

*Case I. Vomiting and pain in abdomen—Pulsating tumor in epigastric region—History of syphilis—General arterio-sclerosis—Wiring and electrolysis of aneurismal sac—Marked improvement—Return in nine months with well marked intermittent claudication.**

W. B., aged 21, from Virginia, came first to the hospital in December, 1899, complaining of vomiting and great pain in the upper abdomen. These symptoms had been present for several months. He had lost in weight and had become very nervous. He had been a healthy fellow, but had had syphilis six or seven years before. The radials were sclerotic, the aortic second sound ringing and accentuated, and in the epigastric region there was a wide area of impulse; on palpation an expansile tumor which could be easily grasped in the hand. I urged him to have the sac wired. To this he consented and went home to settle his affairs. He returned early in January, and Dr. Finnie opened the abdomen and found an aneurism of the abdominal aorta, into which he inserted ten feet of wire, through which he passed an electric current for an hour. The patient did well and returned to his home very greatly benefited, particularly in the relief of the pain. He returned in October, 1900, for examination. He had continued free from pain and vomiting. His general condition was excellent, though he was still nervous and apprehensive. The sac was decidedly smaller and the area of pulsation much less.

He volunteered the statement that there was an additional symptom which had disturbed him not a little; namely, after walking for a certain distance his legs would, as he expressed it, give out completely; so that he could not move another step, and had to sit down. After resting a few minutes he could then go on again. This was more particularly noticeable when he walked on the street. He had to go very slowly and could not go for any distance. There was no paralysis accompanying the loss of ability to walk. He could move his legs, but there was an uncontrollable feeling that he could not take another step. Accompanying this there was a sensation of dead, heavy weight in the legs, but no cramps. Walking about in the house (and in the yard) did not bring on the condition, but he had had it very frequently in the past few months, and he had learned to ward it off by walking very cautiously and slowly and resting at intervals. The femoral arteries and the dorsal arteries of the feet were distinctly sclerotic.

* As I look over this paper for the press this patient has been readmitted to the hospital (January, 1902). He has remained very well since the operation two years ago. The aneurism can be felt. It is hard and firm. He has no pain, but is still very neurasthenic. He has not had the intermittent claudication for nearly a year.