ACCOUNT OF A CASE
OF A
DISSECTING ANEURISM
OF THE
AORTA, INNOMINATA, AND RIGHT CAROTID
ARTERIES,
GIVING RISE TO SUPPRESSION OF URINE AND WHITE
SOFTENING OF THE BRAIN.

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READ MAY 28TH, 1844.

THE narration of rare cases, difficult of diagnosis, and illustrative of pathology in general, as well as of that of particular forms of disease, appears to be one of the most legitimate and useful objects of the Medico-Chirurgical Society.

I should not venture to occupy the time of this learned body with the details of an isolated case, were it not one of exceedingly rare occurrence, and in which the morbid appearances after death were singularly explanatory of the remarkable train of phenomena which existed during the life of the patient.

On the 16th of February 1844, Mr. S——, æt.

37, a stout, muscular, plethoric man, with short neck, was suddenly seized, whilst sitting at dinner with his back to a large fire, with a fainting fit. He had come into dinner late, a large company being present, and ate rapidly and heartily of roast mutton and stewed mushrooms, and drank freely of champagne.

The dinner party took place at Norwood in Surrey, seven miles from town; Mr. S. did not arrive until the company had been at dinner some time. Having been, in a great measure, a stranger to the host, it is probable that he was flurried and excited at coming in so late.

Mr. S. was removed from the dinner room immediately after he fainted. The usual means were employed to restore him, and he quickly recovered, but on coming to himself, complained loudly of violent abdominal pain and nausea, with pain in the back. He was carried to a friend's house, close to where he dined, and Mr. Street was immediately sent for.

Mr. Street found him in great agony, calling out loudly from the pain in his belly. The abdomen was swollen and tense, but not very painful to pressure, and there was considerable nausea. The pulse was extremely feeble and irregular. Hot bran poultices were immediately applied to the abdomen, and vomiting quickly ensued, before an emetic could be administered. The quantity discharged from his stomach was very small. Great relief was experienced from the application of the bran.

A dose of calomel, followed by black draught, was given.

Next day, the patient complained of violent pain in the loins, extending down to the groins and testicles ; the urine was scanty in quantity and high-coloured, but there was no sickness. The bowels had been well relieved. There was no loss of power in any limb, and the patient was able to get out of bed without assistance. There was great drowsiness. The pulse was full, but not indicative of much power. A small venesection was practised without any relief. The warm bath was also tried, and he was freely purged and slightly mercurialised. Some diuretics were also given. He was cupped on the loins, however, with decided relief to the lumbar pain.

On Monday night, the 19th of February, I first saw him. *No urine had been passed for forty-eight hours.* I found him lying on his back, heavy and drowsy, occasionally snoring slightly, with all the aspect of a man labouring under an oppressed or sluggish brain. When aroused, however, he answered any question put to him readily and rationally, but immediately relapsed into his previous drowsy state. He knew me perfectly, although we had met only once before, but he did not express any surprise at seeing me. He evinced no anxiety either respecting himself, his family, or his affairs, although he frequently expressed his opinion that he could not recover. I mention this as an indication of the sluggish state of his mind, for Mr. S—— was naturally a man of warm affections and keen sensibility.

The pupils were of medium size, not active ; the right was distinctly larger than the left. There was evident paralysis of the left side of the face, hanging of the cheek, depression of the left angle of the mouth, and a greater sluggishness of expression on that side than on the other. He put out his tongue readily when told to do so, but there was slight deviation of it to the left side. The left upper and lower extremities were also imperfectly paralysed, and during the whole time of my visit there were distinct twitchings of the arm and hand, like *sub-sultus tendinum*. The sensation of the palsied parts was not affected, nor could any reflex actions be excited either in the upper or the lower extremities. Mr. Street remarked that these paralytic symptoms had come on in the course of the evening, since his visit in the afternoon. It was evident, therefore, that some physical change had begun to take place in the brain affecting the right more than the left side of that organ.

