

manuals. From that operation they ought in most cases to shrink. That which is here advocated is of a totally different character, and is, so far as my experience goes, harmless.

ANEURISM OF THE ARCH OF THE AORTA.

[Communicated for the Boston Medical and Surgical Journal.]

E. B., of Dodgeville, æt. 49, died August 31, 1856, in consequence of some morbid growth within the cavity of the right chest, supposed to be either an aneurism of the aorta or a medullary cancer of the right lung.

Twenty-four hours after death, an examination was made by Dr. Collins, of Providence, R. I., in presence of Dr. S. Clapp, attendant physician, and Drs. Gardner, Morton, &c., eliciting the following facts.

Appearance of the Body.—Cadaveric rigidity; countenance disfigured by congestion; the superficial bloodvessels of the right chest and throat also very much congested; considerable emaciation; œdema of lower extremities. Upon opening the thorax, the sternum broke near its articulation with the third rib, with but little force, there having been much absorption of the bone; it was afterward discovered that the right third rib was partially absorbed, at least an inch and a half of its sternal end. *In situ*:—Heart and left lung appeared normal; but a small portion of the right lung to be seen, the cavity being filled with serum, upon which seemed to float a large globular tumor. Removed from left chest over half a pint of serum, from the pericardium twelve fluid ounces, and from the right chest at least three pints.

The existence of an enormous aneurism being evident, it was attempted to remove the mass without rupturing the sac, but its adhesions to the rib rendered it impracticable. Upon its rupture a great quantity of fluid blood and coagula escaped. This sac contained nearly a quart, compressing the lungs backward and downward. The common carotid, innominate and subclavian arteries issued from the apex of the tumor; the aorta was much dilated, the commencement of the aneurism being marked by a firm, inelastic ring, resembling cartilage; the sac was lined with successive layers of coagula, the outermost being partially organized; athromatous deposit very great between the valves and the ring, much resembling the scales of a fish.

There was slight fatty degeneration of the heart; liver of normal size, granular; kidneys enlarged and granular; spleen highly congested; slight effusion into the abdominal cavity.

History.—This man had suffered much in former years from rheumatism. He first complained of chest trouble in 1850, then

supposed to be asthma. In 1852, a physician of Worcester diagnosed some cardiac disease, but could not determine its exact nature.

At the time of Dr. Clapp's first attendance, in the spring of 1856, the symptoms were as follows: front right chest more prominent than the left; the superficial bloodvessels of that side and the jugulars were much dilated and turgid; the slightest exertion caused excessive dyspnoea and extreme lividity of the face; complete dulness upon percussion over the whole of the front right chest; entire absence of respiratory murmur in front; slight bronchial respiration at the back.

M. F. DELANO, M.D.

North Leominster, April 15th, 1857.

APPARATUS FOR FRACTURED CLAVICLE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I constructed the following apparatus for the purpose of preventing, in a measure, the deformity which so frequently results from fracture of the clavicle; and trial has proved it adequate to the object designed. If you think the description here given worthy a place in your valuable Journal, it is at your service.

The apparatus consists of a short crutch, the shank of which is made of two pieces of steel, so as to slide up and down, and adapt its length to the height of the individual. At the top of the shank is attached a crescent-shaped piece of wood, to be padded in the form of a wedge; and at the lower part of the shank is a small foot-piece made to rest in the pocket of a broad leather belt, which is to be placed around the waist.

It is applied in the following manner. The belt is buckled around the waist, with its pocket between the anterior superior spinous process of the ilium and the *symphysis pubis*; the foot-piece is then placed in the pocket of the belt, the wedge in the axilla, and the arm drawn over the wedge until the elbow touches the side, where it is confined by a roller, or by other means.

All the indications required in the treatment of this fracture are thus accomplished; the shoulder is carried upward by the length of the crutch, outward by the pad, and backward by the direction in which the upward force is exerted.

The apparatus is cheap, and advantageous on account of its permanency; when well made and properly applied, it needs no interference until the cure is effected.

Yours obediently,

Albany, N. Y., April 22d, 1857.

H. M. WEEDON, M.D.