CASES FROM PRIVATE PRACTICE.*

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CASE VIII.

SUBCLAVIAN ANEURISM.

On the morning of January 19th, 1846, when visiting a patient in the neighbourhood, I was requested to see John Armstrong, who was reported to be suffering from an acute rheumatic pain in the right shoulder. In the 65th year of age, and for his time of life, a fresh-looking man; complexion ruddy; volume of flesh good; appetite not in any degree impaired; regularly pursued his occupation, (being a repairer of the roads,) and with the exception of the previously-mentioned pain in the shoulder, to which he attributed but little importance, was in the enjoyment of wonted health. Upon interrogation, this pain in the shoulder had been experienced for many weeks, and he had applied to one or two irregular practitioners, by whom he had been bled, blistered, and plastered, but without deriving any benefit. The right hand was slightly swollen; he complained of a sensation of numbness, and thought it was not so strong as the other. He also said that near to the collar bone was "a small lump which fluttered and beat," after which statement I immediately introduced my hand beneath his shirt, and at once discovered an aneurismal tumour, the nature of which enlargement from the distinct pulsation, was readily recognized. It was about the size of the section of a small orange, and situated below the middle third of the clavicle. On a more careful examination, the abnormal degree of pulsation extended further than was at first anticipated, as the vessel could be felt beating powerfully until lost behind the sterno-clavicular articulation; fremitus very perceptible; the right carotid artery beat with far greater force than the left, and on applying the stethoscope to the tumour, a distinct bruit could be heard isochronous with the second sound. By precise admeasurement its size was as follows:—From superior margin of pulsatory motion passing downwards and over its contour, $4\frac{1}{2}$ inches; horizontally, and as before exactly following its configuration, $3\frac{3}{4}$ inches; between the pulsating margin on the mesial side, and the sterno-clavicular articulation, was an indented-looking space measuring $1\frac{1}{2}$ inch. The clavicle could now be distinctly traced along the whole of its course; slight pulsating enlargement could be felt protruding upwards behind its superior edge. In the morning, the pains in the shoulder and arms were said to be less urgent than at night, and he confidently asserted that on rising in the morning the enlargement was of decidedly less dimensions. He was now warned of the very serious nature of the disease, whilst rest and a complete cessation from all employment were strictly enjoined. The bowels were to be kept open by gentle laxatives, all stimulating liquors to be avoided, and a spare farinaceous diet to be taken. The following mixture was then prescribed:—

R. Tinct. Digitalis, dr. iss.; Aquæ, oz. vj. Sit mist. Capt. oz. j., ter die.

* Continued from page 291.

January 28th. Tumour in all its physical conditions is the same.—Cont. mistura.

February 28th. Tumour seems somewhat larger since last report.

April 10th. Tumour has now to some extent protruded upwards behind the clavicle, and can also be felt pulsating lower down the thorax; space between the inner edge of the tumour and sterno-clavicular articulation nearly obliterated; pulsation, generally, as forcible, and bruit as distinct as ever. Cross bandages applied.

May 13th. The tumour gradually increases.

June 26th. The tumour has become considerably larger; clavicle cannot be traced further than about $1\frac{1}{2}$ inch from the sterno-clavicular articulation, where it then becomes lost in the swelling. Tumour measures $9\frac{3}{4}$ inches from above downwards, and $6\frac{1}{2}$ inches transversely; presents three distinct elevations on its surface, which are divided by well defined fossæ, thus giving to its external configuration that of a tri-nodulated swelling. Has become thinner of himself, and in the face looks somewhat bleached.

July 22nd. Tumour much larger, and reported to have increased more than usual during last week. Forearm of right side looks shrunk and wasted, and the skin is shrivelled; hand and fingers are swelled and turgid, and of a redder colour than natural. Complaints of much pain in arm and shoulder; pulsation throughout entire surface of swelling distinct and powerful; bruit can still, though less audibly, be heard. Appetite good; bowels regular; radial pulse on affected side feeble.

August 5th. Called to visit him this evening, and he says that he has recently (during the last three or four days,) suffered considerably from pain in the arm and shoulder. Morbid enlargement now pointing, and conical prominence converges towards the sterno-clavicular articulation. On the apex of this ill-defined conical eminence is a light brownish purple ecchymosed patch, clearly circumscribed, and about the size of a crown-piece, while the contour of shoulder and upper arm look full, rounded, bright, and smooth, and on passing the hand over the surface of these parts, a feeling to the touch is given similar to that which is felt in a case of anasarca when the inferior extremities are in a state of considerable oedema. Colour throughout is redder than natural, and on superior surface of shoulder it acquires a roseate tint. Hand and fingers, as before, swelled, and redder than common. Appetite pretty good; tongue moist and clean; bowels regular; pulse in left arm of ordinary frequency. Says that swelling has felt larger to-day than it ever did on any previous occasion. Radial pulse in affected arm can, with great difficulty, be just distinguished. Tumour measures as follows:—

From superior pulsating margin which extends to supra-spino-scapular region on anterior part of thorax,	} $10\frac{1}{2}$ inches.
Transverse direction,	$8\frac{3}{4}$ inches.
From sterno-clavicular articulation diagonally below axilla	} $8\frac{1}{2}$ inches.