The abdomen was tumid and slightly tympanitic ; pressure upon it did not occasion pain. The bowels had acted well. There was no fullness in the region of the bladder, and no urine escaped when the catheter was passed. The tongue was moist, but slightly furred. He complained of thirst. No nausea, nor vomiting.

The pulse was full, but compressible, regular, 90. We remarked, however, a very manifest difference in the character of the pulse at the right and left side. *On the right side it was small and feeble, and*

seemed evidently to result from a narrowing of the channel through which the stream of blood passed. On examining the heart, nothing abnormal was detected in the general character of either sound, excepting that the first sound was accompanied by a bellows-sound, which was most distinctly audible over the base of the heart and in the direction of the innominata artery. This sound, moreover, was not a simple blowing, but had a peculiar rumbling character, as if the blood had to encounter a considerable obstacle. There was no evidence of any material enlargement of the heart elicited by percussion over the præcordial region. The impulse, however, was felt over a greater extent of surface than is natural, and rather denoted that there might be some hypertrophy of the left ventricle.

On questioning the patient with a view to ascertain whether there were any circumstances in his previous history which would throw light on the nature of the bellows-sound which accompanied the heart's action, no satisfactory explanation could be obtained. He stated that he was always remarkably healthy ; and this assertion was confirmed by all his friends. I had myself seen him only a few days before his illness, and remarked what an appearance of health he exhibited. He enjoyed, however, a remarkable flow of animal spirits, which would not readily yield to bodily disturbance. When he found that our attention was particularly directed to the right side, he stated that he had always felt some difficulty on that side, as if he

could not breathe as freely there as on the left side, and that he felt this particularly when out hunting.

Upon a careful examination of the chest, with reference to the state of the lungs, nothing abnormal was detected. The respiratory murmur on the right side was not so loud as that on the left; but the difference was not more remarkable than is frequently observed in the most healthy persons. On the posterior surface of the chest, neither auscultation nor percussion elicited any evidence of disease. I did not detect any bellows-sound in the course of the thoracic aorta.

Such were the phenomena observed about seventy-two hours after the first attack. The paralysis was quite of recent occurrence, having come on within a few hours of the time of my visit. Most of the other symptoms were present from the commencement: of these, the suppression of urine was the most prominent, and, for obvious reasons, the most urgent. The pain in the back had subsided in a great measure, and the patient now complained chiefly of general soreness and discomfort. He felt greatly the want of some urinary evacuation, and frequently directed our attention to his inability to pass water. What was the cause of this cessation of renal action? Had his cerebral symptoms any connection with it, either as consequence or cause? Did it arise from acute disease of the kidney? Or did it come on in the course of chronic granular degeneration of that organ, which had not as yet evinced sufficiently distinct symptoms to engage the patient's

attention? Or did it result from the sudden impaction of a calculus in either ureter, by which the secretion of that kidney was checked directly, and that of the other one by sympathy?

Another most interesting question was suggested by the systolic bellows-sound in the course of the innominate artery. It was impossible to attribute this sound to any other than an organic obstacle at the origin or in the course of the innominate artery, or at the commencement of the aorta itself. The nature and intensity of the sound, and the appearance of the patient, which was by no means anæmic, favoured this opinion. Was the obstacle of recent or old formation? This point could not be satisfactorily determined; but the patient's statement, that he had previously suffered from some defect, which he referred to the right side, and that he had broken both his clavicles by a fall while hunting, inclined us to the opinion that the obstacle was of long standing.

Again, the hemiplegic character of the paralysis under which our patient laboured seemed to denote a concurrent affection of the brain, which, as he had been quite free from cerebral symptoms prior to this attack, must have come on immediately after, if not simultaneously with, the renal affection. And we apprehended either a very small clot or an incipient inflammation of the white substance of the brain.

