AN ACCOUNT
OF
TWO CASES OF ANEURISM
OF THE
SUPERIOR MESENTERIC ARTERY,
IN ONE OF WHICH JAUNDICE WAS INDUCED BY
PRESSURE OF THE SAC.

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I PROPOSE to bring under the notice of the Society a case of Jaundice, which terminated fatally, and which was found after death to have depended on a variety of organic disease, not usually recognised as one of the causes of that malady.

Anne Pinchin, aged 24, widow, was admitted into St. George's Hospital under my care, February 24th, of the present year. She had been ill four months, and her general appearance was that of great depression and exhaustion. The case in its progress presented the usual symptoms of jaundice in a very aggravated degree; it was very little influenced by the means employed for its relief, and

was remarkable principally for the severity of the pain complained of between the shoulders, along the track of the six or eight lower dorsal vertebræ. There was also occasional pain in the epigastrium and right hypochondrium,* both of which regions were carefully examined from time to time, without any information being thus obtained as to the immediate cause of the disease.

There was great dejection of mind, with entire loss of appetite and want of muscular power; the skin became more intensely coloured as the case advanced to its termination, and the saliva voided at this period of the disease stained the linen, on which it was received, of a deep yellow colour; there was also distinct evidence of the same tint in the menstrual flux, which occurred twice during the seven weeks that the patient passed in the Hospital. She died April 12, in a state of great general exhaustion, much aggravated by a mercurial salivation, following the administration of some small doses of calomel and opium.

The body was examined April 13th, twenty-four hours after death.

On removing the integuments, a stain of yellow was observed generally throughout the fat, and the exposed inner structures of the body. In the duodenal region, on raising the liver from the subjacent viscera, a large globular tumour was seen extending itself from behind the head of the pancreas upwards,

* The pain was very severe, and returned in paroxysms with marked intervals of suspension.

forwards, and outwards, to the right side of the body, in the direction of the ductus communis choledochus, so as to occupy the greater part of the space usually defined by the laminæ of the small omentum. The tumour was smooth on its surface, of firm texture, and was found to be the sac of an aneurism, situated in the trunk of the superior mesenteric artery, commencing about an inch from its origin, and extending itself in the directions I have mentioned.

The ductus communis was in close and prolonged contact with the walls of the sac, by which it was compressed in its whole extent: it was, however, pervious to the probe, and bile could readily be squeezed from its orifice into the duodenum.

The liver was of a dark livid tint, but was healthy in its general structure; its pori biliarii were universally enlarged and greatly distended with bile, so that the diameter of many of these vessels exceeded that of the larger gall ducts in ordinary cases. The gall-bladder contained a large quantity of healthy bile, with a few small gall-stones.

The quantity of bile circulating through the system, during the life of this patient, had been so unusually great, that we were anxious to avail ourselves of the opportunity afforded for observing the effect of such altered state of the blood in the tint of the several internal structures.

The heart was small; the membrane lining its cavities was uniformly yellow, and the same colour

was observed in some of the coagula which they contained.

In the lungs, which were otherwise healthy, there were many large distinct tubercles of a "mortary" consistence. These were throughout of a yellowish white colour.

In the head, the dura mater was universally yellow, but there was not the least tinge of this colour in the tunica arachnoidea, in the pia mater, or in the serous fluid effused between their surfaces. The substance of the brain, both vertical and medullary, was of the usual colour, but a thin yellow fluid was seen to exude, and could readily be squeezed from the divided orifices of many of the vessels in the medullary structure.

All the inner surfaces of the knee-joint were stained of a yellow colour. This was most remarkable in the fatty substance surrounding Havers's glands.

The synovial fluid contained in the cavity of the joint was uniformly yellow.

The cartilages presented their usual white appearance on their cut surfaces when divided in their substance.

The stomach contained much thick mucus of a yellow tinge, so that its contents had in this way been exposed to the contact of bile, separated by excretion from the general mass of blood in circulation.

Although the instance I have described of jaun-

dice depending on aneurism of a large branch of the aorta be a solitary one, yet, by the recollection of it, in protracted and intractable cases of the disease, we may be the more impressed with the necessity for making close and frequent examination of the upper region of the abdomen, by the *ear*, as well as by the eye and the hand, during the continuance of the symptoms.

It may likewise teach us caution in our estimate of the probable duration of cases of this disease, and in our conjectures as to the mode of their termination.

If jaundice be occasionally the effect, simple and direct, of pressure on the gall-ducts by an aneurism of a large branch of the abdominal aorta, then, in the treatment of cases classed under this name of jaundice, it will be well to remember that they may sometimes close with the awful suddenness of hæmorrhage from the main trunk of the circulation.

For such possible termination of a disease, chronic in its general character, and not usually considered as dangerous, the friends of the patient, in all cases warranting suspicion, should surely be prepared.

I am, moreover, willing to hope, that the relation of this case may tend to establish one caution the more against the mischievous routine of practice, now happily less frequent among reflecting physicians, of administering mercury in all cases of supposed "liver affection," and of jaundice, as included among such "affections."