September 1st. During last week has been entirely confined to bed. Tumour has assumed a more even rotundity; looks larger; intersecting fossæ and nodulated eminences almost obliterated. Discolouration of integument has greatly increased, and this extends to several inches in circumference; it varies

from a livid brown to a dark crimsonish rose hue. Whole of shoulder and upper arm has a very congested oedematous appearance; hand and fingers as before. On the superior-posterior aspect of shoulder, especially over the superior scapular region, the surface is irregularly risen in dark phlegmonous patches, from 1 to 2 lines in elevation, which are of a rose-red shining appearance. Not the least pulsation can be felt in the radial artery of diseased arm. Complaints of very much pain in shoulder and arm. On manipulation, tegumentary covering of tumour feels thickened and indurated, and a feeling is imparted as if there were infiltration of serum in the subcutaneous cellular tissue. Pulsation less distinct to fingers, but clearly to be heard either by stethoscopic or immediate auscultation; pulsation can now be distinguished for $12\frac{1}{2}$ inches from above downwards, for $10\frac{3}{8}$ inches transversely, and $10\frac{1}{2}$ inches diagonally from sterno-clavicular articulation towards the inferior part of the axilla. Bowels regular; appetite in some measure impaired; looks pale and emaciated, and says he is generally much weaker.

October 10th. Still confined to bed, laid on his back; countenance pale and sunken; general emaciation proceeded to a considerable degree; muscles are loose, wasted, and flabby; sleeps but indifferently, and often suddenly awakes, startled and intimidated; appetite much impaired. Tumour has become of an alarming size and appearance; integuments covering it much discoloured. In one place at the superior scapular region is a livid patch, of irregular rhomboid figure, from which there has recently been sero-purulent discharge, but this has now in a great measure ceased, and the place has become a dark brownish eschar-spot, slightly cracked, and imparts a roughness to the touch. Considerable anasarcal swelling extending over upper arm, axilla, and round to scapular region, the skin covering, which is bright and shining, and of a bright rose-purple blush; no pulsation at wrist; fingers and hand as before; lower arm much swollen; pulse in left arm weak and soft; tongue coated; bowels slow.

October 25th. Saturday evening. Last night very restless; tumour much the same as it had been during the few previous days. This afternoon, slight oozing of blood commenced, which has continued to increase, and is now slowly flowing from an ulcerated orifice on the superior aspect, near the sterno-clavicular articulation. Vital powers on the decline.

26th. Reported that bleeding continued up to the time of his death, which was at four o'clock this morning. The blood lost was of very considerable quantity, and it continued to ooze away during fourteen hours.*

* I regret very much to state that all entreaties were of no avail in urging the friends to allow an examination, as they were inflexible in their determination not to grant a *post-mortem*. I had taken careful admeasurements of the growth of the tumour, and considering that the example was one in which the progress and natural result of this affection were very obvious, I thus concluded that it might not be altogether unworthy a place in the series of cases now appearing in these columns.

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(To be continued.)

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE I.

FRACTURE OF THE NECK OF THE FEMUR.

Sarah Shaw, aged 57, housekeeper, was admitted into the Queen's Hospital on the 9th of April, 1846, under the care of Professor Cox. It is stated that she fell down upon the footpath, and struck the upper and outer part of the right thigh with great violence.

On examination the limb was found shortened, and the foot inclined outwards; there was free motion in all directions, but it was painful, more particularly when the knee was carried inwards. During these motions crepitus was distinctly felt; there was considerable swelling and ecchymosis, and the diagnosis was—fracture of the neck of the thigh bone without the capsular ligament. After a few days the limb was placed upon a double-incline plane, and she was discharged cured, walking but slightly lame, on the 15th of July, 1846.

REMARKS.

1. *A few observations upon the frequency of fracture of the neck of the thigh bone in old people.*—This species of fracture occurs much more frequently in women than in men, and the reasons of this are, the more horizontal position of the neck of the bone, and the greater feebleness of the female constitution.

The form of the femur is remarkably influenced by age, and this is one reason why old people are so much more prone to this accident than the young. The angle formed by the neck with the body approaches more to a right angle in the old subject than in the adult, and the length of the neck diminishes with advancing years, so that the head gradually sinks below the level of the trochanter major, and approaching the shaft in extreme old age, it even becomes contiguous. There is also another important change, and upon which the metamorphosis just mentioned depends. The neck of the thigh bone undergoes a process of interstitial absorption, the animal matter is taken away, and nothing remains save a thin brittle substance. From these changes we can easily understand how fractures of this kind so frequently occur in the aged; in the first, the weight of the body, or any force applied to the lower extremity, does not fall upon the axis of the neck, but acts with the advantage of a lever; in the second, the part is rendered weaker by the process of absorption, and of course less calculated to sustain even the weight of the trunk.

2. *Remarks upon the mode in which this accident is produced.*—This accident is frequently produced by sudden force applied to the neck of the thigh bone, as, when persons walking upon an elevated pavement, fall suddenly upon the road. A fall upon the trochanter