

Green (Jas. M.)



CASE OF CAROTID ANEURISM,

AND SOME REMARKS ON THE

DIAGNOSIS OF THAT DISEASE,

PUBLISHED IN THE SOUTHERN MEDICAL AND SURGICAL  
JOURNAL, WITH DR. PAUL F. EVE'S COMMENTS THEREON,

AND

A REPLY

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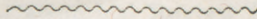
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## P R E F A C E .



The following publication should properly have taken place several months since ; but several untoward events not necessary to mention here, have prevented its issue until the present period. As, however, the published statements of both parties concerned are given at full length, the professional reader will have an opportunity of forming an impartial opinion of the merits or demerits of the controversy.

*Macon, January 15th 1849.*







## CASE OF CAROTID ANEURISM.

From the Southern Med. and Sur. Jour. for June 1848.

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In the Medico-Chirurgical Review for 1842, Mr. Bransby Cooper, of London, published a case of ligature of the common carotid, accompanied by some observations in which he advocated an improved method of performing this capital operation in surgery.

Mr. Cooper recommends that the surgeon should not make his external incision so near the edge of the sterno-cleido mastoid muscle as is directed by authors, and that he should cut directly down upon the trunk of the artery, and not upon the internal jugular, or the line of division between these two vessels.

Operating surgeons, in their reports, dwell upon the inconvenience and danger produced by the swelling and turgidity of the internal jugular, during the operation for carotid aneurism; and it is well known that this important vessel has been punctured in more than one instance—adding a grave complication to a dangerous operation.

By cutting down more to the inner side of the jugulo-carotid sheath than has been directed by the surgical authorities, these difficulties are avoided,—a considerable mass of undisturbed cellular substance is left, which binds down the internal jugular in its proper place, and prevents it from swelling up and overlaying the artery, thus seriously interfering with the success and safety of the operation.

Believing that Mr. Cooper's method is a real improvement in the manual of the operation, I am induced to communicate the particulars of a case in which a somewhat similar plan was pursued by myself, in the year 1841. If valuable in no other way, it may be in a statistical point of view.

In November, 1841, I was requested, by Dr. Thomas F. Green, then physician to the Georgia Penitentiary, to operate on James Deas, a convict in that institution, for aneurism of the right carotid artery. Deas gave the following history of the tumor.

About eighteen months previously, he first observed a small swelling on the upper part of the right side of the neck, immediately after a severe strain while planing some hard wood.

This was at first supposed to be an enlarged gland. It increased in size very slowly until the month of May, '41, since which it had rapidly augmented to the size of a hen's egg; pulsating violently; very sensitive, and producing much pain; confusion, fullness, &c., in the right side of his head. When I first saw him it was a good deal larger than a common sized hen's egg—pulsated very strongly, and was quite red, and tender to the touch. It was situated just below the ramus and posterior part of the right lower jaw. The peculiar whizzing noise, said by the surgical writers to be so peculiar to aneurismal tumors, was very indistinct—almost imperceptible; nor could we hear the fluid rushing into the sac again, after obliterating the caliber of the artery, by pressing it firmly against the vertebræ. Neither could the sac be *entirely* emptied by stopping the flow of blood into it:—it still retained about a third of its volume, but this we attributed to a little surrounding œdema and a few enlarged glands, and perhaps some coagula in the aneurism itself. Always after handling the tumor, the pain, fullness and



confusion in the right side of his head was very much increased.

For two weeks preceding the application of the ligature, Deas was subjected to a very rigid diet, and took blue pill and saline cathartics several times, which treatment produced some diminution in the size of the swelling, and a marked abatement in its redness and sensitiveness, as well as the unpleasant feelings in the head. As this improvement, however, was not so great as to suggest a hope of cure by the method of Valsalva, it was determined to apply the ligature.

*December 14th.* Proceeded to perform the operation, assisted by Dr. Benj. A. White and Dr. Tho. F. Green. After placing the patient in a recumbent posture, and inclining his head to the left, as usual, the operation was commenced, by making an incision two inches in length through the skin and cellular substance, in the sulcus, between the edges of the sterno-mastoid and sterno-hyoid muscles. The dissection was then continued through the superficial and deep-seated fascia, down to the left side of the sheath, directly upon the artery. Finding some inconvenience from the smallness of the external wound and the profundity of the artery, it became necessary to increase the length of the external incision about three fourths of an inch upwards. Making now a small opening in the sheath, just over the center of the artery, at the lower edge of the omo-hyoid muscle, with the point of the scalpel, the ligature was without much difficulty passed under the artery, by means of Gibson's aneurism canula, which was carefully insinuated through the opening in the sheath, and then round the artery from without inwards. We now compressed the artery between the finger and the canula, to observe its effect on the aneurism, and then carefully excluding the pneumo-gastric nerve, the ligature (a strong silk one) was drawn tight, and secured by three knots.