Difficult as it was to arrive at any satisfactory conclusion respecting the precise cause of the symp-

toms which have been detailed, (and our difficulty was enhanced by our ignorance of the previous history of the patient,) we had no hesitation as to the propriety of directing our treatment to the more prominent and urgent symptoms ; and we agreed to pursue the plan which Mr. Street had begun.

Five ounces more of blood were taken by cupping from the back of the neck. Free dilution was recommended, with a view to stimulate the kidneys. A blister was ordered to be applied to the back of the neck after cupping ; and one-eighth of a grain of extr. elaterii to be administered every two hours. Some mutton broth and a little weak sherry-and-water were allowed.

On the morning of the 20th I found him pretty much in the same state in regard to his general sensibility. The twitchings of the left arm had ceased, and the paralysis was more manifest, although still a feeble power of moving the fingers remained. The facial palsy seemed rather less. The pulse improved a little in power after the cupping, and was now 100, full and moderately strong on the left side, but small and feeble on the right. The pupils were more dilated and a little more active, but still unequal. He had been freely purged by the elaterium : the stools were scanty and watery, and had a urinous smell. They were passed involuntarily, but not unconsciously, owing to paralysis of the sphincter, a fact which increased our apprehensions respecting the severity and extent of the cerebral lesion. The skin was warm, but not

moist. He complained much of thirst, which induced him to drink a great deal.

In the evening of this day I saw him a second time along with Dr. Watson. There was no change in his symptoms for the worse. He had passed a little water, not exceeding a table-spoonful in quantity. The general signs were the same as those previously noticed. We observed, however, that the pulsation of the right carotid artery, at the lower part of the neck, was violent and laboured, when compared with that of the left artery. Pulse 120, compressible. Dr. Watson particularly expressed his opinion that the innominate artery was the seat of old or recent mischief.

As he had been very freely purged by the elaterium, and a large quantity of fluid was thereby removed through the bowels, it was determined to have recourse to a combination of diuretics, and the following draught was ordered to be taken every four hours :—

R. Tinct. scillæ ℥xv.
 Spt. æth. nitrici ʒj.
 Tr. lyttæ ℥x.
 Potassæ acetat. ʒfs.
 Aquæ ʒij.
 Spt. junip. co.
 Syrupi aurant. āā ʒfs.

Ft. Haust. 4tis horis sumend.

On the 21st, no change had taken place; the kidneys still refused to secrete. The torpor and paralysis remained.

With a view of relieving the system as much as possible of fluid, and of any azotized element that might escape by the skin, I determined to try the hot-air bath, making him dilute freely with cold water and a little gin-and-water while he was in the bath, and at the same time keeping the head cool by the constant application of ice and iced water. He bore this process remarkably well ; his pulse did not rise, although he was an hour in the bath. He sweated very freely, both over the surface of the trunk and extremities, and from the head, notwithstanding the cold application. On the removal of the hot-air apparatus he was rubbed dry : he soon began to sweat again, and continued to do so for some time afterwards. The diuretics were continued.

22nd.—Passed a quiet night, and had some sound sleep. Pulse 104, compressible. Second sound of the heart rather feeble. No secretion of urine. Torpor and paralysis unchanged.

Add to each diuretic draught, *spt. terebinth.* $\mathfrak{m}\mathfrak{xv}$.

A large warm water enema, with half an ounce of spirits of turpentine, and 20 minims of tincture of opium, was ordered to be thrown up. He was directed to dilute freely with water, and with linseed tea. A little wine and gin, with water, were allowed, as hitherto.

23rd.—Passed about half-a-pint of urine into a bag which was suspended to his penis. The urine was pale, and had a violet odour, from the turpentine. It was distinctly albuminous, and afforded but slight traces of urea. He also passed

some urine in bed. Pulse 104, and compressible. To-day he appears decidedly weaker than yesterday. Still drowsy, but rather less so than yesterday. In the morning he evinced a decided tendency to sink, and to such a degree that it was necessary to give wine in larger quantity.

