gentlemen present might be satisfied that there had been a displacement of bone, and that all the modern writers on surgery might revise their opinion on this subject, when cases of this kind occurred.

Mr. Crowfoot here referred to "*Haller's Medica Artis Principes post Hippocratem, et Galenum*," published at Paris, in 1647, in which there were some wood-cuts, shewing the position in which the patients were placed, and the mode of extension. They were placed prone, and he was not sure that the ancient one was not the preferable one. Such was his treatment of this case, and he thought it was one of such importance, that it should not rest on his unsupported testimony. The man who had got quite well was in the adjoining room, and might be brought into the hall.

Mr. Francis, of Norwich, testified to the correctness of Mr. Crowfoot's statement.

The man who appeared to be in good health was brought into the hall, and examined by the gentlemen present.

The President said, if no one had any remarks to make on cases of spinal fracture, he would offer a few observations. He recollected well, that after this man's recovery, he happened to be travelling in the neighbourhood of Beccles, and his postilion was this very patient. The subject of spinal fracture was one on which he was not particularly prepared to speak, otherwise than by the experience and good opportunity which many years had afforded him. He regarded the way in which Mr. Crowfoot had brought forward this patient as attended with this good effect. There were thousands of cases of great interest which occurred in the experience of the profession, but the mischief was, they were not kept at hand for the purposes of illustration. After this demonstration, and the inspection of the specimens produced, those present would have this case so impressed upon them that it would be remembered for the rest of their lives. It might be a question how far extension was available. Mr. Crowfoot had referred to cases in which success could not be expected, though there could not be any objections, even then, to extension being made. Mr. Crowfoot had alluded to that destructive compression of the spinal marrow, in which extension could do no good; the fibrous sheath might be torn, also the delicate membranes, vascular and arachnoid, lacerated. If, in addition to such lacerations, the parts were compressed as in a vice, displacing the nervous tissue, and leaving only the cellular remaining, of all of which injuries specimens were exhibited in the room, he presumed, that where the injury to the nervous texture was to this last degree, the nervous matter compressed and destroyed, the destruction of the patient might be considered inevitable; at least, he did not believe there had been any evidence of recovery under such circumstances. That such a destructive compression of the nervous texture did take place he would be able to demonstrate, as well as that the delicate membranes that envelope the spinal marrow were often lacerated; and if any of the coats of the spinal marrow were ruptured or torn up, surely in these cases they would expect inflammatory action to succeed, rendering them more dangerous; the treatment by bleeding locally from the part itself, when the patient was dorsally recumbent, was open to an objection which Mr. Crowfoot had fortunately surmounted; but, it would generally be found, that to move the patient

daily to abstract blood was very dangerous; therefore, the placing the patient upon the chest which Mr. Crowfoot referred to, was to be strongly recommended and well considered.

A case of laceration of the external or fibrous sheath was shewn in a preparation, as well as of the deeper and more destructive injuries.

The President proceeded further to explain the nature of the case referred to by Mr. Crowfoot, from the specimens exhibited. From one of these it appeared the delicate membranes were ruptured, but the nervous substance was half torn through without the rest being displaced; possibly, the President observed, this patient might have recovered, but in another instance which he pointed out all the nervous matter was crushed, and the cellular tissue only was remaining, and here was a case in which recovery could not be expected. There were a few further remarks he would beg leave to submit, because he did not know they had been demonstrated; they referred to the way in which the displaced bones shewed themselves,—that the superior vertebra was always thrust forward, and the lower vertebra went backward. This was a uniform rule, he had half a dozen specimens there shewing this, and the result was that the narrowing of the bony canal was affected by the body of the inferior vertebra coming near to the posterior processes of the vertebra above,—that was the uniform rule in all these specimens. He had another specimen which he exhibited, which occurred to a girl who fell from a tree, and fractured the odontoid process; the particulars of the case could not be now stated, but after some days of quiet she suddenly turned, and instantly expired, the spinal marrow being compressed by the displacement of the bone. This suggested to him, that where the odontoid process was fractured, it became essential not only to caution the patient, but also to have recourse to mechanical aid by splints, to secure a fixed position. He ventured to make these observations as no other gentleman had taken up the subject.

CASE OF DISSECTING ANEURISM OF THE AORTA.

By W. H. RANKING, M.D., Physician to the Bury and Suffolk General Hospital.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As I regard a weekly journal, such as the *Provincial Medical and Surgical Journal*, especially adapted for the extempore record of cases which present features of unusual interest, either from their rarity or from their involving points of importance as regards diagnosis or treatment, I beg to send you for insertion at your convenience, the following case of dissecting aneurism of the aorta.