Not more than three ounces of blood was lost, and no vessel but the carotid required a ligature. The patient was allowed to rest a few minutes, when the edges of the wound were drawn together by two points of suture, and covered with lint, which the attendants were directed to keep constantly moistened with fresh cold water.

During, and for some time after the operation, the patient complained of intense tooth-ache in two of his right lower molars, which might have had some connection with an accidental pinch that the *descendens noni* received from the dissecting forceps. (?—EDT.)

In consequence of making a very small opening, and that on the inner side of the sheath, no trouble was experienced from the bulging and turgidity of the internal jugular—indeed it was not seen or perceived during the operation.

Subsequently to the application of the ligature, a very obscure pulsation was observed in the tumor; whether from the impulse communicated by the impetuous beating of the artery below the ligature, or from the recurrent circulation, we were unable to decide.

At our evening visit we found that Deas had a good deal of head-ache, and complained of considerable pain in swallowing: the tooth-ache was gone. Closed the wound with strips of adhesive plaster.

15th. At our morning visit, Deas had a good deal of head-ache; he said he had vomited freely during the night. His head, face, and neck, flushed; had slight nausea, furred tongue, and some epigastric tenderness. The temporal and other arteries on the left side of the face and head were very much developed, and the conjunctival vessels of the right eye a good deal congested. The artery below the ligature was still pulsating strongly. Pulse 70, not much excited. Directed a dose of sulph. magnes., and cloths dipped in cold water to his forehead. In the eve-

ning he was better in all respects—the medicine had moved him three times. Ordered a dose of blue pill at bed time.

16th. Found Deas quite comfortable—his head-ache, flushed face, &c., have passed off, and he has some appetite. The pulsation in the tumor and neck had disappeared, and his medicine had acted twice.

The wound united in its whole length, and the sutures were consequently removed. From this time forward Deas went on to recover, without any unpleasant symptom; the tumor rapidly diminished to a small hard lump; the head-ache, cerebral confusion, &c. soon disappeared; the ligature separated on the 18th day.

He presented himself to me some months afterwards, in Macon, well in all respects, save a small lump in the position of the original tumor, though without pulsation or other inconvenience.

[We cannot but express a doubt if an aneurism existed in this case.—EDT.] DR. P. F. EVE.

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## OBSERVATIONS ON THE DIAGNOSIS OF ANEURISM.

From the Southern Med. and Sur. Jour. for Sept. 1848.

“A tumor progressively on the increase, at first compressible, diminishing under pressure, pulsating violently, and throughout its whole extent, at the margins as well as in the center, the pulsation ceasing and the swelling subsiding in whole, or in part, according to the size, duration and quantity of solid matter.—the layers of lymph and coagulum it contains, when pressure is made on its proximal side, is undoubtedly aneurismal.”—(Liston's *Pract. Surgery*.)

In the Southern Medical and Surgical Journal, for June last, I communicated the narrative of a case of Aneurism,



in which it became necessary to apply a ligature to the primitive Carotid.

The respected Editor of this Journal having cast a doubt upon the correctness of the diagnosis, and consequently upon the propriety of the practice pursued, it is perhaps due to the other gentlemen who were connected with the case, as well as to myself, that I should present some observations upon aneurismal tumors, going to prove that our diagnosis was correct, and the operation necessary and proper. In doing this,—not very difficult task it is hoped,—I shall invoke as far as possible the authority of Sir Astley Cooper, Samuel Cooper, Hodgson, Mott, McClellan, Liston, Porter, and Dupuytren, and shall be content, if it can be shewn that I have been right, or have erred, in company with these and other illustrious names in Surgery.

It must be either a very right thing, or a very wrong thing, to apply a ligature to the primitive carotid; a very right thing to do so for a progressive aneurism; a very wrong thing to delligate this great arterial trunk for an abscess, an enlarged gland, or an encysted tumor.

There is little that is new to be said on this subject, and in taking a short review of the prominent features of aneurismal diagnosis, I shall whenever it can be appropriately done, use the exact language of any of the distinguished authorities above named.

