Original Communications.

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

By ASHBY G. OSBORN, Esq., Northampton.

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 Sömmerring, 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-

ganic disease. He had been ill twelve months, gradually getting worse.

The symptoms were constant pain in the bladder; frequent desire to pass urine; increased and unbearable pain after each effort; striking lancinating pain through the perineum, anus, and the end of the penis. The urine was constantly bloody. The bladder was never distended. I sounded him, but found no stone.

On examination by the rectum, the prostate was found not enlarged, but I felt a hard circumscribed tumour in the posterior parietes of the bladder. The diagnosis which I formed was that of cancer in the bladder. Under the use of suppositories, anodynes, etc., the symptoms somewhat mitigated; but debility increased, and he died on January 10th.

On *post mortem* examination, there was found a circumscribed tumour of the size of half an orange, situated behind the prostate in the floor of the bladder. Its surface was softened down and ulcerated; it was covered with irregular fungoid granulations, with deep interstices, filled with soft pulpy matter. The base of the tumour was three-fourths of an inch thick. The tumour was of stony hardness when cut through, of a white glistening colour, and presenting very clearly cancerous stroma. The peritoneal covering was normal.

It appears that the deposit had its origin in the sub-mucous tissue, involving the mucous membrane, and eventually ulcerating internally. Cancer-cells, with nucleoli, were visible under the microscope.

passed through the fistula. By February 24th, she had got rid of more gall-stones, the discharge was diminishing in quantity, and she had much improved in health. The calculi varied in size from that of a millet-seed to that of half a horse-bean, and in tint from almost white to a deep brown; they were distinctly faceted. On every occasion of their passing, she had great pain in the right hypochondrium for a few hours prior to their appearance; the discharge from the sinus then became of a green colour, and then one or more of them escaped, with instant relief to all the symptoms.

On April 26th, when she was discharged from the hospital, several more gall-stones had passed; there was scarcely any discharge from the sinus; the surrounding thickening and induration had almost entirely disappeared; and her general health was completely re-established.

Roughly analysed, the calculi appeared to be composed of cholesterine, biliary colouring matter, and phosphate and carbonate of lime. One of them was made up of almost pure cholesterine.

LANCASHIRE AND CHESHIRE BRANCH.

ON THE TREATMENT OF ASCITES AND ANASARCA.

By J. BIRKBECK NEVINS, M.D.(Lond.), Liverpool.

[Read December 18th, 1862.]

THE principle of treatment in these diseases which I wish to lay before you is, the importance of *operating early for the removal of the fluid by means of tapping or by acupuncture, instead of looking upon this method of treatment as the last plan we should resort to*. I believe that, when the mechanical removal of the fluid is effected at an early period, the chances of the patient are much improved; and that, instead of regarding tapping merely as a palliative to relieve the last urgent sufferings of the sick person, we ought to look upon it as an important curative agent. As I am not aware that this course has been prominently laid before the profession, I am desirous of stating the grounds upon which I recommend it, though it is very possible that the same reasons and the same treatment may have been suggested by other members of the profession, and have escaped my notice.

I have frequently observed the difficulty experienced in obtaining the free action of diuretics in cases of *anasarca*, until the fluid has been removed by some other means, after which the diuretics have produced the desired increase of urinary secretion; and, as a consequence of this, the further accumulation of fluid in the cellular tissue has been prevented. The means by which the fluid has been removed in the first instance have sometimes been copious sweating in a steam-bath, sometimes free purging by hydragogues, and at other times acupuncture of the legs and feet; but, in whatever way the object has been accomplished, the effect has been the same—viz., the natural action of diuretics, which had previously failed to operate.

In looking for an explanation of this phenomenon, I have come to the conclusion that the secreting portions of the kidneys are so enfeebled in their action by the pressure of the accumulated fluid present throughout the cellular tissue of the body, that they are unable to perform their duties aright, until the pressure is removed by some of the various methods just mentioned. The steam-bath or hydragogues would naturally be tried in the first instance; but, if they do not *speedily produce the desired effect*, I urge the *early employment of acupuncture*, and think the results of my experience are now sufficiently extensive, to warrant my bringing the subject thus prominently before my medical brethren. I have for some years laid this principle before my class

Transactions of Branches.

MIDLAND BRANCH.

CASE IN WHICH BILIARY CALCULI ESCAPED THROUGH A SINUS IN THE ABDOMINAL WALL.

By THOMAS SYMPSON, Esq., Lincoln.

[Read December 12th, 1862.]

C. F., aged 25, unmarried, a pallid, sallow complexioned countrywoman, having light hair and eyes, was admitted, under the care of Mr. Sympton, into the Lincoln County Hospital, on December 21st, 1857.

The opening of a sinus was seen on a level with and about three inches to the right of the umbilicus, through which a probe passed deeply upwards and outwards towards the right hypochondrium. The sinus yielded a free discharge of thin pus; and the adjacent soft parts were greatly thickened and indurated.

On the 22nd, a more particular examination was made, when the skin was found to be clammy, and the extremities disposed to be cold. The tongue was clean and flabby; the pulse 96, small and soft; the urine copious and pale; the bowels were said to act regularly; the catamenia had been absent since the commencement of her illness.

She stated that up to six months ago she had always enjoyed good health; but that she was then seized with a severe pain in the hepatic region, accompanied with jaundice, and followed by a swelling, which slowly descended towards the umbilicus, and, six weeks afterwards, was opened by a surgeon, when a teacupful of pus was evacuated. Since then, the jaundice had recurred several times, and the matter escaping from the sinus had occasionally assumed a bright green tint. The presence of a solid substance at a considerable depth from the surface was detected by a probe; but an attempt to reach and remove it by means of forceps proved unsuccessful.

She was placed on a liberal diet and tonics, and a linseed-meal poultice was directed to be applied over the fistula.

By January 10th, 1858, several biliary calculi had