I am, Sir,

Yours sincerely,

W. H. RANKING, M.D.

A man, aged 57, of intemperate habits, came under my charge as out-patient of the Suffolk General

Hospital about a fortnight since, in the following state :—

He was complaining mainly of pain in the frontal region, with a feeling of giddiness, and transient dyspnoea, but without cough. His appetite was good; his intellect undisturbed; bowels regular; pulse 70, regular, but feeble. He is able to lie with ease on either side, and in a perfectly supine position. The most remarkable feature in his case was, an intense purple lividity of the face and neck, much increased by stooping or any exertion. The ears, in particular, were almost black and cold; the superficial veins of the neck and upper part of the thorax were enlarged and turgid. Anticipating from these appearances some impediment to the flow of blood in the descending cava, I examined the chest most carefully, as did also Mr. Newham, our house-surgeon, with the expectation of finding the evidences of aneurism or other tumour about the neighbourhood of the right auricle. The most careful examination, however, failed to detect any unnatural amount of dulness in that region, or any bruit or pulsation by which the existence of aneurism could be suspected. On the contrary, the great clearness of the sound on percussion, led me to regard the lungs as emphysematous; a suspicion also countenanced by his previous history, he having been for several years subject to winter cough. The heart's action, though feeble, was perfectly regular and without bruit, until within a few hours of his death.

Finding, therefore, no stethoscopic indication of aneurism or other tumour, I was driven to the conclusion, that if such did exist, of which I entertained no doubt, it was masked by an emphysematous state of the lungs, a state which would of course negative the results of percussion. The treatment consisted of warmth externally, diffusible stimulants internally, and leeches to the mastoid processes. Under this treatment he improved sufficiently to come down stairs, which he did on the day of his death. The fatal event occurred instantaneously in the act of drinking. His body was examined fifteen hours after death.

On opening the thorax, the pericardium was found to be distended with semi-coagulated blood to the amount of a quart or more. In addition to this, both laminæ of the membrane were universally covered by a layer of soft fibrinous lymph, evidently of recent date, and deeply stained by the effused blood. The source of the hæmorrhage was a small rupture at the base of the heart, at the precise point at which the pericardium is reflected upon the aorta. The parietes of the heart exhibited the fatty degeneration in an aggravated degree. The valves with the exception of the aorta were sound. Directly above, and on the outside of the pericardial sac, a globular tumour of the size of an orange was observed, which had contracted loose adhesions with the inferior and inner portion of the upper lobe of the right lung, and lay upon and directly in front of the right auricle. This tumour contained layers of coagula, and communicated with the aorta by a triangular rent into its inner and middle coats, and also with the pericardium by the opening before alluded to. The aorta itself was dilated and thickly studded with atheromatous patches. The point of rupture was about two inches above the valves, on the convex surface of the ascending portion of the vessel.

These appearances, which denote the existence of a "dissecting aneurism" of the aorta, were at once a key to the symptoms during life, and an explanation of the sudden death. They were also strictly in accordance with the diagnosis formed, that an impediment existed to the entrance of the blood into the right auricle, for although the descending cava itself was not pressed upon, the free dilatation of the right auricle situated immediately behind the tumour was impossible. There are other circumstances, however, connected with the case which are deserving of remark. These are, the probable date of the rupture in the aortic walls;—the non-existence of the aural signs of aneurism;—and thirdly, the unsuspected presence of pericarditis.

In reference to the date of the rupture, no satisfactory evidence could be obtained, as the patient did not complain until a few days before his death. It was plain, however, from the appearance of the coagula, and the inflammatory exudation connecting the sac with the lung, that the aneurismal tumour must have arrived at its present size some time previous to his fatal illness. Its interference with the due action of the auricle may be dated a fortnight back, at which time the livid turgescence of the patient's face was first noticed by his family. The rupture into the pericardium was of course the immediate precursor of death.

That the usual physical signs of aneurism were absent is probably explicable on two grounds—first, on account of the sac being nearly filled with clotted coagula; and, secondly, because, from the calibre of the artery being undiminished, and the artificial opening being in its ascending portion, there was, in all probability, but little active circulation in the aneurismal sac. The situation of the tumour would likewise prevent its pressing upon the bronchus, or more indirectly upon the œsophagus, and thus two of the most unequivocal signs of aneurism of the aorta, where they exist, namely, dysphagia, and diminished respiration in the left lung, were necessarily wanting. The situation of the tumour would likewise account for the similarity of the radial pulses. It may be stated, moreover, that the signs of aneurism are occasionally absent, even when the physical conditions for their production are plainly present. Such instances have been related by Dr. Barker, in the last volume of the "Medico-Chiurgical Society's Transactions."

