Sequel to a case of aneurysm of the aorta / by Geo. S. Middleton, M.A., M.D., F.F.P.S., Physician to the Royal Infirmary and to the royal Hospital for Sick People.

SEQUEL TO A CASE OF ANEURYSM OF THE AORTA.

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In the second volume of the *Glasgow Hospital Reports* (page 19) I recorded four cases illustrative of difficulties in the diagnosis of aneurysm of the aorta. The fourth of these cases was then alive, and the progress of his case had rendered the diagnosis of aneurysm more than doubtful. I am now in a position to complete the report.

The patient continued at his work in the condition described on page 37, vol. ii., until the 2nd of October, 1900, when he was suddenly seized with an extraordinarily severe pain in the left lateral region, soon followed by a brief period of unconsciousness. He was at his work at the time, and, after he regained consciousness, he was able to walk home, slowly and with assistance. The pain had to be kept in abeyance by morphia, and he could not rest in the recumbent posture. On the morning of October 5th he suddenly brought up a cupful of blood, and almost immediately expired.

Permission having been obtained to examine the thorax, Dr. Charles Workman kindly made the examination for me, and the following is an extract from his report: "On opening the thorax the left pleura is found to contain an enormous amount of blood and clot, the left lung being collapsed from the pressure, but also adherent in parts by fibrous bands from an old pleurisy. The right lung is voluminous, free from adhesions, and somewhat emphyse-

matous. The pericardium contains a small amount of slightly blood-stained fluid. The heart is considerably enlarged from hypertrophy and dilatation of the left ventricle. The aortic and pulmonary curtains are competent and healthy, and the other valvular structures also appear normal. The first part of the aortic arch is considerably dilated and very atheromatous. The innominate artery and the left carotid, though atheromatous, are normal in their arrangement. From the descending part of the arch there is a large opening leading backwards, about an inch and a half long and an inch broad, involving the left subclavian artery. This opening leads into a large saccular aneurysm, lying for the most part on the left side of the spine, and causing great erosion of the bodies of the vertebrae from the second to the sixth, and also some erosion of the posterior ends of the ribs. The aneurysm contains a large mass of very firm stratified clot, which does not nearly fill the sac. Rupture of the aneurysm has taken place into the left pleura." There was no collection of pus anywhere, and no source from which pus might have been derived, except, perhaps, the eroded vertebrae.

Here we had a clear history that carried us back to the beginning of 1894, when the aneurysm may be presumed to have originated. Throughout its course pain and dyspnoea were the most prominent symptoms, as is easily understood now that the situation of the tumour is known. But no explanation is forthcoming of the pyrexia which he presented when he left the infirmary, or of the expectoration of pus which took place thereafter. That he was able to continue at work with such a large aneurysm continuously eroding his vertebrae for such a length of time is to me a most surprising fact.