INNOMINATE ANEURYSM. SIMULTANEOUS LIGATURE OF RIGHT CAROTID AND SUBCLAVIAN ARTERIES. RECOVERY.

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PATIENT, H. S., an ex-soldier, aged 40, single, contracted syphilis in 1886, when he was under treatment for some weeks. Early in July, 1904, he suffered from severe neuralgic pains, radiating from the right side of the chest to the back of the head, and extending into the right shoulder. He attended at the out-patient department of the Arsenal Hospital, Woolwich, but no physical signs were, apparently, present at the time. On September 27th, 1904, the pains being more severe, he again presented himself at the hospital, and when seen by me, a well-marked pulsatile swelling occupied the episternal notch, and extended from the sternal origin of the left sterno-mastoid muscle to the junction of the inner and middle thirds of the right clavicle. The tumour measured three and a half inches laterally, and projected upwards above the clavicle for one and a quarter inches, the lower margin being ill-defined; well-marked expansile pulsation with a systolic murmur being present. The trachea was displaced to the left; dyspnoea on exertion or assuming the prone position and dysphagia on swallowing solids were also complained of. He suffered from severe pains along the right side of the head and neck and right shoulder and arm, the radial pulse on the right being also smaller than that of the left side, and its rhythm somewhat delayed. His voice was reduced to almost a whisper, and his cough "brassy" in character, the right vocal chord being fixed and motionless, due to direct pressure on the recurrent laryngeal nerve, but no "tracheal tugging" was observed. As the man was exceedingly ill and the tumour enlarging rapidly, Mr. Bidwell, of the West London Hospital, kindly saw the patient and confirmed the diagnosis of innominate aneurysm. The case was admitted to the Royal Arsenal Hospital, and put on a modified Tufnell's treatment, and large doses of iodide of potash (30 to 50 grains), administered three times a day. An attempt to get an X-ray photograph of the tumour was unsuccessful. For the first few weeks after admission marked improvement, due to the rest and dieting, took place, but as the tumour subsequently increased in size, operation was decided upon. With Mr. Bidwell's assistance the right common carotid was ligatured above the omohyoid muscle and the subclavian tied in its third stage; the patient being a man with a long spare neck, there was no particular difficulty about the operation, the subclavian being easily reached below the clavicle, as suggested by Mr. Bidwell, by elevating the shoulder; both arteries were apparently healthy at the site of ligature, and double strands of silk was the material used. Both wounds, with the exception of one small stitch point, healed without suppuration. His temperature rose to 99.6° F. on the day following the operation, and fluctuated between that and
normal until the fourteenth day, when it finally settled down to normal. He complained of severe pain along the right arm, but no edema took place, nor did any head symptoms occur. Immediately after ligature of the arteries a decided diminution of the sac took place, and that portion in the episternal notch became firmer and less expansible, but subsequently the remainder of the tumour enlarged slightly upwards and outwards and pulsed somewhat more freely than before ligature. The following was his condition on March 29th, fifty-one days after the operation: That portion of the sac in the episternal notch has consolidated and feels firm to the touch, although faint pulsation is still felt and the sac itself is tender on pressure. His voice has much improved, but cough is still "brassy," and paralysis of the right vocal cord still persists; some difficulty in swallowing solids continues, but pain has disappeared. Patient was discharged from hospital at his own request on April 7th, and on May 1st was recommended for light work. He now walks about one and a half miles to and from his work daily, without dyspnoea, and can follow his occupation of cleaning tools at the bench without pain or inconvenience of any sort, except slight fatigue of the right arm and shoulder.

The following statistics, taken from records available at the Medical Graduates' College, London, may be of interest. Mr. Bennett May, F.R.C.S., in the Lancet of June 14th, 1894, reported the results of 35 cases of distal ligature of carotids and subclavian for innominate aneurysm. Of these, in 29 both arteries were ligatured simultaneously and figured consecutively—23 died, death being hastened by the operation; in six the disease was not checked and six were practically cured. He also reported 29 cases in which the common carotid alone was tied, and of these 19 died from operation or soon after; in six the disease was not arrested and four were practically cured, or showed marked improvement. I have also been able to find accounts of ten other cases of distal ligature of both arteries reported in the medical journals; in five the sac became firmer and smaller, and patients were able to do light work; in four death occurred in periods varying ten days to one year (two from lung trouble and one as the result of hemiplegia); in one the condition was relieved but not cured; in no case, however, was there complete consolidation of the sac, although in one it was reported to have shrunk to the size of a walnut.

A CASE OF MALIGNANT DISEASE OF THE THORACIC WALL WITH SECONDARY PLEURISY.

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The patient, Private H., was admitted into the Station Hospital, Jhansi, on January 10th, 1904. He complained of having a painful "lump" in the left side, which he had first noticed about six months