The diversities in the origin, progress and termination of aneurismal tumors are so infinitely various that no one will contend for an exact parallelism in their general history, or in the symptoms at any period of their growth. So also, with the sympathetic disturbances excited by them. This must necessarily be the case from the variety which exists in their origin and in the causes—(solid bodies, fasciæ, &c.)—which favor or resist their development in different directions and positions. The mode in which they



originate from the artery, whether by a narrow neck, or from the whole caliber of the vessel, must exercise a material influence on their development. The general health, and the vigor or debility of the heart, are also important elements in the rate of progress, of aneurismal tumors. There is perhaps as great a variety in their duration as in any thing connected with them, some requiring only a few weeks for their greatest development, while others extend over a period of several years, and one instance is on record, of an aneurism which lasted for thirty years. It is also well known that they are often stationary for long periods, and then taking a new point of departure, progress rapidly to their termination. Another circumstance which must have a marked bearing upon the diagnosis and history of aneurisms, is the more or less rapid deposition of laminated coagula upon the sides of the sac; the force and vigor of the pulsations; the aneurismal thrill and whizz are doubtless greatly influenced by the same cause. This must also affect the duration of the pulsation and the extent of the subsidence when the tumor is compressed or the artery obliterated.

We learn from Mr. Hodgson, that, "one of the circumstances which in the *most early stage*, generally attends the formation of aneurism, is the establishment of that process which is the basis of its future cure." Again: "The opinion that these layers of coagula are not met with in small dilatations of arteries, but are found in large expansions of them, is (he says) contradicted by numerous careful observations."—(*Cooper's Surg. Dict.*)

In some instances, however, this process seems to go on very slowly, as must have been in the very interesting case reported by Mr. Kerr, where the softness and pulsation, to a considerable extent, continued for *thirty* years.

A few rare cases have also been recorded of large aneurisms that were entirely free from lamellated coagula, pro-

bably from a constitutional absence of] coagulating power in the blood.

It follows then from what has preceded, that an aneurism could not be expected to lose *all* its volume upon obliterating the arterial canal leading to it, except at its very commencement.

DIAGNOSIS. Perhaps the two great features of the diagnosis of aneurismal tumors, are, pulsation, and change of volume, from compressing the artery upon the proximal or distal side of the swelling.

1st. *Pulsation*.—This indication, when well developed, is relied upon by surgical authorities as one of the most unmistakable features of aneurism. It is of course synchronous with the arterial pulsation, and has a marked and peculiar character. “They (the pulsations) are eccentric—the tumor not being raised *en masse*, but dilated at every systole of the heart.” (*Cycl. Pract. Med. and Surg.*) Dr. Mott considers the *swell* and general growth of the pulsation as the *chief diagnostic mark of aneurism*.—(*Mott's Velpeau*.) The expansion of an aneurismal sac is equal in every part and every direction, and the pulsation can be felt as correctly at the base or at the side, as at the summit.—(*Porter on Aneur.*) “Pressure upon the proximal side of the tumor, weakens or destroys the pulsation according to its degree, the swelling becoming more soft and flaccid, but pressure on the vessel beyond the tumor, renders the aneurism more tense and augments its pulsations.”—(*Boyer, quoted in Cyc. Porter, in Cyc. of Anat. and Phys.*) In regard to the changes that time produces in this indication, Mr. Porter remarks, that “the pulsation is said to become more faint in proportion to the growth of the tumor, and this, though generally true, is not so universally, for this symptom will presently be found to be influenced by a number of circumstances, such as the blood within the sac being fluid or coagulated, the



situation and depth of the tumor and the coverings of fasciæ it may possess." It is well also to recollect, in this connection, that occasionally medullary or other tumors of a fungous nature, exhibit a pulsatile character.

2d. *Change of volume*, from pressure upon the artery from which the aneurism originates. This from the nature of things, must be the most certain and unfailing of all the symptoms of this affection, for it may be very safely asserted, from all that is known of the subject, that none other but an aneurismal tumor can exhibit a real difference in size from this cause.

Although it is well established by the investigations of Hodgson and others, in regard to the deposition of laminated coagula, &c., that an aneurism even when of moderate size cannot be entirely removed by pressure upon its proximal side, yet that they do become remarkably diminished, (and in some rare cases where the blood is fluid, entirely disappear,) is a fact universally admitted. Pressure upon the distal side of the tumor, where it can be applied, of course increases its volume, tenseness and throbbing.

Although the diagnosis of external aneurism, when within a certain size, is generally an easy matter, yet, on some occasions it has been difficult to distinguish them from other tumors situated over the tracks of large arteries, having a pulsating motion synchronous with the action of the heart. "They can however be usually distinguished from aneurisms by their hardness, mobility, and cessation of pulsation when pushed to one side or elevated." "If also pressure be made upon the artery above or below the tumor, *no alteration* occurs in the appearance of the swelling *unless* it be *aneurismal*. Moreover aneurisms can usually be diminished by regular compression of the tumor and artery, but regain their dimensions immediately upon its removal. This diminution may be effected to some extent even in old aneurisms—*but not* in the case



of *ordinary tumors.*”—(*Cyc. of Prac. Med. and Surg.*)

Mr. Porter draws the following distinction between an abscess seated over a large vessel and a true aneurismal tumor: “An abscess receives only an undulatory thrill from an artery, perceptible in the line of the vessel, but fading away and becoming indistinct in the remoter parts of the tumor.”

