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ORIGINAL COMMUNICATIONS.

ART. V.—*Lecture on a Case of Aneurism of Arch of Aorta, and Disease of Heart*, delivered in March, 1853; being one of a course on Physical Diagnosis. By R. P. HOWARD, M.D., &c., Physician to Montreal General Hospital, Professor Medical Jurisprudence, McGill College.

GENTLEMEN,—We have now in the wards a case presenting many points of interest, and furnishing us with an opportunity of applying those principles of physical diagnosis which have formed the subject of this course of lectures. You have already witnessed the examination of the patient, and have had several opportunities of testing for yourselves the existence of those conditions upon which my opinion of the nature of the case has been based, and I now propose to recall to your memories the details of those conditions, and to examine how far they justify the opinion formed:—

Robert Stuart, æt 64, a pensioned soldier, was admitted into my wards on the 28th February, 1853, complaining of cough, difficulty of breathing, palpitation, and inability to exert himself. Usually enjoyed good health until the fall of 1851, when he thinks he caught cold, as he was attacked with a severe cough, followed in a fortnight by difficult breathing. He was bled, and after some time the cough ceased altogether; but since then he has experienced a constant sense of “fluttering at the heart,” and when walking vast dyspnoea has been added to this, and occasionally severe pain has extended to the left shoulder, and down the left arm to the elbow. Within the past few weeks he has suffered from these symptoms more than previously, and besides a paroxysmal, laryngeal cough, a sense of obstruction or “difficulty” in the region of the trachea, there have supervened much dyspnoea on the least exertion, occasional attacks of severe pain in the spine of the left scapula, and a sensation of pins running into his fingers, even when lying quiet. He preserves almost the semi-erect position in bed, inclined to the left side; sleeps very