

THE FURTHER HISTORY OF A CASE OF ANEURISM OF THE
THORACIC AORTA OF UNUSUALLY LARGE SIZE, ATTENDED
WITH LOCALIZED UNILATERAL SWELLING.

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IN this JOURNAL for March, 1888, I reported a case of aneurism of the thoracic aorta, in which sweating over a limited area of the chest wall had been repeatedly observed. At the time of the publication of that report the patient was in very good condition and had left the Montreal General Hospital, where he had spent the winter of 1885-86, and had gone to resume his occupation as the proprietor of a small eating house. The relief to the symptoms and the manifest diminution in the force of the pulsations in the area between the scapulae where the tumor reached the chest-walls was attributed to the persistent use of the iodide of potassium.

The case has been under my observation for the last four years, though an interval of a year (1888-89) elapsed without my having seen him.

In the winter of 1887-88 he was in fair health and there was no increase in the area of percussion dulness in the left inter-scapular region, but he had lost weight to a considerable extent. There was no more dyspnoea, and he could sleep with comfort when lying down. There was very little cough.

During the last winter (1889-90) he began to suffer from paroxysms of coughing and from very severe pains in the chest. On November 21, 1889, I made a careful physical examination, comparing every point with the report already published in THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES. He had been taking the iodide of potassium in ten-grain doses twice daily for four years. The pulse at both wrists was equal, but it had entirely lost its collapsing character and there was no longer any visible pulsation in the vessels of the neck. There was no perceptible bulging in the upper part of the chest. The systolic murmur, which was audible four years previously at the back of the chest, was no longer perceptible. There was absolute silence at the base of the left lung up to within two inches of the angle of the scapula.

During the month of November, 1889, the pulsation in the back was so feebly marked that, in order to demonstrate its existence to the students of my clinical class, I had to resort to the device of gumming upright slips of paper to the skin to render more evident the movements of the surface. But, as the winter advanced, there was a great increase in the thoracic pain, and the patient began to experience the semi-