

DIAGNOSIS OF ANEURYSM OF THE DESCENDING THORACIC AORTA.*

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I was led to the consideration some time ago of this question, from the fact that there occurred, within a fortnight, in the Middlesex Hospital two deaths from rupture of the aorta in its descending thoracic portion.

In the first case the rupture was into the left bronchus, the patient dying in five minutes. In the entry book the case was put down as one of phthisis. The patient had been in good health till fifteen months before, when one day he was seized by a sharp pain in the left side. He attended as an out-patient, and was told that it was pleurisy; at the same time he had a bad cough, and used to spit up a good deal of frothy expectoration. He attended six or seven months. The pain did not get much better; however, it almost went away in the summer. He was one day doing some heavy cleaning work, when, about 4 P.M., without any preliminary feeling of faintness, he felt his mouth full of something, and on spitting it out, found it was blood. He then had a severe fit of coughing and brought up a good deal more, in all about one and a half pints, in appearance light red and frothy. He walked to the hospital, about a quarter of a mile. While waiting for admission he brought up some more blood, and the same evening about half a pint more while lying in bed. He was not examined because of the hæmoptysis, except for auscultating the left apex, the same side on which the pleurisy had been; it shewed signs of phthisis. It was regarded as an aneurysmal dilatation into a phthisical cavity. In three days the fatal rupture occurred.

In the second case the rupture was into the œsophagus. This patient took his daily walk about the garden, enjoying it. When at dinner one day in the ward, he suddenly rose, took a couple of steps towards his bed, and fell on the floor insensible. I happened to be the one to help to lift him into bed. In a few minutes

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