Having now taken a very brief glance at some of the main features of the subject, I shall reserve the consideration of some others until we come to the discussion of the specific objections advanced by the editor of the Journal, to the diagnosis.

A remark may here be made upon the comparative size of carotid aneurisms. One of these tumors as large as a hen’s egg, situated on the side of the neck, constitutes a swelling of no inconsiderable size, and would occupy at least half the length of an ordinary neck, supposing its top to be on a level with the os hyoides. Were it twice as long as this, it would extend nearly to the clavicle and render necessary the ligature of the carotid near to its origin, or the innominata itself, if it were considered desirable to ligate a healthy portion of the artery. Of this any one can convince himself who will take the trouble to apply an egg to this region and imagine it to be placed under the skin.

I will now proceed to consider the subject with more particular reference to the case at issue.

It must be evident, from all that has preceded, that an aneurism in the carotid region could only have been mistaken for one or other of the following tumors:—**ABSCESS, ENLARGED GLANDS, ENCYSTED TUMOR, SARCOMATOUS TUMOR, MEDULLARY TUMOR.** To this list might be added Maunoir’s **HYDRCELE SUR COU.**, which not infrequently occurs in this region, and which from its generally elliptical, rounded and distinct outline and its elasticity, might

well be confounded with aneurism by a careless observer. I have met with most of these tumors again and again, but never found any very great difficulty in distinguishing them from aneurism.

There is, it is believed, nothing in the records of surgery to justify the assertion that either of the above mentioned tumors will *instantly* lose *two-thirds* of its volume upon obliterating the caliber of a large arterial trunk—by pressure or the ligature—running over, under, or near it.—No one, it is presumed, will advance such an opinion.

It follows, then, as a matter of inevitable necessity, that as no other one could have presented this indication, the tumor in question *could have been nothing else but an aneurism*. And thus we arrive at the diagnosis by *exclusion*.

Having been, at my own request, politely favored by Dr. Eve with his reasons for doubting the correctness of the diagnosis, and liberally invited to discuss them in the pages of the Journal, I shall proceed to do so *seriatim*.—The first objection is as follows :

“*The cause of the aneurism (a severe strain while planing some hard wood) is not sufficient to produce the disease.*”—*Dr. Eve's letter.*) In answer to this it may be observed that it was the patient's own statement, and altogether unworthy of confidence. Probably the most authoritative opinion on this point is, that all aneurisms except those produced by external violence—traumatic lesions, &c., arise from disease of the coats of the artery itself. It is true that Richerand and Pelletan maintained that popliteal aneurisms were caused by violent extensions of the leg, and the former brought forward some experiments upon the dead body in support of this opinion. But this explanation was conclusively refuted by the arguments and experimental researches of Samuel Cooper, Hunter, Home, Hodgson and Scarpa.—(*Cooper's Surg.*



Hunter, Home, Hodgson and Scarpa.—(*Cooper's Surg. Dict.*) Dr. Hodge, in an able *resume* of all the knowledge on the subject, remarks that “spontaneous aneurisms depend on an original diseased condition of the artery.” “There is always a morbid condition of the arterial tunics as an essential predisposing cause, the dilatation often occurring without any external influence.” “Under another division, it will be shown that no tumour forms unless prior disease existed in the artery.” “Aneurisms never form in healthy arteries.” The general conclusion drawn from the facts detailed that aneurisms by dilatation of one or all the arterial tissues, never occur in healthy arteries, is confirmed by dissection, showing, in perhaps every instance of dilatation, a preternatural softness or brittleness of the internal coats at least.”—(*Cyc. of Pract. Med. and Surg.*) This predisposing cause of aneurism was believed, by Hodgson, Guthrie, Begin and Breschet, to be chronic inflammation.

“It often happens that a patient complains of the crooking of the fingers, or the numbness of the foot, unmindful of the tumor under the clavicle or in the popliteal space.” “These considerations lead us to the belief, that previous to the occurrence of spontaneous aneurism, the artery has undergone some change predisposing to it.”—(*Porter, in Cyc. of Anat. and Phys.*) This change is believed by Mr. Porter to be unhealthy inflammation.

