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## CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION

AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.

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SATURDAY, NOV. 14, 1840.

LECT. III.—On Aneurism; with Cases.

GENTLEMEN,—Last Saturday I made some observations on aneurism; defining it; describing the organization of arteries; its mode of formation; the means of distinguishing it from other diseases; its causes; and the principles of its treatment. I then narrated a case of popliteal aneurism, and made some practical remarks suggested by the particulars of that case. To-day I shall submit another instance to your notice, similar, in many respects, but also well worthy of your attention. Before I commence, however, I would just say a few words on the diagnosis of thoracic aneurisms, which I omitted at our last meeting; and these are simply to warn you against setting down every pulsating tumor behind the sternum as an aneurism of the aorta, and giving a corresponding prognosis. For you may have an enlarged gland in the anterior mediastinum, which receives the impulse communicated from the heart, or the aorta, and so far conveys the sounds of the heart, as to lead you to suppose that there is a second centre of pulsation within the chest, which is one of the strongest marks of aortic aneurism. The presence of a bruit is no great help in your diagnosis, for this might arise from the pressure caused by the enlarged gland. The gland may be in a state of suppuration, and then you have a fluid pulsating tumor. In any of these cases the diagnosis is extremely difficult, and I only draw your attention to the subject, to warn you against forming rash opinions. Here are several preparations on the table, put up to show you the size which aneurisms occasionally attain, and the organs implicated by their presence. This one shows you that aneurism of the aorta may compress the trachea and œsophagus to a very considerable extent. It is in this way that very puzzling cases are sometimes met with in practice, the most prominent symptom being the effect of the pressure from the aneurism, while there is nothing to lead to suspicion of the existence of the primary disease itself. Indeed, only last week I was informed by a gentleman now present of a very interesting case of this kind, which lately occurred in the practice of Mr. Fowler, of Kennington. The principal symptom in this case was difficulty in deglutition, and the patient had been treated in the country for disease of the œsophagus. He was seen by

Sir Astley Cooper, and Sir Benjamin Brodie, both of whom passed a bougie, and agreed that there was a stricture of the œsophagus, the one recommending a frequent passage of a bougie, the other an alterative treatment. Dr. Marshall Hall was also consulted, and gave his opinion that the disease of the œsophagus was scirrhus. However, my informant, in making a careful stethoscopic examination of the chest, found that the sounds of the heart, though not unusually loud in the cardiac region, were very audible on the upper part of the right side of the thorax, which could not be accounted for by solidification of the lung conveying the sounds, as there was no dulness on percussion. This led to further inquiry, when it was found that there was inequality in the strength of the pulse at the wrist, on the right and left side, indicating pressure on the subclavian artery, and some alteration of voice, which probably arose from compression of the trachea. Though there was no bruit, aneurism of the aorta was suspected, on these grounds, and was found to exist on *post-mortem* examination, just where the transverse part of the arch curves downwards to become the descending aorta. The only disease of the œsophagus was some little vascularity of the mucous membrane, and effusion of viscid mucus on its surface, which were probably caused by the bougies. With these remarks, I pass on to the case, which is the more immediate object of attention to-day. It is drawn up by my dresser, Mr. Swain.

CASE.—“Joseph Smith, admitted into Stephen's ward Sept. 30th, 1840; a strong, healthy-looking man, aged 55; not particularly hairy.” I see Mr. Swain has made this remark, because I have noticed that a very great number of the patients who have come under my care for aneurism have been more than commonly covered with hair over the body. However, this, and one or two other cases we have had lately, have led me to doubt whether this coincidence is any thing more than accidental, or whether there really is any relation between this state of system which predisposes to aneurism, and that characterized by unusual capillary development. But, to proceed—“He is by trade a carpenter, residing at Brixton; has been always temperate in his habits; is married, and has a large family. He states, that as long as he can remember he has enjoyed good health, until about eighteen or nineteen weeks ago, when he had a fall in a sawpit, and at the same time felt something give way at the lower part of the left thigh. Directly after this a small pulsating tumor made its appearance, for which he consulted a medical gentleman, who ordered leeches to be applied, followed by blisters. Finding no relief, he called on Mr. Hilton, who immediately recommended him to apply for admission into