CASE
OF
DYSPHAGIA,
PRODUCED BY ANEURISM OF THE AORTA.

By T. J. ARMIGER, Esq.

**SURGEON EXTRAORDINARY TO HIS ROYAL HIGHNESS THE DUKE OF KENT;
AND ONE OF THE SURGEONS TO THE EASTERN DISPENSARY.**

Read May 8, 1810.

JOHAN M^cLAURIN, æt. 43, a native of Edinburgh, was admitted a patient at the Eastern Dispensary in March, 1810, under the care of Dr. Robinson, the physician to that charity. On the 27th of that month, in the absence of my friend and colleague, Mr. Luxmoore, the senior surgeon to the institution, I was requested by Dr. Robinson to see him.

He complained, that whatever he swallowed seemed to stop in his breast; that he felt great un-

easiness just below the margin of the ribs on the left side, and that he seldom or never obtained relief, till, by frequent efforts, he succeeded in expelling the solid matter which would not pass downwards. His sustenance during March, and the preceding month, had consisted of tea, porter, and thin soup; and as the softened barley, from the soup, was generally rejected, there could be no doubt of the existence of stricture in the œsophagus. I examined the spot to which he referred his uneasiness, and pressed on the epigastric region generally, but discovered neither internal enlargement nor hardness. He had walked from his residence to the Dispensary, a distance beyond his strength, which occasioned his heart to beat more violently than usual. He had been subject to palpitations of the heart for some months previously, and very slight causes much increased their force and frequency. The palpitation, when I saw him, was such as even by sight to convince me that it did not proceed from any nervous affection.

On applying one hand to his left side, and the other to the sternum, I readily distinguished the agitated action of the heart, from a pulsation, attended with the sensation which is occasioned by blood passing into an aneurismal tumor.

I conjectured that some part of the descending aorta was the seat of aneurism, and that the dysphagia was occasioned by the pressure of the tumor

on the œsophagus: the other particulars seemed to confirm this opinion.

He had exercised his avocation, which was that of a carpenter, chiefly on ship-board, in various parts, and till June, 1809, enjoyed almost uninterrupted good health, except suffering from a slight attack of dysentery, during a voyage from Jamaica.

In the latter end of that month, after having laboured almost incessantly for many hours at the pump, in consequence of the ship having sprung a leak, he first noticed a strong palpitation of his heart, which did not subside, as is usual, after exercise, but continued, and progressively increased in violence, to the present time.

He was now much emaciated, and his strength was much impaired; he stooped considerably; and in that posture, while leaning on his stick, or other firm support, was easier than when erect; more so when lying in bed, but most of all while resting on his knees and elbows. He lay with difficulty and pain even for a few minutes on his back. When on his left side, his respiration was hurried; but at other times, or in other postures, unless from exertion, it was scarcely affected. When the pulsation was most violent, it might readily be felt between his shoulders: the pain was at times piercing, shifting from his breast to his back, and *vice versa*.

When in the back, it was principally seated immediately below the inferior angle of the left scapula. About the beginning of December, 1809, he first swallowed with uneasiness: this increased till the end of January, at which time it seemed to lessen, and continued to do so till the beginning of March, when it suddenly became worse than it had ever been.

He was now so weak as to totter when he rose from his seat. His pulse was small in both wrists, but smallest and weakest in the left, and varying in frequency from 90 to 100; *in the right wrist from 100 to 110 in the minute.* He complained (to use his own expressions) of a constant “humming” sound in the right ear; and in the left, of a noise similar to that which arises from the “striking of the edges of two knives together.”

He was deaf, but most so in his left ear, both being free from cerumen. The ends of his fingers were occasionally numb; his feet were always cold; he felt great craving for food, but abstained from it almost entirely. On the morning of the 2d of April, he brought up nearly a pint of blood. Early in the afternoon his pulse intermitted considerably, varying from five to seven, and nine pulsations in five seconds. The pulsation of the aneurism was much reduced in strength; on the back it was scarcely perceptible. In the evening he

lost, at once, at least a quart of blood, from which he fainted, and expired.

Having obtained permission to examine the body, I availed myself of the opportunity; and, on the 5th of April, in the presence of Dr. Robinson and Mr. Luxmoore, took an account of the morbid appearances, which were as follows.

Abdomen. In this cavity, there were four ounces of fluid, deeply tinged with the red particles of the blood. The stomach, duodenum, jejunum, and transverse colon, were considerably distended with flatus; the other parts of the intestinal canal were unnaturally contracted. The pyloric extremity of the stomach, the beginning of the duodenum, part of the jejunum and of the ilium, with the cœcum, were of a reddish purple colour, occasioned by an effusion of fluid between the peritoneal and muscular coats of those organs, which extended, in some places, between the layers of the mesentery and mesocolon.

Thorax. In both the cavities of the chest there was a fluid effused similar to that in the abdomen, in quantity amounting to about seven ounces in each cavity. The surface of the lungs was discoloured like that of the intestines, and from the same cause.

Pericardium. In the cavity of this membrane there were four ounces of fluid, of a darker colour than that either in the abdomen or thorax.

The heart, pulmonary artery, and the aorta, nearly as far as the seat of the aneurism, exhibited the natural appearances.

On raising the lungs, which were healthy, the aneurismal tumor, bounded by the layers of the posterior mediastinum, was readily distinguished. It was in the descending aorta, and was situated on the 8th, 9th, 10th, and 11th dorsal vertebræ; but they had not in the least degree suffered from its pressure. It seemed to be capable of containing about a pint of blood.

The layers of the mediastinum, the side of the œsophagus against which it pressed, and the cellular membrane connecting the parts in the cavity of the mediastinum, formed part of the parietes of the tumor. Within it, and adhering to its inner surface, and to each other, were several concentric strata of coagulated blood. Towards the upper and right side, the coats of the aorta were much thinner than in any other part, excepting immediately contiguous to the spot at which it finally burst into the œsophagus, at about two inches distant from the passage of that tube through the diaphragm.

The tumor seems to have been primarily formed by dilatation of the aorta, the larger part of it being on that side of the aorta, which is contiguous to the œsophagus. It was probably enlarging principally on its right side, during the time that the remission of the dysphagic symptoms occurred. A little beyond the root of the left subclavian artery, there was also a small aneurismal dilatation.