2d. “*Aneurism of the carotid is very rare in this State—enlarged glands, tumors of the neck, &c., very common. You say there were a few enlarged glands, thus showing a disease of that system—the glandular—and it was at first supposed to be an enlarged gland.*”—(*Dr. Eve's letter.*)

In regard to the rarity of aneurism in this State, there is no doubt of it. It is so every where. Velpeau, in the last edition of his “Operative Surgery,” was only able to



collect forty-three instances in which the carotid was tied for aneurism.—(*Mott's Velpeau.*)

Dr. Mott, in his immense practice, extending over a period of forty years, has applied a ligature to the primitive carotid only twenty-three times, and but a small proportion of these operations were for aneurism.—(*Mott's Velpeau.*) Mr. Liston observes that, "Spontaneous aneurism at the angle of the jaw, is not an every day occurrence, and few cases are recorded."—(*Pract. Surg.*) They are met with, however, occasionally, in Georgia; I have recorded one, and a medical friend in Milledgeville informs me that he has seen two cases. Had I time or opportunity to consult the profession more extensively, other instances, there is little doubt, might be discovered. Aortic aneurisms are not at all unfrequent.

The "few enlarged glands" above alluded to, were absorbents, swelled and inflamed from the irritation of the tumor, and it is highly probable that no aneurism can exist in a glandular region like the neck, groin or ham, without producing some irritation and enlargement of the surrounding absorbents.

It was the patient—not either of his physicians—who at first supposed it was an enlarged gland, or "kernel."—(*Vide the case in the June No.*)

3d. *The symptoms are not satisfactory. The peculiar thrill or whizzing sound ought to have been heard in a case of only eighteen months standing.*"—(*Dr. Eve's letter.*)

The expression used in the narrative was "very indistinct—almost imperceptible," conveying the idea that the *bruit* or whizzing sound was not entirely absent, though it is not pretended to correct the diagnosis in this respect at this late date. As well as is now recollected, the stethoscope was not used, but the naked ear applied. The ab-

sence, however, of this sound cannot be allowed to vitiate the diagnosis, as it is not insisted upon as a necessary element in the diagnosis of aneurism by any of the great masters in Surgery. It is only said to be generally present. This indication, from a variety of causes—thickness of laminated coagula, density of surrounding tissue, and different conditions of the arterial orifice, &c., must be very variable. It is also often heard in tumors, not aneurismal. “The whizzing sound (*bruit de soufflet*) generally heard in aneurisms is not pathognomonic, for the fungoid or other tumor situated over an artery may produce it, and it may be created by artificial pressure.”—(*Porter.*) Velpeau and Mott place little dependence upon stethoscopic indications in this disease.

4th. “*The tumor, if aneurismal, should have been obliterated by pressure to the proximal side of the tumor—especially as it was only of the size of a hen’s egg.*—(*Dr. Eve’s letter.*)

If the observations of Hodgson, Samuel Cooper and Porter, previously quoted and referred to, respecting the early deposition of laminated coagula, are true, it follows that the tumor could not be obliterated completely by pressure on its proximal side, and consequently deprives this objection of all force. The following extract from an article by Dr. Hodge, it is believed, embodies the authoritative and almost universally received opinion upon this point.

“In the very early stages, the blood is sometimes, though *rarely*, entirely fluid, especially where it passes readily into and from the artery, and where the circulation has been active. In such cases pressure can obliterate the swelling. In a short time, however, the blood will be found partially coagulated—at first in soft clots, but very soon in laminae on the circumference of the swelling, while



fluid blood occupies the center. Pressure now diminishes, but *does not obliterate* the tumor.”—(*Cyc. of Pract. Med. and Surg.*)

A remark in regard to the size of the tumor has been made. The aneurism was stated to be “a good deal larger than a hen’s egg.”

5th. “*But I rest my doubt as to the existence of an aneurism in this cause, especially upon the fact, that the operation did not remove the tumor. An aneurism of the carotid, size of a hen’s egg, most certainly would have been obliterated by ligature to the artery. No lump ought to have existed some months afterwards in the position of the original tumor.*—(*Dr. Eve’s letter.*)

On the contrary, it can be shown that the usual process of cure is a more or less gradual subsidence of the aneurismal swelling after the operation.

In some instances this subsidence occupies long periods. In proof of which I quote some cases from that well known work, “*Cooper’s Surgical Dictionary.*” “In June, 1805, Sir Astley Cooper operated, in Guy’s Hospital, on a man aged 50, who had a carotid aneurism, attended with pain on one side of the head, throbbing in the brain, hoarseness, giddiness, &c.” “The tumor was at last quite absorbed, though a pulsation existed in it until the beginning of September.” “The swelling at the time of the operation, was as large as a *pullet’s egg*, and situated on the left side, about the acute angle made by the bifurcation of the common carotid, just under the angle of the jaw. The patient was cured and returned to his occupation.” Here is a case, from the *highest authority*, resembling in its symptoms very much the one I have reported, in which the pulsation continued for over three months after the operation, and the tumor itself probably much longer.

