

THE
BRITISH AMERICAN JOURNAL
 OF
MEDICAL AND PHYSICAL SCIENCE.

VOL. V.]

MONTREAL, FEBRUARY, 1850.

[No. 10

ART. XLVIII.—CONTRIBUTIONS TO CLINICAL
 MEDICINE.

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No. 1. *Case of extensive Disease of the Aorta, with observations upon its diagnosis.*

(REPORTED BY MR. M'CALLUM.)

George Osborne, aged 49, of sanguine temperament, formerly a soldier, but now a groom, was admitted into the Montreal General Hospital, May 24th 1849.

He states that until lately, he always enjoyed good health, never having been once in hospital during the seventeen years he was in the army; about five years ago he was much addicted to the use of spirituous liquors. Last winter he was attacked with cough, difficulty of breathing, and severe rigors, "like those of ague." The cough was always most severe at night, and was attended by a copious watery expectoration, mixed with "yellowish matter." He also suffered from a constant pain at the lower part of the thorax, in the epigastric region, and between his shoulders. When he lifted any weight, stooped, or walked fast, he used to be seized with a pain in the loins of an acute cutting description, which would oblige him to sit down immediately, and remain for ten or fifteen minutes without moving. These acute pains were always attended by a violent throbbing pulsation in the loins, and frequently by increased difficulty of breathing. At the expiration of ten or fifteen minutes these acute pains would cease. He never felt at this time acute pain in the thorax, nor had he giddiness nor fainting. He never had pyrosis nor vomiting of blood, nor of brown colored matter. His appetite was always good, and his bowels regular. A fortnight before admission his legs and feet began to swell, without œdema of any other part.

Present Symptoms.—Complains of cough with great dyspnoea, and mucous expectoration, constant pain in the epigastrum and lower part of the thorax: when he stoops, walks fast, or makes an effort to lift any thing, he experiences severe throbbing in the loins, and acute pain is immediately induced. On percussion,

dulness is noticed in the infra-scapular region of the right side, and here the respiratory murmur is mixed with loose muco-crepitating râles. All over both lungs in front, and over the upper portion of the right lung, and the entire of the left, behind, the respiration is pure and free from râle. A bruit de soufflet is heard at each side of the spinal column, and over the spinous processes of the vertebrae extending from the second dorsal to the fifth lumbar vertebra; it is heard with most distinctness opposite the tenth dorsal, to which point he refers the pain and throbbing. On the right side, the bruit can be heard distinctly to the distance of seven inches from the spine, and on the left it extends to a distance of eight inches. The sound is heard along the median line from the ensiform cartilage to the umbilicus, where it reaches its maximum intensity, and can be heard in a fainter degree in both iliacs, as far as the femorals. There is no bruit heard over the aortic region, along the course of the ascending aorta, or in the cervical vessels.* No increase of cardiac dulness, and the sounds of the heart are quite natural. No dulness can be detected along either side of the spine, nor in the epigastrum, and change of position produces no alteration in the intensity of the sound. He has no pains darting up and down the spinal column, nor into the testicles, nor from the chest across the axilla to the arm.† No difficulty of swallowing, no stridor nor aneurismal cough. Never has aphonia, and there are no varicose veins on the front of the chest or arm, nor œdema of those parts, and he has never had currant jelly-like expectoration. He never suffers from colicky pains, percussion on the spines of the vertebrae produces

* My friend, Dr. Bellingham, has stated that there is a regurgitation from the carotid and subclavian arteries into the aorta, which is capable of giving rise to the signs of permanent patency of the aortic valves, if the aorta itself be rigid and inelastic from calcareous deposits. The signs of such a condition as laid down by Dr. Bellingham were not observed in the above case.

† I have frequently observed a symptom in abdominal aneurism, that I do not see mentioned by writers on that affection, viz.: painful retraction of the testicle. In cases presenting this sign, the aneurism is situated in close proximity with the renal plexus of nerves, from which branches are sent to supply the testicles. The pain so frequently complained of in thoracic aneurism, as shooting from the chest across the axilla, to the inner side of the arm, is explicable in the same manner, viz: by the tumour pressing upon the intercostal nerves, from which the nerves of Wrisberg branch off.