

ART. VII.—*Case of Aneurism of the Aorta.* By S. CHISHOLM,
M. D. Inverness.

A gentleman, aged 27, the subject of the present case, dated general ill health from February 1837, at which period he had a severe attack of influenza, and was copiously bled and actively treated for it. About the middle or latter part of November of the same year, when I was first consulted by him, he began to complain of pain in the loins; an uneasy sensation in the abdomen; a frequent craving for food, which was quite irresistible at times; and various symptoms of irregular digestion. His bowels were constipated; his tongue was furred; and he seemed to feel a disinclination for both bodily and mental exertion. He was at the same time evidently falling off in flesh and appearance. I was informed that, immediately before these symptoms supervened, he had imprudently ridden some distance without having his feet supported in the stirrups, but suffering himself to be jolted on the saddle in a somewhat violent manner, a mode of exercise he had recourse to, thinking to derive benefit from it.

About the beginning of January 1838, he was called on to take his seat in Parliament, and on his arrival in London, after travelling by land, he felt rather better than worse from the journey. It further appeared, that, for the first two or three months after coming to London, his health did not suffer materially, as, in his letters to his friends at home, he expressed himself feeling so well as not to be under the necessity of requesting medical advice. In the month of April, he was, however, induced to go down to Leamington, there to consult a celebrated physician, who treated him for symptoms which were believed to indicate a congested state of the liver and mucous membrane of the bowels. His health not improving satisfactorily at Leamington, he was advised and prevailed upon by his medical attendant to resign his seat in Parliament, and he returned to the Highlands very much reduced in appearance.

Shortly after his return to the country, in the beginning of June, he unhappily became engaged in a political controversy with some gentlemen who were at one time his particular friends, and the severance of whose friendship must have been very painful to his feelings. He, however, rapidly gained flesh in the country, and in the short space of five or six weeks, he must (judging by his appearance) have increased in weight very considerably indeed. During this time he did not follow, so far as I am aware, any medical treatment, or attend to any particular regimen, but took active exercise, lived freely as regarded food, not wine; and was in the habit of plunging almost daily into an open

river. When pursuing these habits, and immediately after the excitement of writing a letter on the subject of the controversy already alluded to, he was on the 1st of August attacked with convulsions of a very formidable character. About 9 o'clock on the morning of that day, I was requested to visit him, when I found him in bed, complaining of being sick at stomach, and of seeing objects floating before his eyes. His tongue was loaded with a white fur; his pulse was natural. I was told that he had the previous day, on which he had been engaged writing the letter alluded to, yielded to the craving sensation, with which he had been distressed, by taking animal food at two or three different times between breakfast and dinner.

Viewing the symptoms of the case as indicating the presence of gastric irritation, I prescribed a solution of Epsom salts in an aperient infusion, to be taken in small but repeated doses. At 11 o'clock, two hours after my first visit, I was summoned in great haste to my patient, when I found him labouring under a violent convulsion, breathing stertorously, and foaming at the mouth, with his face livid and swollen. I immediately opened a vein in the arm, and abstracted about fourteen ounces of blood; after which a terebinthinate enema with castor oil was administered, and cold applications made to the head. He soon fell into a tranquil sleep, but in the space of an hour thereafter, again became convulsed. The convulsions recurred several times during that day and night, but were ultimately subdued in the course of the night by the application of leeches repeatedly to the head, sinapisms to the extremities, blisters to the nape of the neck, the soothing effects of morphia, and free action from the bowels.

He now lay in a perfectly oblivious state for the two following days, when on the 4th, consciousness returned, and the symptoms gave sanguine hopes of this young gentleman's recovery. These hopes were of short duration; for at this stage of the complaint, an attentive examination of the abdominal regions discovered a pulsating tumour in the epigastric region, rather to the right of the *scrobiculus cordis*, but without pain, except on considerable pressure, and without any particular sensation to attract his own attention to it. Dr Munro, my colleague in attendance on the case, and myself, concurred, after a minute, general, and stethoscopic examination of our patient, in the decided opinion of the disease, which now presented itself, being aneurism of the aorta. Our opinion, which of course could not be favourable under such circumstances, was, after due deliberation, communicated to the mother of the patient, and, consequently, further professional opinion was sought for. This young gentleman was now seen by several of the medical gentlemen of this town, (Inverness,) as well as by some of the most eminent gentlemen of the profession both in Edinburgh and London; but

their views of the case were various, none giving a decided opinion in confirmation of Dr Munro's and my own, except my friend Dr Nicol of this place. Our lamented patient now progressively lost flesh, while he retained a fair appetite; his pulse, which had gradually increased in frequency, but diminished in strength, ranged from 100 to 120; his mind became perfectly clear and tranquil, and he continued free from any bodily suffering till the evening of Thursday the 6th of September, when, after being raised to get the bed made, he suddenly became very faint and cold, and his stomach rejected its contents. He did not rally much afterwards, but remained extremely low and faint the whole of the following day, (Friday,) and about 8 o'clock on Saturday morning, he lost consciousness. An hour and a half thereafter he expired without a struggle.

Inspection.—The body was examined 26 hours after death, and presented the following appearances. The corpse was universally emaciated; and the subcutaneous adipose tissue was entirely absorbed. The whole abdomen, including the epigastric region where the tumour was situated, was highly resonant from flatulent distension. A feeling of fluctuation was barely perceptible on the inferior and lateral part of the abdomen.