In a case by Mr. Vincent, pulsation continued two days,

and the tumor was diminishing until the eighteenth day.—After this inflammation and abscess took place, and the patient died. The case is valuable, however, as showing the *gradual* and not sudden diminution of aneurism after operation.—(*Cooper's Surg. Dict. Art. Aneur.*)

I quote the following from Mr. Porter:—"A man was operated on by Mr. Colles, for popliteal aneurism, on the 22d January, 1831. The ligature came away on the seventeenth day; the tumor diminished; in short, every thing went on well, and the patient left the hospital perfectly cured." He remained healthy until his death from fever in March, 1835, and such an opportunity for pathological investigation was not neglected. The tumor, which had been originally of the size of a turkey's egg, was found to have diminished to little more than the size of a walnut; externally it felt hard and as if completely solidified. On being cut into, however, neither artery nor sac was obliterated." In this instance the tumor was not obliterated in over four years after the operation.

To these cases, I will add one from the lectures of that most brilliant genius and admirable surgeon, George McClellan, now unfortunately no more. This surgeon tied the carotid of an elderly gentleman, one morning, for an aneurism of the size of a *walnut* under the angle of the jaw: although pulsation stopped, the tumor became much harder, and (Dr. McC. supposed) pressed with such force upon the internal jugular that apoplexy took place, and the patient died about four o'clock in the evening. This case is of value as showing that even small aneurisms do not always subside immediately after the application of the ligature.

Dupuytren has reported an instance of axillary aneurism, where the inspissated contents of the sac were discharged by suppuration three years after the deligation of the subclavian.



I might go on and quote other cases, but enough has been said, to show that it is neither new nor unusual for an aneurism "a good deal larger than a hen's egg," not be instantly dispersed by the application of the ligature, and leave no vestige behind some months afterwards.

Having previously reached the diagnosis by *exclusion*, I will now endeavor to arrive at it by the *positive* method, and will give my reasons for still believing Deas' disease was an aneurismal tumor.

1st. *Because*, "it was progressively on the increase."

2d. *Because*, "it was compressible, diminishing under pressure."

3d. *Because*, "it pulsated violently, and throughout its whole extent, at the margins as well as in the center."

4th. *Because*, the pulsation ceased and the swelling subsided two-thirds of its volume, when pressure was made on its proximal side.

5th. *Because*, the size and pulsation of the tumor were instantly restored upon removing the pressure.

6th. *Because*, the last two indications were more completely evidenced, when the artery was compressed between the finger and canula, during the operation.

7th. *Because*, of the immediate beneficial results of the operation, in producing a subsidence of the tumor and pulsation, and in relieving the pain, confusion, and other cerebral disturbances.

8th. *Because*, it was going through the usual and regular course of cure after operation, and "some months afterwards, he was well in all respects, save a small lump in the position of the original tumor."

9th. *Because*, Dr. Benj. A. White, of Milledgeville, a gentleman of consummate abilities and extended surgical experience for twenty-five or thirty years past, united with Dr. T. F. Green and myself, in carefully and deliberately

canvassing every point in the diagnosis, and in coming to the conclusion that the disease could be nothing else but an aneurism.

Having now arrived at the conclusion, and occupied more space than was at first intended, it only remains, to tender my acknowledgments to the editor of the Journal for this opportunity of placing myself *rectus in curia* before the readers of his periodical.

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#### DR. EVE'S COMMENTS ON THE PRECEDING ARTICLE AND MY REPLY TO EACH ONE.

The reader will please recollect, that in Dr. Eve's Journal, the following voluminous comments were introduced throughout the body of my reply, depriving it, in a measure, of continuity and connection, in violation of justice, courtesy, and well established editorial usage. I have placed them where they should have been at first—at the end of the communication.

##### COMMENT, No. 1.

[Soon after the distribution of the June No. of the Journal, we received a letter from Dr. Green, the author of the following communication, respectfully asking explanations of the two brief additions made to his article on Ligature of the Primitive Carotid Artery, published in that No. The reader, by reference to it, will find that the first is a simple interrogatory, having allusion to a pinch with the forceps of the *nervus descendens noni*, producing intense toothache in two lower molares; and the second, at the close of the article, is an expression of a doubt as to the existence of an aneurism in the case. In reply, we stated, that in addition to our other engagements, we had to serve as a grand juror the day the above letter arrived, still we complied with the request of giving an immediate answer. Our views were therefore hastily written; we meant no offense whatever by the doubt expressed—did not condemn the practice pursued in the case. Editors of Journals corrected and commented upon communications sent them. (See April No. American Journal Medical Science, page 355, where Dr.



