

ANEURISM OF THE ARCH OF THE AORTA.¹

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The specimen about to be described, while possessing a certain amount of interest in itself, is more especially interesting inasmuch as the patient from whom it was obtained at the autopsy had been under observation for several years, and further, had formed the subject of a lecture delivered in the Montreal General Hospital by Dr. James Stewart, and published in the series of *International Clinics*.² Thus, apart from the fact that there is a very complete history of the case, the specimen is of value as demonstrating very clearly the explanation of the symptoms noticed during life and commented upon at some length by Dr. Stewart in the above-mentioned lecture. The clinical history of the case is contained in the case-books at the General Hospital, at the Royal Victoria Hospital and at the Longue Pointe Home for Incurables. I shall here give it very briefly, only referring to the special points in connection with the aneurism, for, superadded to this history of the aneurism, there is a long and interesting history of ataxic paraplegia. The patient, James L., first experienced pain in the chest in the early part of the summer of 1891. In the first week in August he began to complain of hoarseness; in the middle of October he entered the General Hospital, and a definite diagnosis of aneurism of the transverse aorta was made, the diagnosis being based upon the following points:³

1. Pain of a persistent character in a limited area of the chest (left infraclavicular region) relieved by change of posture.
2. Hoarseness, amounting at times to almost complete extinction of the voice. Upon laryngological examination Dr. G. W. Major found the left vocal cord paralyzed and standing in a mid position between extreme abduction and extreme adduction.
3. Cough of a brassy nature.
4. Pulsation synchronous with, but distinct from, that of the heart. The centre of the pulsatile area was situated at the junction of the second left rib with its cartilage.
5. Tracheal tugging.
6. Marked difference in the pulse at either wrist, the pulsation being far more voluminous on the right side than on the left.

¹ Read before the Montreal Medico-Chirurgical Society, March 8, 1895.

² *International Clinics*, Second Series, Vol. III., 1892, p. 49.

³ *Vide* Dr. Stewart's lecture, loc. cit.