Repeat the enema with the turpentine.

Omit the diuretic draught, and substitute the following :—

R. Spt. terebinth. ℥xv.

Amm. sesquicarb. gr. v.

M. camph. ʒiiss.

Syr. aurant. ʒss. ℥.

Ft. Haust. 4tis horis sumend.

Pounded ice, in a bladder, was directed to be kept to the right side of the head, and he was allowed a liberal quantity of port wine, gin, and beef-tea.

24th.—In the course of the last night, and this morning, the tendency to sink was so great, that it was found necessary to give a much greater quantity of wine than was ordered for him. On two or three occasions, his pulse failed, and became irregular and intermittent. The heart's action, at the same time, became very feeble, but was roused again by the administration of stimulants. The kidneys now act very freely. Pulse 104, very compressible. Heart's sounds, feeble. Head symptoms unchanged.

Stimulants to be continued.

Quinæ disulph. gr. v. 4tis horis.

25th.—This morning, during my visit, he passed water in large quantity, and in a full stream. The

urine is natural in point of colour ; specific gravity 1·009 ; acid, and slightly albuminous. Pulse rather stronger than yesterday, but occasionally irregular ; has had rather a restless night, and now has a wild look, like that of a patient suffering from the delirium which arises from loss of blood or exhaustion.

To have, in addition to his quinine—

Decoct. Cinchon. ʒxi.

Tr. Hyoscyami.

Tr. Cinchon. co. āā ʒfs.

4 tis horis.

Stimulants to be continued.

26th.—Passed a tranquil night. At the time of our visit, in the morning, we found him asleep, breathing with great tranquillity, without stertor. Pupils rather more contracted, and equal. He was very readily aroused from sleep, and appeared very rational and collected, but drowsy. He has recovered some power over the paralysed arm. Pulse and heart's action stronger ; puts out his tongue straight, and with power.

The most alarming symptom under which our patient now laboured, was the tendency to sink. The action of the kidneys was restored, and from the increased power of the arm, and the diminished drowsiness, we judged that the brain affection had yielded in some degree. It was found indispensably necessary to support him by the liberal use of stimulants ; and at the same time we judged it desirable, with reference to the head affection, to induce a moderate degree of mercurial action,

by rubbing in twenty grains of mercurial ointment, night and morning.

On visiting him this morning, I found the pulse becoming rather hard, and the skin hot. I thought, therefore, that he had better dispense with a portion of his stimulants. He was left without any stimulus for about three hours, and Mr. Street, on visiting him at the expiration of that time, found that he had sunk very much; his pulse faltered, and the heart's action had become very feeble and intermitting. The stimulus was instantly resumed, and he was ordered a night draught, with twenty minims of Battley's liquor opii sedativus.

27th.—This morning he looks better, and has more power in the arm, and also some in the leg; but the pulse is very irregular, and without strength. His mind is evidently clearer. The heart's action is sufficiently distinct; the bellows-sound very audible. He passes urine in good quantity. He bears the stimulants well, and they appear absolutely indispensable to prevent him from sinking.

At 11 o'clock at night, he was visited by Mr. Street's assistant, who found him tranquil, with moderately good pulse. His bowels had acted, and he passed water. He appeared very sensible.

At 12, his brother raised him in bed to give him a drink; just as he had finished drinking, he was seized with a slight convulsion, and fell back dead.

The extreme suddenness of the fatal event, with the remarkable vaccillation of pulse, and the tendency

to sink, which had appeared during the previous three or four days, clearly denoted that a profuse internal hæmorrhage must have been the immediate cause of it.

On the morning of the 29th, I proceeded, along with Mr. Street, to examine the body.

The degree of collapse which had taken place since death was quite remarkable. The face and head appeared quite exsanguious.

On cutting through the scalp, very little blood issued from the divided vessels.

