ACCOUNT
OF
A CASE
OF
ENORMOUS
VENTRAL ANEURISM;
WITH THE
POST MORTEM APPEARANCES.

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MR. THOMAS KEANE, æt. 36, late acting gunner of the Wasp, in the West Indies, was sent to the hospital at Jamaica, said to be affected with paraplegia, on the 22d September; discharged invalided on the 16th December, 1836, and received into this hospital on the 20th March, 1837. On admission, he complained, chiefly, of pain and uneasy feelings in the sacral region and loins, attended with weakness, partial loss of power, and numbness in the lower extremities, and imperfect command of the sphincter muscles; but his general health was not materially impaired. There was also a deep-seated and ill-de-

finer hardness, or swelling, in the left side of the abdomen, which was at first referred to an affection of the spleen, but which, on further examination, was discovered to be a large diffused pulsating tumour, either in contact with the abdominal aorta, or more probably arising from an aneurism of that great trunk itself or the common iliac artery: and thus the deep-seated pains, and numbness in the sacral region and thighs, at first simulating rheumatism, and afterwards lumbar abscess, as well as the occasional alternations of loose and torpid bowels, enuresis, &c., were accounted for, by the compression of the vessels and nerves, and especially of the hypogastric plexus. It is singular that, though the patient frequently complained of sickness and anorexy, and had occasional vomiting, yet nausea was not a very prominent or distressing symptom in this case; and notwithstanding the tumour continued to enlarge and diffuse itself, and its aneurismal character became more and more evident, his general health, though subject to occasional relapses, appeared to improve, and on the 6th of September he was quite as well as usual. On the afternoon of that day, although he was enjoined quietude, he imprudently went over, between three and four o'clock, to visit a brother officer on the opposite or surgical side of the hospital. Soon after ascending the stairs, he was seized with excruciating pain in the right iliac region, followed by excessive faintness, and a death-like paleness of the countenance, indicating the rupture of the aneurism, and, after suffering much pain, he expired

at 6 P. M. It is needless to say anything of the treatment in such a case; nor shall I dwell longer upon the symptoms, which were satisfactorily accounted for on dissection, and for the details of which I am indebted to the very minute and careful investigation of Mr. Weale, my first assistant.

Sectio cadaveris, seventeen hours after death. Upon opening the cavity of the abdomen, a small quantity of bloody serum escaped. The posterior reflection of the peritoneum, on the right side, presented an ecchymosed appearance, from subjacent semicoagulated blood, which, effused in vast quantity, had raised the membrane from its attachments behind, and separated the laminæ of its different processes from each other. The blood was discovered to have escaped by an ulcerated opening of the size of a shilling, in the side of an immense tumour near to the right kidney, which it had displaced forward and laterally; and which, on further examination, proved to be an enormous aneurism of the descending aorta. The aneurismal dilatation, upon further investigation, was found to commence from the posterior part of the artery, two inches above the cœliac axis, by a kind of neck, which extended to two inches and a half above its division into the iliac trunks; where, suddenly bulging out, it expanded over the whole of the abdomen. The tumour was so immense indeed, that with the exception of the cæcal region, from which it diverged to the left, it might be said to occupy the epigastric, both hypochondriac, the umbilical, and left iliac regions, and the pelvis. But to describe it more

minutely, the aneurism, accommodating itself to the concavity of the diaphragm, to which, as well as to the posterior inferior surface of the liver, it intimately adhered, lay behind the hepatic vessels and ducts, the pancreas, duodenum, &c. It was attached to the false ribs and spine, and descending between the latter and the vena cava and aorta, it continued downwards behind the ureters and iliac vessels, but separated from them by the iliac fascia, which, greatly condensed, formed one of its anterior coverings, and beneath which it insinuated itself. The tumour thence protruded in a conical form under Poupart's ligament, and appeared like an aneurism of the left iliac artery. This vessel lay in front and the ureter crossed it obliquely, while the psoas lay internally. The iliac muscles and crural nerve externally, and the great sciatic nerve were closely attached to its posterior inferior part. When this immense aneurism was laid open, it was found to be nearly filled with coagulated blood, of the consistence of wet clay, and some concentric layers of nearly colourless fibrine adhered, though not vascularly, to its walls. The lining of the sac, on the tumour being emptied, appeared of a vivid red colour, mottled with osseous scales, deposited in the fibrous tunic, which, in a great measure, prevented its collapse. A careful examination was then made of the coats of the aneurism: the external covered it completely, except where it adhered to the spine, where the tunics had entirely disappeared, and the last dorsal and first lumbar vertebræ were also partially absorbed. The

middle coat was continued over the sac, or so gradually lost in the other coverings, which in some places were increased in thickness to nearly two inches, that its termination could not be detected. The internal tunic was continued for some way into the sac, where it became broken down, and undistinguishable from the adjoining clots. The abundant deposition of ossified matter in the middle coat prevented the collapse of the artery, from the pressure before and behind; and, by maintaining its cylindrical form, preserved a channel for the blood. Two small appendages, resembling knuckles, of intestine, were observed on the iliac portion of the great tumour, and containing blood of the same appearance; but they were distinct from it, being closed by the adhesion of their necks; and their walls were thin and of a purple grape colour. The abdominal and thoracic viscera, generally, were normal, with the exception of some pleural adhesions; and the body was muscular and not much emaciated. So intimate was the attachment of the tumour to the spine, that the lumbar and three dorsal vertebræ were removed with it.