Finding, in the case I have described, that no

improvement resulted from *other* plans of treatment, I was at length induced, against my better judgment, to prescribe small doses of calomel and opium, not with the view of promoting the further secretion of bile, (for of the presence of bile in the system there was abundant evidence in this, as in all cases of "yellow jaundice,") but in the hope of controlling the pain, which was at times excessive, and of inducing, according to the received notions of the action of mercury, some change for the better in the *general* habit of the patient. Salivation soon followed, with no effect but that of reducing still further an already exhausted frame. The mercury was immediately discontinued, but its harrassing effects remained until the death of the patient.

We find in this case a good illustration of the advantage to be obtained from dissection after death, in correcting the false analogies incidental to all systematic arrangements of disease, which are made to rest exclusively on the symptoms observed during the life of the patient. Had it not been for the anatomical opportunities afforded to us in the study of this case, it would have been registered, not as a rare variety of "aneurism," but as one of the many diseases classed under the common name of jaundice.

Thus, in the scheme of general medicine, "Pathology," so called, finds facts and sorts them. It creates no "system," nor should it be thus employed. The materials with which it works are substantial and abundant, but they are unequal to

the construction of more than its own share of the edifice.

It may not be obtruding too much on the attention of the Society, if I take this opportunity of placing on record another instance of the comparatively rare disease of aneurism of the trunk of the superior mesenteric artery, which likewise fell under my observation in the wards of St. George's Hospital.

Case II.—William Frost, a coachman, aged 42, of stout and rather fat habit of body, was admitted under my care in St. George's Hospital, on February 11th, 1835, complaining principally of a tumour pulsating in the epigastric region. It was of the size of a small orange, and, as he lay flat on his back, was observed to project rather to the left of the scrobiculus cordis. It was painful on pressure, and was moveable in nearly every direction, but most easily so towards the left side.

When the patient turned on this side, the tumour "fell at once under the ribs," and could no longer be felt.

On his turning to the *right* side, the tumour fell over in the same direction, and could still be distinctly felt in the front and to the right of the epigastric region.

Two or three months before his admission, he had suffered much from shortness of breath, with pain in the loins, and "between the shoulders," along the lower dorsal vertebræ. In a fortnight

after his admission, he became very costive, and was attacked by cough, with profuse hæmoptysis, for the first time since his illness. From this time until the death of the patient on July 10th in the same year, large quantities of blood were frequently brought up by cough, and latterly by vomiting. The blood drawn from the arm subsequently to these attacks, and for the relief of other symptoms, was always more or less cupped and buffed; the pulse was never irregular, and generally of moderate frequency. As the case advanced, the costiveness became obstinate, the appetite failed, the pain between the shoulders, along the lower dorsal vertebræ, became more severe, and there was much occasional suffering from cramps in the legs, with numbness and tingling in them, as in the arms and hands.

The tumour became more and more tender to the touch, and, some weeks before death, was observed to have changed its position from the *left* to the *right* side of the epigastrium.

Towards its close, the case presented many phthisical symptoms, and under these the patient gradually sank.

On examination after death, the aneurismal sac in this case, as in the other, was found to be situated in the trunk of the superior mesenteric artery. It is described in my own notes as large, kidney-shaped, extending *upwards*, *forwards*, and *outwards*, to the right side of the body, thus raising with it the

pancreas, which viscus lay on the upper boundary of the tumour.

The walls of the sac, especially in front, were firm and thick, and were enveloped by a transparent layer of peritoneum. The sac communicated directly with the aorta, by a long and wide opening with a smooth edge.

It contained many coagula; those next to the aorta were loose and black, in the front of the sac; they were very firm in texture, much laminated, and of a gray colour.

The larger branches of the superior mesenteric artery were distinctly recognized at the projecting end of the sac: they were open, and pervious to the blow-pipe, which passed readily, from them, through the loose coagula of the sac into the aorta.

The cæliac and superior mesenteric arteries, were given off as usual from the aorta, and, with it, were healthy in their structure. The lungs were extensively diseased by vomicæ, and by tubercles of the common kind.*

It may be observed, that the two cases, which I have now described, of aneurism of the trunk of the superior mesenteric artery, do not present many symptoms in common: they were respectively distinguished during life, the one by jaundice, the other by vomiting of blood.

Both cases were remarkable for the severity and

* The preparations of both the cases described by the author are preserved in the Museum at St. George's Hospital, and were exhibited to the Society at the reading of the paper.

constancy of the pain in the *middle* of the back, referred by both patients to "between the shoulders."

The difference in the leading symptoms of the two cases to which I have alluded, finds its explanation in the difference of the situation of the aneurismal sac in relation to the pancreas, the liver, and the surrounding structures.

I have been the more induced to lay this second case of aneurism of the trunk of the superior mesenteric artery before the Society, as my late father, whose opportunities of dissection were most extensive, and whose careful accuracy of statement was undoubted, has declared, in his lectures delivered before the College of Surgeons, and published in 1819, that he had met with but one case of aneurism affecting any of the great branches of the abdominal aorta.

In the instance to which he refers, the left hepatic artery was the vessel diseased. The case had been attended by Sir Walter Farquhar, and it does not appear that the existence of aneurism had been suspected during life.