The membranes of the brain were pale, but in other respects natural. The sub-arachnoid fluid was moderate in quantity. The right side of the brain was decidedly paler than the left. When the hemispheres were cut into, the exsanguiousness of that on the right was very manifest, from the total absence of bloody points, which, however, existed in their ordinary number in the left hemisphere. The vessels of the circle of Willis were pale and empty, especially the right carotid and its branches. They were quite free from disease. The right vertebral artery had a small atheromatous spot upon it, of very limited extent.

The left hemisphere was perfectly natural. On examining the cut surface of the centrum ovale on the right side, it presented the appearance as if it had been worm-eaten in patches. Each patch was from half an inch to an inch in diameter. It had the same colour as the surrounding brain substance, but was evidently diminished in consistence: the

slightest lateral friction with the edge of the knife completely disarranged it; and when a stream of water was poured upon it, it was broken up into shreds which floated in the water. These patches were very numerous; they were found in all that part of the hemisphere which is above the fissure of Sylvius; each was surrounded by cerebral substance of nearly natural consistence. Many of the patches were superficial, and involved portions of the grey matter of the convolutions, which exhibited the same degree of softening. They were all perfectly free from admixture with any foreign material, such as pus, or with blood. I searched for the former by the aid of the microscope, but could find no trace of it. Nerve-tubes were seen in their ordinary number, which seemed easily broken up and very varicose.

The right half of the fornix, and the septum lucidum, were likewise extremely soft.

The paleness of the grey matter of the convolutions on the right side particularly attracted notice. No appearance of red blood was visible to the naked eye. On the left side, the colour was perhaps a little paler than is natural.

The bloodless state of the right side was strikingly evinced by the extreme paleness of the choroid plexus on that side, while that of the left side retained nearly its natural colour.

That part of the right hemisphere which was below the floor of the fissure of Sylvius appeared much paler, and rather softer than is natural, but

did not exhibit the patches of softening above described. The same remark is applicable to the right hemisphere of the cerebellum.

These appearances at once explained the paralysis of the left side, under which our patient laboured. It was plain, from the peculiar exsanguinousness of the whole hemisphere, that it must have been deprived of a large proportion of its usual supply of blood ; and that that portion of it suffered most which derived its nutriment from the middle cerebral artery in the fissure of Sylvius. In fact, this side of the brain was thrown upon the branches of the vertebral artery and the anastomosing branches from the opposite side for its supply of blood. The improvement which took place in the paralytic symptoms during the last two days of our patient's life, denoted that the collateral circulation had begun to convey a larger amount of blood to the right side of the brain ; and no doubt, had he lived longer, it would have been quite sufficient to restore the nutrition of that organ.

No explanation of the exsanguinous state of one half of the brain could be derived from an examination of its arteries : they were pale and empty, but free from disease. There was nothing to prove that any obstacle to the current of the circulation could have taken place in them. The impediment was to be sought for, and probably would be found, in some of the primary channels leading to the head.

We proceeded next to examine the thorax ; and here the most complete elucidation of the sudden-

ness of death and of the previous complicated train of symptoms was obtained.

The pericardium was distended by blood. A layer of dark and recent coagulum, nearly an inch in thickness, surrounded the heart. This organ was perfectly empty. It seemed larger and firmer than is natural, the walls of all its cavities partaking of these characters. The left ventricle, when cut across, exhibited the condition which is described by the name of "concentric hypertrophy," and afforded a beautiful illustration of Cruveilhier's doctrine, that this condition is produced in dying, and is not the offspring of a morbid process in the heart itself.

The source of the hæmorrhage was found to be the aorta, which had given way, and allowed the blood to escape through a small fissure of its external coat, and of the portion of the pericardium which is reflected on it. This was situate about an inch beyond the ostium aortæ, and was large enough to admit a small goose-quill.

