then put one drachm of chloroform, (which I had taken with me,) on a handkerchief, and applied it over his mouth and nostrils, and in a very short time it produced perfect unconsciousness; the effect of it was most satisfactory. He first, (after the commencement of the inhalation,) expressed himself as perfectly easy, and all the spasm ceased, and he lay composed on the bed; he then became delirious, and in a very short time quite unconscious, and then slept soundly for two hours. At nine p.m. he awoke, and the spasms began to return; I repeated the inhalation of chloroform. At half-past eleven p.m. the spasms had not returned since the last inhalation, and he has slept well. I repeated the inhalation, after which he slept until three the following morning.

16th.—At three a.m. the spasms returned with increased violence, and at five a.m. the chloroform was again inhaled, but it required more to produce the same degree of insensibility as at first. At nine a.m. the spasms returned, and he had but little sleep since the last inhalation. Chloroform was repeated, and allayed the spasms for a short time, but they returned at half-past ten a.m., and as the chloroform appeared to be somewhat losing its effect, I gave him five grains of calomel, and half a drachm of the solution of bimeconate of morphia, which latter was repeated every two hours, and three grains of calomel every four hours.

17th.—Spasms less violent, and at longer intervals. Continued the bimeconate of morphia, with two grains of calomel every three hours.

18th.—Spasms less in intensity and frequency; bowels freely open, but not relaxed. Continued the bimeconate of morphia every three hours, and the calomel every six hours. The ear looks well; union has taken place.

19th.—Spasms much diminished; can lie in bed during the spasms; moves his jaw when speaking, and can swallow better; bowels continue very open.

20th.—Has had a good night; bowels very much relaxed. Discontinued the calomel. Continued the bimeconate of morphia.

July 21st.—Bowels very much relaxed. Ordered m. xl. of the bimeconate of morphia *primo mane*, and then continued the morphia as before, and commenced giving Zinc. Sulph., gr. j., *octavis horis*.

22nd.—Had a good night; bowels steady; can open the mouth better. Continue medicines as yesterday.

23rd.—Had as much sleep as usual. Continue medicines as yesterday.

24th.—Continues much the same. Diminished the dose of morphia, and increased the Zinc. Sulph. ad gr. ij., *ter die*.

25th.—Altogether better. Continue medicines as yesterday.

26th.—Continues improving in every respect. Decreased the dose of morphia to m. xx., and increased the Zinc. Sulph. ad gr. iij., *ter die*.

27th.—Had a comfortable night; pulse quite quiet and regular; sat up a little in bed, and eat some mutton. Decreased the dose of morphia to m. xv.

28th.—Improving rapidly. Reduced the bimeconate of morphia to m. x., *ter die*. Continue Zinc. Sulph., gr. iij., *ter die*.

29th.—Continues going on well. Medicines repeated as yesterday.

30th.—Still going on very well. Reduced the dose of morphia to m. viij., and increased the Zinc. Sulph. ad gr. iv., *ter die*.

31st.—Mending daily. Reduced the dose of morphia to m. v., and increased the Zinc. Sulph. ad gr. v., *ter die*.

August 1st.—Still improving. Got up for the first time and walked round the room. Countenance regained its natural expression. Medicines as yesterday.

2nd.—Going on very well; takes the morphia only at bed-time. Continue Zinc. Sulph., gr. v., *ter die*.

5th.—Continues gaining strength, &c. Medicines as last report. He fell down and shook himself very much, and complained of some pain in the neck, but, notwithstanding, he was able to come down stairs, and walked out of doors for the first time.

August 8th.—Continues daily improving

CASE OF

ANEURISM OF THE ARCH OF THE AORTA, SIMULATING LARYNGITIS.

By C. H. KINGDON, M.D., EDIN., Exeter.

A sailor, aged 36, on his return from his voyage, sent for me on the 18th of June, 1849. I found him resting his head on his hand supported by a table. His appearance was that of a person extremely fatigued. He was a stranger to me. On answering my first question, there was such feebleness of voice, and yet such distinctness in the intonation, that I at once asked his wife if it were his natural voice, and if she had remarked any change in it. Her reply was, she should not have recognised it. His friends had observed a change in his figure, and deportment. His head bent forward and one side.

His history was simply this:—He had felt unwell for some time, had shortness of breathing and occasional cough, with but little expectoration; he complained of great pain in the back part of his neck, shoulders, and back, he could scarcely walk to his home, a distance only of a quarter of a mile. His pulse was slow, regular, and weak; great coldness of his skin; his tongue but little affected. He appeared to me to suffer from some depressing cause, as influenza and the like; yet his general indisposition was not sufficient to account for his debility. He was ordered to bed, and a saline mixture with an excess of ammonia was given at short intervals. He soon felt the benefit of his bed, and was to all appearance relieved by a profuse perspiration.

19th.—I found him lying low in his bed, breathing without difficulty, still complaining of pains about his shoulders and neck, and of some difficulty in swallowing, yet his food passed into his stomach readily; but his impression was that it did not reach it, and he almost asked to have something removed from his throat. I own I considered the symptoms indicated an approaching paralysis, but from what cause I could not determine. I thought the feebleness of the voice and the sensations in the œsophagus were dependent on the same obscure cause.