On opening the abdomen the stomach was found distended with flatus, descended an inch below the umbilicus. The intestines were also distended with flatus, and their inferior coils presented much coarse ramiform injection of a dark claret colour.

Seventy ounces of bloody fluid were found in the cavity of the abdomen, and of these twenty consisted of black coagula, moderately firm like recent polypi of the heart.

The pyloric extremity of the stomach adhered to the most prominent part of a subjacent tumour, and probably constituted the movable portion felt during life.

The pancreas, in a healthy state, overlay and adhered to the left and anterior part of the tumour, in a transverse direction.

Above the pancreas, a large artery, equal to a goose-quill, with its corresponding vein, descended from the left side of the tumour about its middle, where it was contracted, if not obliterated. The three celiac vessels were traced back to their origin half an inch above the aneurismal aperture.

On removing the tumour and opening the aorta, a round aperture fully as large as a shilling opened into an aneurismal sac. The aperture was seated in the right side of the aorta, half an inch below the orifice of the celiac artery, and the margin of the aneurismal aperture was rather rough and corrugated, but no steatomatous or other disease existed in the arterial coats. The internal coat could be traced into the sac to the extent of an inch and a-half on one side, and one-half of an inch on the other.

The tumour measured externally 5 inches long by 4 broad ; but these dimensions were occasioned principally by a large recent coagulium (black and friable like those in the abdomen) surrounding the tumour and exterior to the sac, for the sac itself, when viewed internally, had the dimensions of 3 inches long by 2 broad.

The tumour burst into the abdomen at the upper part of its right side, beneath the capsule of Glisson.

The spine was not injured.

The right kidney adhered firmly to the tumour.

The heart was healthy, the mitral and aortic valves being merely a little thicker and more opaque than natural ; but both presented their ordinary dimensions, and were capable of discharging their function.

The fundus of the stomach presented much dark speckled congestion, and the mucous membrane, which was thickened, admitted of being detached in large portions. The liver was healthy in structure and free from congestion.

J. Hope, M. D.

John Inglis Nicol, M. D.

(Signed) S. Chisholm, M. D.

H. Fraser, Surgeon.

W. Munro, M. D.

Remarks.—The complicated connections of the tumour, the firm adhesions to contiguous organs, and the appearance of the aperture and of the interior of the sac, demonstrate that the disease was not of recent standing. The nature of the tumour and the numerous important organs which it implicated, were circumstances rendering the disease necessarily mortal, and accounting for the failure of all the remedial measures employed.

The case now detailed is fraught with much interest, both pathological and practical. While it impresses in a very forcible manner the propriety of investigating the state of the abdominal viscera, by manual examination, in cases seemingly only dyspeptic, it exhibits at the same time the difficulty of forming a correct diagnosis in cases of internal aneurism, even after such an examination is carefully instituted.

I am inclined to think that, previous to the attack of the 1st August, the aneurism had not attained any tangible size, although it cannot be doubted, from the examination after death, that it was previously in existence ; but that it then underwent a sudden enlargement, and that the oblivious state into which my patient fell from the cerebral affection, prevented any preternatural sensation from the progress of the disease being developed.

The different views which were taken of the malady by the several experienced medical practitioners who had the opportunity of examining the case, afford an instructive example of the obscurity attending pulsating tumours in the abdomen, and of the caution requir-

ed on the part of young practitioners, in particular, in forming their diagnosis in such cases. The considerations which weighed with myself in support of the opinion I decidedly expressed, and which proved correct, were the circumscribed shape of the tumour, which was at the same time deep-seated,—the expansive feeling of the pulsation not being such as I would expect were it imparted through the medium of a solid tumour, the absence of that sallow waxy complexion which commonly indicates the existence of organic visceral disease of a malignant character, as might be expected, if the liver or pancreas had been the seat of the disease,—and latterly the continuance of appetite while the strength and flesh were rapidly declining,—the normal, though slow manner in which the bowels responded to the action of aperient medicine being such as I would not expect if there was disease in the intestinal tube, and the natural appearance of the evacuations ultimately produced by medicine, while there was no corresponding improvement or diminution in the disease; together with the stethoscopic signs elicited.

Inverness, 1839.

ART. VIII.—*Cases of Anasarca of the Scalp, supposed to arise from Chronic Periostitis over the Skull; with a case of acute Periostitis over the right Temporal and Parietal Bones, followed by exfoliation.* By JOHN REID, Surgeon, Markinch.

ANASARCA of the scalp, supposed to arise from chronic *periostitis*, is an affection, which, so far as I know, has not hitherto received particular attention. The complaint was first pointed to me by my cousin, Mr Alexander Reid, Kirkcaldy, who mentioned that he had had a great many cases of it, and that he had discovered it accidentally upon examining the heads of some individuals who complained of very great uneasiness about the scalp, accompanied with anomalous sensations in other parts of the system. This affection occurs both in males and females, and is attended with very similar symptoms in both; but, as it will be best understood by reference to cases, I will give four which have occurred in my own practice,—two in males and two in females, all in mature adult age.

CASE I.—July 27, 1833.—Robert Mitchell, aged 26, labourer. Until within these last twelve months this man has been stout and healthy, but about that time ago had a pretty severe attack of influenza, from which he never properly recovered. He now complains very much of great pain and uneasiness over the whole of the scalp; feels very weak, and is constantly perspiring; has a trouble-