We now come to the pericardial inflammation, which was likewise remarkable in being deficient in its characteristic, physical, and general symptoms. Although both pericardial surfaces were uniformly coated with lymph, there was no pain in the præcordial region, no tumultuous action of the heart, no friction sound. Could the absence of the latter be due to the fatty condition of the organ, which might prevent its impinging upon the opposite membrane with sufficient force to give rise to the "rubbing" sound?

The cause of the pericarditis is also obscure, but it was most likely an instance of inflammation, connected with a cachectic state of the system, and Bright's kidney, as pointed out by Dr. Taylor, of University College, though, as unfortunately, the kidneys were not examined, this is only a matter of inference, based upon the intemperate habits of the patient.

Dissecting aneurisms of the aorta are rare, the

instances at present on record being under twenty in number. The lesion was first described by Laennec, and afterwards more fully by Rokitsansky, who met with as many as eight cases. Isolated cases have subsequently been placed on record, and two of these quite recently, one by Dr. Todd, ("Medico-Chirurgical Transactions" vol. ix.) and the other by Dr. Thompson, (*Medical Gazette*, April, 1846.) In both, as in the present case, death was caused by rupture into the pericardium.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 7, 1846.

In calling attention to the subject of the registration on a late occasion, in the absence of any more apparent motives for opposition on the part of the heads of certain corporate bodies, we were induced to attribute such opposition to the natural prejudice which exists more or less in every human being to changes, the merits of which are imperfectly understood or appreciated. An esteemed member of our Association has deemed this expression worthy of comment, and addressed a letter by way of explanation of the actual motives which influences one of these corporate bodies in objecting to the enrolment of its licentiates with, and among, their brethren of the same profession. He gives as the reason why the Society of Apothecaries entered their protest against Mr. Wakley's bill that, "Since the Act of 1815 has been entrusted to that Society, they have taken every opportunity of protecting the interests of their Licentiates, both with Government and with the Poor-Law Commissioners, and acting upon the same principle, they entered their protest against the Registration Bill as so constituted; not because they have opposed registration, but because by it, all persons holding any diploma or certificate of proficiency whatever, were placed on the same footing with their Licentiates; while the trouble, time, and expense in the attainment of many of the vouchers were less than their candidates for license were required to bestow, and therefore they opposed the bill, because it militates against that which is most reasonable, namely, equal privilege for equal acquirement."

Now, had this objection come from either of the Colleges of Physicians or Surgeons, we might have been able better to comprehend its motive—to appreciate its force, since the estimation in which these latter bodies, whether correctly or not we shall not here inquire, are held by the general public, is at least equal to that of the Society of Apothecaries, and the station which their respective members hold in society, in no degree inferior. Neither does it appear, that the *Medicinæ Doctores*, the graduates of any British university, or college

whatsoever, nor the licentiates of any other corporate body, are likely to have their rank in society, or estimation with the public and the profession, in any degree raised by being placed on the same footing with the mere members and licentiates of the Society of Apothecaries. How the interests of these last, therefore, can in any degree suffer by being classed with physicians and surgeons in one body, for the purposes of being distinguished from the lower order of chemists and druggists practising as apothecaries, from the holders of purchased diplomas, and from itinerant and unqualified pretenders of whatsoever description, we confess ourselves unable to comprehend.

There is one sense, it is true, in which the interests of the Society of Apothecaries might be thought to be implicated by the admission of physicians and surgeons to registration as medical practitioners under Mr. Wakley's Bill. This, however, relates to what forms the opprobrium rather than the privilege of the *members* of the society, while it approximates the apothecary to the practising druggist, in measuring the value of his professional advice by the charge which he is enabled to make for drugs and appliances, and, in the same degree, reducing the estimation of his services with the public, and, in fact, sinks the member of a liberal and enlightened profession into the tradesman, whose remuneration depends mainly on the quantity of pills, powders, draughts, and mixtures, or other goods which he supplies. It would be with great reluctance that we could, for one moment, suppose that such a consideration had any influence in the opposition offered.

Putting, therefore, corporate interests out of the question, and looking only to the reason given in the latter clause of our correspondent's letter, as a plain and simple statement of fact, in which sense we are sure it is conceived and acted on by our correspondent himself, let us examine for one moment the grounds on which this so-called equality of qualification rests.

Doubtless, it is a very fitting and reasonable object to ensure for, and certify to, the public, that every individual possessing a license to practise medicine, or any of its branches, should be competent to, and duly qualified for, the same; and it has from the first been one of the objects contended for by the Provincial Association, that an equal and sufficient primary qualification should be required from every one entering the profession. But it is obvious that such a requirement can only be up to a certain fixed standard, and that beyond this there will be as much diversity of qualification as there is difference in natural talents, opportunities for observation, acquirements, health, and strength, both of mind and body, and numerous other circumstances over which no legislation can