The arch of the aorta at this part was evidently much dilated. All the coats, however, did not participate in the distension, for it was soon evident, on examination, that the outer or cellular coat was separated from the middle coat, for some extent, leaving a considerable space in which the blood accumulated.

The aorta was laid open along its concave border. The semi-lunar valves were healthy. Several athomatous patches were found in the valve of Lieutaud, in the arch, and in greater number in the

descending aorta. In one of these patches, about half an inch beyond the free margin of the semi-lunar valves, ulceration had taken place. This ulcer was the starting point of a transverse rent, which involved the inner and middle coats of the artery, and through which the blood found its way into the sac, between the outer and middle coats.

The separation of the coats, however, was not limited to the first portion of the aorta. It proceeded along the posterior surface and convex edge of the arch, involving the innominate artery, and, to a partial extent, the left carotid and subclavian. The middle coat of the aorta was split into two layers, between which the blood formed for itself a new channel, down to the abdominal aorta, in which it was evident, from the presence of recent coagula in it, that blood had recently flowed.

A new channel was likewise formed by the splitting of the middle coat of the innominate on its outer and posterior part. This channel extended up to the lower part of the common carotid artery, and the blood accumulated there to such an extent as to obliterate the canal of the artery completely, and effectually to stop the ascent of the blood into it. Two channels were thus found in the innominate; one leading to the carotid, which was formed by the splitting of the middle coat; the other, the natural one, much diminished in size, through which the subclavian was supplied.

A similar splitting took place in the middle coat of the left carotid and subclavian arteries, but to so

slight an extent, that there could not have been any material impediment to the current in them.

All the tunics of the arteries, involved in the laceration, except the inner coat and its subjacent tissue, wore a healthy aspect to unaided vision. There could be no doubt, from the fresh appearance of the torn surfaces, that the laceration was of quite recent occurrence. There were no thickening of the cellular tunic, nor any smoothness of the torn surfaces over which the blood flowed, to indicate that the abnormal channels were otherwise than of quite recent formation.

The parts were all removed from the body for subsequent more careful examination. By an unfortunate oversight, the abdominal aorta was left behind, and the omission was not discovered until the body had been replaced in the coffin.

I am, therefore, unable to state positively to what extent in the aorta the new channel reached. It seems highly probable, however, from the suppression of urine which took place so early after the seizure, that it must have extended so low as to impede, for a time, the current of blood in the renal arteries. The return of the secretion of the kidneys was therefore the indication of the complete restoration of the circulation in them. It is impossible, however, that the circulation could have been *completely* suspended in these organs for three or four days, as they would probably have become gangrenous. The cessation of the secreting action of these glands is, doubtless, sufficiently explained by

the temporary diversion of a portion of the aortic stream into another channel, and by the shock which they must have experienced from the great violence done to the aorta.

It is proper to add that the circulation in the aorta could not have been completely interrupted. There was no coldness of the lower extremities, and I more than once felt the pulsation of the femoral arteries before the secretion of urine had returned.

The other organs examined were the liver and the kidneys. The liver was rather larger than in perfect health, but exhibited no other marks of diseased action. The kidneys were very large, much congested, and in the second stage of granular disease. This state of kidneys we were prepared to find, and from it we derived additional proof, (if such were wanting,) of the complete restoration of the circulation in those glands.

The evident connection between the appearances discovered after death, and the symptoms under which the patient laboured for a period of ten days, invests this case with peculiar interest.

It cannot be doubted that the laceration of the aorta and the formation of the new channel throughout its course was the cause of the fainting fit which ushered in his illness. The sudden diversion from the brain, of so large a portion of blood as that which one carotid artery is accustomed to supply to it, whilst the patient was in an erect posture, was alone a sufficient cause for syncope. And to this may be added the disturbance which the heart must have

experienced from the sudden opening of the new channel. The severe pain in the back is explained by the forcible tearing up of the aortic walls, by means of the column of blood forced along it. Those who attend to the sensations which are produced in their own persons under the influence of particular changes, must have remarked the painful feeling which is perceived along the course of the abdominal aorta, when the heart's action is forcibly excited by a sudden emotion of the mind. How much greater must be the pain which is excited by the *laceration*, than that which results simply from the distension of the artery!