Hays, the Editor, attributes the favorable termination, in a case of traumatic Tetanus, to the removal of a splinter from the wound, and not to the treatment pursued by the writer of the article.) This has been our custom; and Dr. G., was invited, if he felt aggrieved, to sustain his opinions, we reserving the privilege to make a few comments should it be necessary. In the following communication, it will be seen that its author has abandoned the first point, viz., the question in relation to the effect of the descending portion of the ninth pair of nerves, and has, with good taste and judgment, extended his remarks to the general subject of diagnosis of Aneurism.—  
 EDITOR.]

I have but little to say in reply to comment, No. 1. except to place the editor right, as to my position in regard to the supposed effects of an accidental pinch received by the *descendens noni*. I never made a positive statement that the toothache originated from this cause. But merely in allusion to the singular fact of intense pain occurring suddenly in two sound molars during the operation—offered a doubting suggestion that this “might have had some connection with a slight injury received by the descending branch of the ninth pair.” The acknowledged obscurity of neuralgias and neuroses would seem to justify stranger suppositions than this. It was abandoned principally, because it was not pertinent to the main question at issue.

#### COMMENT, No. 2.

[The proposition of Dr. Green, if we understand the subject correctly, is this,—he invokes the aid of the above-mentioned authors, illustrious names it is true in Surgery, to prove that he is right in pronouncing a tumor of the neck an aneurism of the carotid artery, which commenced eighteen months previously, “by a small swelling on the upper part of the right side of the neck, immediately after a *severe strain while planing some hard wood*. This was at first supposed to be an enlarged *gland*; it increased in size very slowly until May, 1841,) a given period—*Edt.*) then rapidly augmented to the size of a hen’s egg; pulsating violently, *very sensitive*, and producing much pain, confusion, fullness, &c., in the right side of his head. When I first saw him it was a good deal larger than a common sized hen’s egg, pulsated very strongly, and *was quite red*, and *tender to the touch*. It was situated just below the ramus and pos-

terior part of the right lower jaw. (Must then have been near the bifurcation of the primitive carotid artery.—*Edt.*) The peculiar whizzing noise, said by surgical writers to be so peculiar to aneurismal tumors, was *very indistinct—almost imperceptible*; nor could we hear the fluid *rushing into the sac again*, after obliterating the caliber of the artery, by pressing it firmly against the vertebræ.—Neither could the sac be *entirely* emptied by stopping the flow of blood into it; it still retained about a third of its volume, but this we attributed to a little *surrounding œdema and a few enlarged glands*, and perhaps some coagula in the aneurism itself. Always after handling the tumor, the pain, fullness and confusion, in the right side of his head, were very much increased.” Moreover, medicinal treatment of two weeks duration produced some *diminution* in the *size* of the *swelling*. Ought not the *tumor* to have been then more *prominent* from the reduction of the “surrounding œdema,” if an aneurism existed? There was a very obscure pulsation in the tumor subsequently to the application of the ligature, but two days afterwards, it had ceased both in the tumor and neck. The wound united, the ligature separated on the eighteenth day, the tumor rapidly diminished to a small hard lump, and the patient recovered without an unpleasant symptom. Some *months* afterwards he presented himself to his surgeon, well in all respects, save a small *lump in the position of the original tumor*. No change had therefore occurred in the aneurismal tumor in some months after the artery been ligated. A small hard lump existed in the neck when the ligature came away, and a small lump still occupied the position of the original tumor some months afterwards. In relation to the *few enlarged glands*, (one of which was at first supposed to be the tumor pronounced aneurismal,) we are left entirely in the dark.—What was their character, their position, as regards the aneurism, their subsequent history, the condition of the patient now, &c., the author has entirely omitted.

We have thus employed his own language, his own description; and now for the evidence, that an aneurism of the carotid existed in this case. If the subject has been fairly presented, we are prepared for the witnesses nor do we propose to adduce other testimony, but simply to correct and complete it where we find important omissions to occur.—*EDT.*]

The Editor here endeavors to cast a doubt upon the aneurismal nature of the swelling by *italicizing redness, sensitiveness, surrounding œdema, &c.*, as if they could not be present in this disease. In this he is singular, most of these indications being necessarily present and many of them to



be met with in the cases recorded in the ordinary Surgical text books. And where is the improbability? Why, should not an aneurism that produces severe pain, throbbing, and a variety of diseased sensations—that presses upon and injures nerves, veins, arteries, absorbent glands and vessels, bones and muscles—that distends, solidifies, thickens, and consequently *inflames* cellular substance—sometimes produce redness and sensitiveness of the skin and a little surrounding œdematous effusion? It is a most natural and probable supposition.

