back of a chair, had been first noticed a few days before. A Dover's powder relieved him for the night. Next morning I examined him carefully. Slept pretty well last night, lying down. Face slightly emaciated and anxious. Appetite fair; digestion good. Has pain in left side of thorax and over upper dorsal vertebræ. A pulsating tumor between the left scapula, at the level of its spine, and the vertebral column. Perpendicular length (measured by a tape passed over top of tumor between the extreme points where pulsation could be felt), $3\frac{3}{4}$ inches; horizontal length, $2\frac{1}{2}$ inches. It dilated sensibly under the hand, unlike a tumor which is lifted by the pulsations of an artery underneath. Percussion dull over it; and a little duller in left than right supra-spinous fossa. Respiration heard above and below, but not on the tumor itself. Two sounds of the heart are *both* heard at middle of tumor; the first sound faint, the second most distinct at its upper part. Corresponding to second sound, there is a distinct short whiff, at a very limited spot, between vertebral column and most prominent part of tumor.

In front, slight fulness, and dulness of percussion, over left sternal-clavicular articulation, and a little downward and to the left from this. Percussion resonant below this. Second sound of heart as usual. First sound feeble, and its point of greatest intensity higher and nearer the middle line than usual. Impulse cannot be felt by the hand.

Left radial pulse smaller than right. No particular character of pulse, it is soft and regular. Breathing unaffected.

Diagnosis, aneurism of the aorta, obstructing the left subclavian artery.

The tumor gradually increased. The pains became more severe, rather more in the back and shoulder, and pretty constantly in the left side. He soon began to use morphia regularly; and the dose had to be increased till he took one grain and a half of the sulphate at night with partial relief. His intellect was unclouded throughout the sickness; but costiveness was produced, requiring frequent doses of Epsom salts. At one early period, he had numbness, shooting pains and slight œdema of the left arm, which passed off soon. A few days before his death he had again severe pain in the arm, beginning suddenly, and much increased by motion. The pulse at the left wrist became as large as at the right. He continued to walk the room a good deal till a few weeks before his death; and a few hours before his death walked from one room to the other. The tumor extended up above the scapula, till the muscles of the neck were made lame, and down to the false ribs; it passed over half the spine of the scapula, and a little to the right of the spinous processes. The skin was of a livid brown over it for weeks, and at last was speckled with numerous reddish blotches. As it pained him to move, I made no proper physical examination for a few weeks before his death. But the day of his death, I ascertained that the whiffing sound was heard over a larger space, in the same situation as before. On the evening of June 6th, he had a sudden peculiar cough just after drinking, and died in a few moments. He had borne his sufferings with remarkable fortitude.

Besides the medicines above mentioned, he took for a few weeks successively, a combination of tr. ferri chlorid.,* tr. digitalis, and tr. op. camph. Afterwards, for nearly two months, he took pretty constantly a combination of tr. digitalis and hydrocyanic acid, which he felt sure gave him some relief. I think it lessened the force of the beating and the pain. Anodyne liniments, and a blister once applied on account of severe pain in the side, did no appreciable good. The diagnosis was perfectly clear, and treatment only palliative. An advertising "surgeon" of this city visited my patient, unasked by the family, during my absence, and proposed, if their consent was obtained, to have an operation performed by tying the vessel!

Autopsy, 18 hours after death.—Tumor less prominent. Right lung and pleura healthy. On laying left pleural cavity freely open, a good deal of serum escaped. A soft dark clot covered the organs in the cavity completely, two small projections of lung only appearing through it. Nearly two quarts of soft coagulum were removed. On the outer side, the lung adhered firmly to the fifth rib, and a band of adhesion ran back from this. Below there were more recent adhesions between pulmonary pleura and diaphragm. The pleura covering lower lobe of lung was separated from it and distended by a large soft clot. The upper lobe adhered to the front surface of the tumor; and in the fissure between this and the lower lobe was a straight ragged rent, two inches and a quarter long, by which the blood had escaped

* See Blakiston, *Practical Observations on Certain Diseases of the Chest, &c.* American edition, page 165.

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from the cavity of the aneurism, through the thin layer of lung-substance, and had peeled the pulmonary pleura from the parenchyma of the lower lobe.

Pericardium a little to the right of its proper situation ; contained about three ounces of slightly turbid serum. Heart and valves healthy, but loaded with fat. Near the coronary artery, the muscular substance was in some points replaced by fat. Aneurismal tumor grew from aorta, immediately below origin of left subclavian, projecting backward and to the left. Its base measured on the aorta three inches and a quarter. It covered the vertebræ, from 2d to 6th dorsal, and projected two inches to the right of the spine. Its posterior surface adhered to walls of thorax, and could only be removed by tearing. The vertebræ, from 2d to 6th dorsal, were denuded in front, and the convexity of their bodies destroyed by absorption, leaving the intervertebral substance prominent. The ribs, from 3d to 6th, were denuded and eroded for about three inches from articulation with vertebræ. 4th, 5th and 6th separated from the spine. Through the opening thus made in the walls of the thorax, the sac passed out, and a finger could be pushed two inches upward behind the ribs, and as much downward. The edge of the scapula was felt, covered by muscle. Traces of the intercostal vessels, plugged up, were found connected with the walls of the tumor. Inside the sac, the proper lining coat of the artery is continuous, from the upper to lower orifice, on the front and right portion of its calibre, which is not involved in the dilatation. The inner coat extends unbroken a short distance into the sac, but soon disappears ; and the walls of the aneurism in far the largest part consist merely of the cellular coat. Atheromatous deposit exists in patches through the whole aorta down to the diaphragm, beyond which it was not examined. Sac lined with coagula, partly fibrinous, white and tough.

The examination was hurried, on account of unavoidable circumstances. Providence, June 12th, 1851.

NOTES FOR A MEMOIR ON THE PATHOLOGY OF DENTO-NEURALGIA.

BY A. C. CASTLE, M.D., NEW YORK.

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CHAPTER III.

THE peculiar nervous irritability observable, in children of all temperaments, habits and constitutions, under seven years of age—the first climacteric of human life ; the frailty of their nature, and their laxity of fibre ; the peculiar abnormal phenomena so frequently attending the period of dentition, at this time of life, when the mobility of the frame, and the rapidity of the changes in the course of growth, are so extraordinary, render the study of their diseases as interesting as the results are striking. The constant disposition to an acrimonious state, as indicated in the frequent defluxions which are ever tending to develope those distressing and fatal maladies classed as the diseases of children, may be looked upon in the