The encroachment upon the calibre of the innominate by the formation of the new channel in it, accounted for the peculiarity of the pulse in the right wrist, which attracted our attention from the first. And the plugging of the carotid low in the neck, explained the laboured pulsation which was felt just below the obstacle.

Not the least interesting point in the case is the obvious connection which existed between the softening of the brain and the stoppage of the circulation in the common carotid artery. We have seen that the patches of white softening were limited to that part of the brain which is supplied by the middle cerebral artery. This artery is the principal branch of the carotid within the cranium, and has a less free communication with the corresponding ramifications of the opposite side than any of the other arteries of the brain. Hence the parts sup-

plied by it are more apt to suffer than those which are nourished by the other branches of the carotid.

How strikingly illustrative, too, is this case, of the nature of that morbid change which is known by the name of *white softening*, or more properly *softening without discolouration*. There was not a particle of evidence derivable from the anatomical condition of the parts to prove the existence of inflammation. The softening depended upon the cessation of the circulation in the carotid as evidently as do cases of senile gangrene upon obstructed arteries in the affected limb.

The internal carotid arteries of opposite sides do not anastomose with each other by any means so freely as do the external. This was illustrated by the fact that the circulation was very quickly restored in the branches of the external carotid, for the pulsations of the right temporal artery were all along distinct, and there was no appearance of any want of nutrition in the right side of the face.

When the circulation is obstructed in the *internal* carotid artery, the chief source of supply to the brain on the same side is from the vertebral artery. That this collateral circulation is amply sufficient to prevent any injurious influence upon the functions of the brain, is abundantly proved by many recorded cases of spontaneous or artificial obstruction of the common carotid artery.* How is it that it was insufficient in this case? This question may be

* See the chapter on Carotid Aneurism in Mr. Hodgson's book on the diseases of Arteries.

satisfactorily answered by referring to the narrowed dimensions of the innominate and right subclavian arteries, and the consequent imperfect supply of the right vertebral. In the cases above alluded to, in which no cerebral symptoms followed obstruction of the carotid, the course of the vertebral was free and unimpeded.

We were unable to detect any morbid appearance in the right lung, to explain the diminished intensity of breathing which had been noticed in it. Perhaps the right bronchus may have experienced some compression from the aneurismal tumour of the ascending portion of the aortic arch.

This case is an additional example to many which the experience of every physician must afford, of the gradual and imperceptible way in which the seeds of serious organic disease are sown without attracting the attention of either the patient himself, his friends, or even his medical advisers. Every one to whom I referred respecting Mr. S.'s past history, bore testimony to his uniform robust health. He was, however, a free liver, went very much into society, and possessed convivial powers of no ordinary kind. He was much addicted to field sports, and partook freely of the good cheer which every sportsman thinks he has fairly earned by his exertions in the field. I had reason to know that Mr. S. was twice passed as a healthy assurable life, within a recent period, and by men of great discrimination, and was assured in two offices.

There are many cases of dissecting aneurism now

on record. These have been recently collected in a valuable paper by Dr. Peacock, in the *Edinburgh Medical and Surgical Journal* for October 1843. Some of the cases quoted, or first recorded by this author, resembled that which I have detailed, in the syncope, and the pain along the course of the aorta, which ushered in the patient's illness; but none exhibit a train of symptoms so extensive, nor so clearly consecutive to the organic disturbance occasioned by the primary rupture, as that which I have now had the honour to communicate to this Society.

The drawings which accompany this paper were made for me by Dr. Westmacott. They are faithful representations of the appearances observed in those portions of the arterial system which were examined.*

* See Plates IV. and V.