

Original Communications.

ANEURISM OF THE ARCH OF THE AORTA : PRESSURE ON THE SUPERIOR VENA CAVA.

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SUMMARY. *Aneurism of the Arch of the Aorta, below the Origin of the Arteria Innominata : Characteristic Obstruction to Return of the Venous Blood from the Neck and Face: No Abnormal Valvular Sound: Bronchitis: Death.*

A WELL proportioned English yeoman, aged 40, whose brandy and water cost about £40 per annum; drove a very hard-mouthed horse a distance of eighteen miles at the beginning of November 1852. Within a fortnight he perceived peculiar fullness of the face and neck—a bloated sensation; and it was remarked by his friends how unusually fat his face seemed. In company he would sometimes hang down his head, to show how much this alteration in position increased the turgescence and lividity of his countenance. The surgeon to whom he applied for advice examined his heart, but neither he nor I could find anything abnormal in its rhythm or sounds. There was slight cough; but the face and neck were the only parts congested.

Purging with jalap and elaterium, and cupping, gave temporary relief; but we both thought unfavourably of the case. The local affection remained unimproved, but he continued his customary active life for two months longer, *i.e.*, till January 1st, 1853, when he again drove over the same ground, *viz.*, from London to Brentwood, and felt the cold severely.

The following day (Sunday) he was worse; the turgescence of the face had by the evening become extreme; he felt pain and uneasiness at his chest, and great pain in the region of the kidneys; there was slight cough without expectoration; almost stertorous breathing; and the small quantity of urine passed contained much blood. I do not find in my notes that he was unconscious.

The case being regarded as one of local dropsy from some disease of the kidneys aggravated by cold, the *indication* seemed to be to relieve the local renal congestion which was looked upon as the origin of all the mischief. He was bled to twenty ounces; and a dose of calomel and jalap was given immediately, and an ether mixture every three hours.

The prognosis was very unfavourable.

Dr. Grouse of Brentwood saw him for the first time on January 3rd, and thought there was unusual *resonance* of voice just at the centre of the upper third of the sternum. From the history, and this auscultatory sign, he suspected there was a tumour of some kind originating in the over-straining, and pressing upon the superior vena cava.

For nearly a fortnight, our patient continued to improve under the treatment adopted; the countenance shrunk, and with quiet and small doses of mercury became much more natural. The urine gradually returned to its normal condition. He relapsed, however, when moved from his own to another room, that he might sit up by a fire in his bedroom; bronchitis supervened; and he died on January 12th, 1853, nearly ten weeks after the commencement of the symptoms.

AUTOPSY. There was a cicatrised appearance of the coats of the ascending portion of the arch of the aorta, just before the commencement of the arteria innominata, and in the immediate neighbourhood, considerable aneurismal dilations sufficient to enclose a large orange, pressing, of course, on the superior vena cava. There was a large quantity of clotted blood in the aneurismal sac.

The valves were quite healthy, and none of the large vessels were involved. The lungs were cedematous.

REMARKS. Perhaps the first thing worth noticing in this case is, that a large aneurism, probably of sudden origin, should exist so near the aortic valves without effecting any difference in their sounds, or producing that peculiar vibration which we call the aneurismal "whir."

The habit of constantly stimulating the system which this man had pursued for some years, probably softened the coats of the arteries, and thus rendered them less able to bear tension without yielding.

The termination of the case shows the value of Hilton's remark that there is never local congestion, especially of a venous character, which may not be explained by the existence of some obstruction to the withdrawal of blood from the part; here the venous congestion of the countenance was mistaken for the flushed face of renal disease (the apoplectic seizure of albuminuria).

The pathology seems to be this: by great muscular exertion the circulation of blood through the system is accelerated, but when the muscles are kept in a contracted state for some time, the entrance of blood into their texture is impeded, and thus the backing up of the stream takes place between the propelling power—the heart, and the obstruction—the contracted muscles.

In this instance the heart was acting with unusual force, whilst the muscles of the arms and chest were firmly contracted in controlling a hard-mouthed horse.

Had the arterial canal, particularly its middle coat, been in a healthy state, it might have yielded temporarily, and, perhaps, afterwards regained its calibre without any portion having given way, but this not being the case its middle coat ruptured, and thus an incurable disease was set up.

The temporary relief experienced from the treatment and rest recommended, can be accounted for by the bleeding and drastic purgatives diminishing the quantity of the circulating fluid, and calming the action of the arterial system.

The *practical observations* to be derived from this case are:—

Never rest satisfied till the cause of partial congestion is clearly ascertained.

Distinguish carefully the venous congestion from general fullness of the vessels, as in a flushed face.

Wherever there is reason to fear that the return of venous blood to the heart is impeded by some cause situate within the thorax, too much care to avoid cold cannot be taken, for in this case, though the aortic aneurism would have gone on to a fatal termination, yet the patient's death was occasioned, and no doubt much hastened, by bronchitis of organs already gorged with blood, and not directly from the pressure of the aneurism on the superior vena cava; and the bronchitis was caught in merely moving from one bedroom to another.

CANCER OF THE BLADDER.

By F. PAGE, M.D., Southsea.

IDIOPATHIC cancer of the bladder is considered by most authors as a very rare disease. Some of high standing, as Sömmering, deny wholly the existence of primary cancer of this viscus; Lallemand affirms that it is extremely rare; Civiale gives authority to the prevailing notion of the rarity of the disease; Sir B. Brodie also says he never met with a tumour wholly resembling scirrhus.

A case of this kind having lately come under my care, I think it is not altogether void of interest, and may be of use in forming a correct diagnosis in similar cases.

A. B., a man aged 64, applied to me on December 3rd. He was much emaciated, and appeared sinking from or-