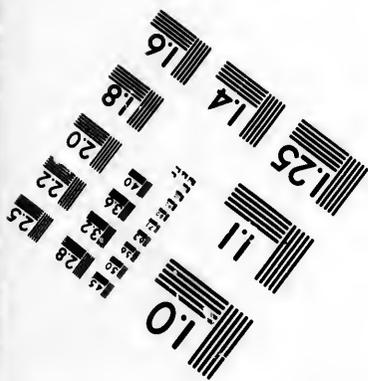
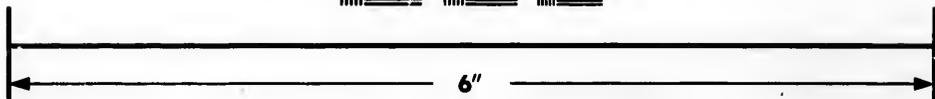
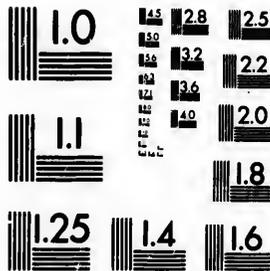


**IMAGE EVALUATION  
TEST TARGET (MT-3)**



**Photographic  
Sciences  
Corporation**

23 WEST MAIN STREET  
WEBSTER, N.Y. 14580  
(716) 872-4503

LES 128 125  
132 122  
20  
8

**CIHM/ICMH  
Microfiche  
Series.**

**CIHM/ICMH  
Collection de  
microfiches.**



**Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques**

11  
10  
11

**© 1985**

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- |   |   |
|---|---|
| <input type="checkbox"/> Coloured covers/<br>Couverture de couleur  | <input type="checkbox"/> Coloured pages/<br>Pages de couleur  |
| <input type="checkbox"/> Covers damaged/<br>Couverture endommagée   | <input type="checkbox"/> Pages damaged/<br>Pages endommagées  |
| <input type="checkbox"/> Covers restored and/or laminated/<br>Couverture restaurée et/ou pelliculée   | <input type="checkbox"/> Pages restored and/or laminated/<br>Pages restaurées et/ou pelliculées   |
| <input type="checkbox"/> Cover title missing/<br>Le titre de couverture manque  | <input checked="" type="checkbox"/> Pages discoloured, stained or foxed/<br>Pages décolorées, tachetées ou piquées  |
| <input type="checkbox"/> Coloured maps/<br>Cartes géographiques en couleur  | <input type="checkbox"/> Pages detached/<br>Pages détachées   |
| <input type="checkbox"/> Coloured ink (i.e. other than blue or black)/<br>Encre de couleur (i.e. autre que bleue ou noire)  | <input checked="" type="checkbox"/> Showthrough/<br>Transparence  |
| <input type="checkbox"/> Coloured plates and/or illustrations/<br>Planches et/ou illustrations en couleur   | <input type="checkbox"/> Quality of print varies/<br>Qualité inégale de l'impression  |
| <input checked="" type="checkbox"/> Bound with other material/<br>Relié avec d'autres documents   | <input type="checkbox"/> Includes supplementary material/<br>Comprend du matériel supplémentaire  |
| <input type="checkbox"/> Tight binding may cause shadows or distortion along interior margin/<br>La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure  | <input type="checkbox"/> Only edition available/<br>Seule édition disponible  |
| <input type="checkbox"/> Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/<br>Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées. | <input type="checkbox"/> Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image/<br>Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible. |
| <input type="checkbox"/> Additional comments:<br>Commentaires supplémentaires:  |   |

This item is filmed at the reduction ratio checked below/  
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						✓					

The copy filmed here has been reproduced thanks to the generosity of:

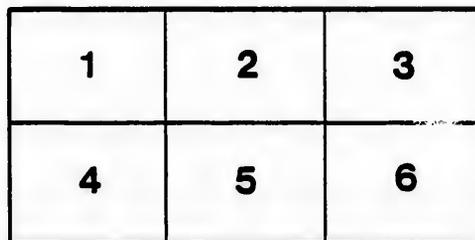
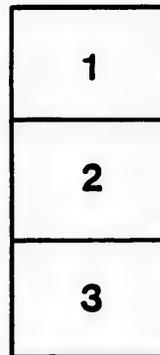
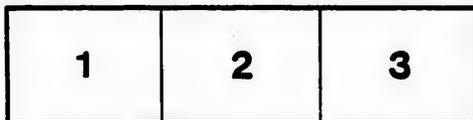
Medical Library  
McGill University  
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol  $\rightarrow$  (meaning "CONTINUED"), or the symbol  $\nabla$  (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

Medical Library  
McGill University  
Montreal

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole  $\rightarrow$  signifie "A SUIVRE", le symbole  $\nabla$  signifie "FIN".