20th.—Complained much of oppression about his chest, coming on at short intervals; he was advised to apply mustard poultices as often as the oppression returned. Still not satisfied about the state of his throat.

21st.—His condition was much the same; the mustard did not irritate his skin, he was therefore advised to add some turpentine. My visit was about ten o'clock in the morning; about one in the afternoon he was suddenly seized with a sense of instant suffocation, all the evidences of severe strangulation were present. His eyes most prominent; the whole surface of the body indicated the deepest state of venous congestion. Being from home, two medical friends passing his house were called to his assistance. The first and most natural impression was to relieve him by instant tracheotomy; but as I was soon expected, nothing was done. I found him at two o'clock in a state of profound insensibility, breathing with the utmost difficulty, and in a most profuse cold perspiration. I thought him in *articulo-mortis*. The bystanders considered his breathing rather less laborious. Sinapisms were ordered to his legs. Mr. Kempe visited him with me. We remarked an unusual appearance over the right supra-clavicular region, the integuments rose and receded, corresponding with his respiration. Towards five o'clock the spasm abated, his speech, though very feeble, returned, and with some difficulty he swallowed warm drinks. In the evening the spasms increased, the breathing became more difficult, there was again a remission, but the distress returned from time to time until he was released by death, thirty-six hours after the first attack.

The examination by the stethoscope did not clear up the difficulty of the diagnosis. His inspiration was clear and distinct, but in expiration the sound was very peculiar. I represented it as loud, abrupt, and as if the air rebounded from a rock.

The *post-mortem* examination gave the following appearances:—A muscular man; not wasted. The integuments over the upper parts of the chest slightly crepitated; no decomposition. The larynx, trachea, and bronchi, with the arch of the aorta, were removed. The larynx was found free from disease, or even obstructed by mucus. The epiglottis, and all parts, in a normal condition; the œsophagus free from disease. On dividing the posterior part of the larynx and trachea for three inches, the tube was healthy from thence to the bifurcation of the bronchi; it was intensely red, and for about an inch and a half of a deep purple hue, and dry. I was now endeavouring to account for an enlargement which I found resting on one side of the œsophagus and the trachea; it contained some recent coagulated blood. My next step was to lay open the arch of the aorta. This vessel was in a diseased condition, with steatomatous deposits. Immediately between the origin of the arteria innominata, and the left subclavian, I discovered the opening of an aneurismal tumour, about the circumference of a shilling. This tumour was about the size of a hen's egg, irregularly oval, containing some recent loose coagula, and some firm deposits of longer standing. There was great irregularity of the internal surfaces. The boundaries of the aneurism were by no means defined with the usual characteristic layers of coagula. Careful dissection discovered the recurrent nerve pas-

sing immediately under the body of the tumour; the examination therefore solved the difficulty of the case, and I feel, fully justifies the non-interference with the trachea, as a means of preserving life.

My own opinion leads me to attribute the attack of spasms to some sudden enlargement of the aneurismal tumour, interrupting the functions of the recurrent, and perhaps the superior laryngeal nerves.

The peculiar state of the voice, and the sensations in the act of swallowing, may be referred to the encroachment of the tumour on the trachea and œsophagus. But I leave the reader to draw his own conclusions.

My object in giving to the Association the above case, is to invite their attention to the consideration of the symptoms, antecedent to the severe struggle, which so suddenly deprived this man of life.

In a physiological point of view the case is highly interesting, considering our disposition to include under the term chronic bronchitis many difficult and anomalous cases of practical importance. Many cases are in my recollection of persons seeking to be relieved of bronchial affections, which have been complicated with diseases of the large vessels of the heart, and even of the heart itself.

TWO CASES OF THORACIS PARACENTESIS IN THE INFANT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

If you think the two accompanying cases worthy of a place in the *Provincial Journal*, it will afford me much pleasure to see them inserted.

As paracentesis thoracis in such young subjects is not of every-day occurrence, I have thought that these two parallel cases, presenting as they do so great a contrast in their progress and termination, cannot be altogether devoid of use or interest.

I have the honour to remain, Sir,

Your obedient servant,
SAMUEL D. FEREDAY.

Dudley, July 23, 1849.

CASE I.—PLEURITIS: PARACENTESIS: DEATH.

W. R., a healthy boy, ten months old, living in this town, was first seen by me on Nov. 9th, 1844. He had been fed by hand nearly from his birth, on account of mammary abscess in the mother; had cut six teeth three or four months. On the 7th of November he seemed poorly, refused his food, and had burning heat of skin; next day his breathing became very short and wheezing came on in the night. When I saw him his countenance was pallid and features sunk; pulse 148; the left side of chest raised as well as the right during ordinary inspiration; the respiration catching, and air did not appear to enter the left lung; the respiratory murmur on left side absent, and quite dull on percussion, both before and behind; the abdomen distended and tympanitic. Leeches were applied, and calomel and antimony administered.

18th.—The symptoms in general appeared but little relieved, and the following physical signs were