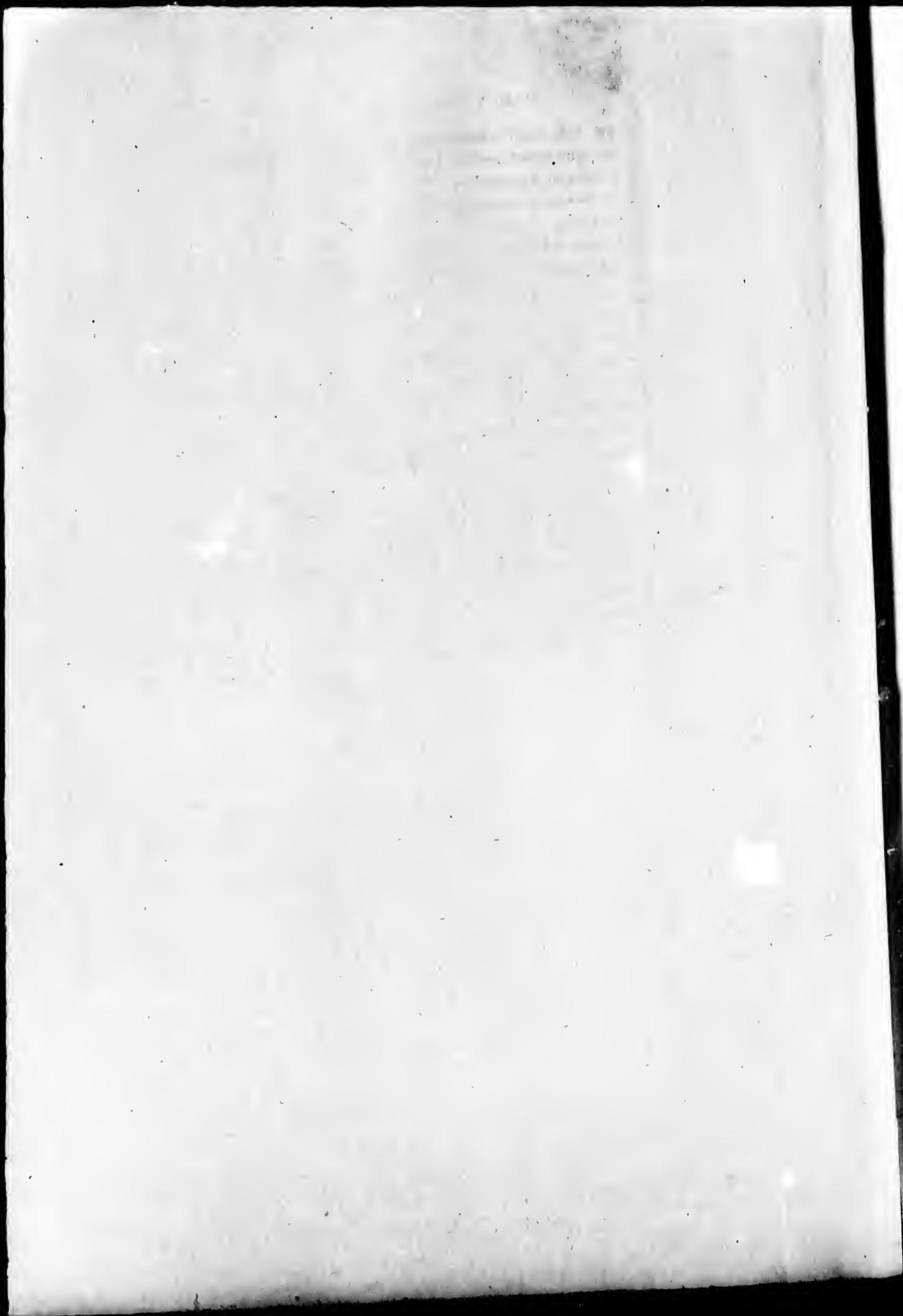
Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

ails  
du  
difier  
une  
page

rata  
o

elure,  
à

32X



THE FURTHER HISTORY OF A CASE OF ANEURISM OF THE  
THORACIC AORTA OF UNUSUALLY LARGE SIZE, ATTENDED  
WITH LOCALIZED UNILATERAL SWELLING.

BY R. L. MACDONNELL, B.A., M.D.,

PROFESSOR OF CLINICAL MEDICINE IN MC GILL UNIVERSITY; PHYSICIAN TO THE MONTREAL  
GENERAL HOSPITAL.

In this JOURNAL for March, 1888, I reported a case of aneurism of the thoracic aorta, in which sweating over a limited area of the chest wall had been repeatedly observed. At the time of the publication of that report the patient was in very good condition and had left the Montreal General Hospital, where he had spent the winter of 1885-86, and had gone to resume his occupation as the proprietor of a small eating house. The relief to the symptoms and the manifest diminution in the force of the pulsations in the area between the scapule where the tumor reached the chest-walls was attributed to the persistent use of the iodide of potassium.

The case has been under my observation for the last four years, though an interval of a year (1888-89) elapsed without my having seen him.

In the winter of 1887-88 he was in fair health and there was no increase in the area of percussion dulness in the left inter-scapular region, but he had lost weight to a considerable extent. There was no more dyspnea, and he could sleep with comfort when lying down. There was very little cough.

During the last winter (1889-90) he began to suffer from paroxysms of coughing and from very severe pains in the chest. On November 21, 1889, I made a careful physical examination, comparing every point with the report already published in THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES. He had been taking the iodide of potassium in ten-grain doses twice daily for four years. The pulse at both wrists was equal, but it had entirely lost its collapsing character and there was no longer any visible pulsation in the vessels of the neck. There was no perceptible bulging in the upper part of the chest. The systolic murmur, which was audible four years previously at the back of the chest, was no longer perceptible. There was absolute silence at the base of the left lung up to within two inches of the angle of the scapula.

During the month of November, 1889, the pulsation in the back was so feebly marked that, in order to demonstrate its existence to the students of my clinical class, I had to resort to the device of gumming upright slips of paper to the skin to render more evident the movements of the surface. But, as the winter advanced, there was a great increase in the thoracic pain, and the patient began to experience the semi-

2 MACDONNELL, ANEURISM OF THE THORACIC AORTA.

anginal attacks previously described. At this time he reported to me a recurrence of the sweating in the left side of the chest, which he had noticed for the first time since he had left the hospital in 1886. The whole of his brown skin was very dry, except over the area in the left chest corresponding to the neighborhood of the fifth and sixth ribs. This limited area could be seen and felt to be moist, while the skin on the corresponding area on the other side was quite dry. Closer observation convinced me that this moisture appeared whenever the pain became severe, and that when the patient was comfortable and free from pain the skin of the left chest was perfectly dry.

In December, 1889, the patient entered the hospital for the last time. There was then great pain on movement and great muscular weakness. The sweating on the chest was distinctly visible for a few days after admission. Owing to the great pain on movement a complete examination of the chest was not practicable. After some days the pain diminished and it became no longer necessary to administer morphine. The sweating never reappeared. A great change was observed in the area of pulsation. On the 30th of December, after he had been in the hospital a week, this area was found to be extending. Formerly it might have been covered by a circle two inches in diameter, but now it measured 7 x 4 inches, and the pulsation was comparatively very forcible.



During the following fortnight there was much less suffering. A remarkable change took place in the back. The pulsating area now became prominent and protruded a good two inches from the general

level of the surface extending from just below the vertebra prominens to the lumbar region and filling up the space between the midline and the angles of the ribs. In outline the tumor had the shape of a large sausage and appeared to lie just beneath the skin, and it measured eleven inches from above downward, and four inches from side to side. It was universally pulsatile and felt as if there was very little tissue between the skin and the pulsating body. No thrill or bruit perceptible. There was comparative relief from pain coincident with the rapid outgrowth of the tumor. A fortnight later and the tumor measured 13 x 5 inches. The vertebral column does not appear to have been encroached upon, but the growth seems to have taken place in the direction of the angles of the ribs. Death took place on February 4, 1890, apparently by exhaustion. Most unfortunately the relatives objected to an autopsy.

The photograph reproduced in connection with this paper was taken instantaneously, and shows the appearance presented by the aneurism about a week before death. It is possible that the recent rapid development of the tumor may have been the result, not of steady growth of the main sac, but of the formation of a false sac by rupture of the original one, and by the extension of the blood thus extravasated to the tissues.

The case is of interest as showing the presence of a new symptom and the benefits of the iodide of potassium treatment. The enormous size to which a thoracic aneurism may attain without destroying life, is also well illustrated.