If Carotid Aneurisms are so rare that Lisfranc could only find on record seventeen, and Norris twenty-four, it may properly be said that their history is not yet complete, and it is not at all improbable that new cases might present different symptoms from any on record. Why should a person who never met with one in this State, insist so strenuously on an absolute parallelism in the symptoms of this disease?

The Editor enquires, “Ought not the *tumor* to have been more *prominent* from the reduction of the ‘surrounding œdema,’ if an aneurism existed?” To the best of my recollection, this was the case, and the tumor became more distinct and well pronounced. The statement of the attending surgeon should, with candid persons, have more weight than the caviling doubts of an individual who never saw it, and who acknowledges that he never met with a carotid aneurism, at least in this State. I would inquire of the editor if some diminution in the size, and abatement in the symptoms, might not rationally be expected in an *undoubted* aneurism, of moderate size, from two weeks rigid diet and medical treatment? (*Vide* all the treatises on the treatment of aneurism.)

In the latter part of this comment, the editor remarks, “what was their character, (the enlarged glands) their po-

sition as regards the aneurism, their subsequent history, the condition of the patient now, &c., the author has entirely omitted." I reply, that it was the patient's statement, that it was at first supposed to be an enlarged gland or "kernel" and was preceded by the remark that "Deas gave the following history of the tumor." My own statement commenced at "When I first saw him."—Perhaps the editor may not be aware of it, but it is a very common practice in the narration of cases, where the previous history is unknown to the surgeon, for him to give what the patient says about it, for as much as it is worth. The reason which induced me to attribute a portion of the remaining third of the tumor which did not subside after compressing the artery to a few enlarged lymphatics, was, that there were a few roundish irregularities about its margin and I supposed the irritation was amply sufficient to produce them.

Immediately after the patient's visit to me in Macon, he went out to the West, and I have never seen him since, consequently could not pursue his history farther. Finally, in reply to this comment, I remark that could it possibly have been foreseen that such minute particularity would have been required, I should of course have been much more minute in my description of the tumor and its relations, and would have given the editor its length, breadth, projection, exact relation to submaxillary glands and other parts and their particular state, &c. Though such elaborate accuracy has not been required of other narrators, nor do I think it would be borne by readers.

#### COMMENT, No. 3.

[Dr. Green is mistaken in this second quotation—by referring again to Cooper, he will find it due to *Scarpa* and not to Hodgson, and who, speaking of *dilated* arteries, was actually alluding to a specimen before him of *five by six inches in extent*, which, unlike an *aneurism*, contained no coagula whatever.—EDR.]—See Journal, page 529, and page 11 of this pamphlet.



The Editor after passing over without remark, a decisive extract from Hodgson, seizes upon a mistake in quoting that author's name for Scarpa. He is probably, right here, though it is a matter of some difficulty to tell to whom it is really due, as any one can see who will refer to Cooper's Surgical Dictionary, page, 97.

COMMENT, No. 4.

[We think we have removed tumors from the neck, (two even the past winter before the medical class,) much larger than an egg, which could only be detected in certain positions of the head.—One too weighing nearly half a pound, the weight of about half a dozen eggs, dissected from the tonsil and surrounding parts, may be found in the 2d vol. of Mott's Velpeau's Surgery, taken from the Southern Medical and Surgical Journal. This we can assure Dr. Green was not a very prominent tumor of the neck. The carotid artery, it must be recollected, is deeply situated in this region. The aneurism of this artery, for which Dr. Post of New-York operated in 1813, measured in length 6 1-8 inches, breadth 4, height or projection from neck more than 2, and in circumference *sixteen and a half inches*; still the artery was successfully ligated to the proximal side of the aneurismal tumor, even at this early period of surgical experience in these affections.

In Lecture xxiii., on aneurism, by W. H. Porter, Esq., (one of the authors relied upon by Dr. Green,) published in the Dublin Medical Press, is recorded a case operated upon by himself, wherein the aneurism of the carotid extended from about three quarters of an inch above the clavicle to the mastoid process, was bounded posteriorly by the trapezius muscle, and anteriorly it pushed the larynx considerably to the right side. From the thyroid cartilage across the tumor to the spinous process of the 4th cervical vertebra it measured 9 1-2 inches, between the same points on the opposite side only 5 1-2. The ligature was not only applied in this case to the cardiac side of the tumor, but Mr. Porter expressly states, that "altogether there was much less difficulty in the operation than might be anticipated."

We are constrained, therefore, to differ entirely from the views entertained by Dr. G., in reference to a hen's egg placed under the skin, i. e. in the carotid region, constituting a *swelling of no inconsiderable size*. Besides all this, the tumor he describes as an aneurism, must have been *above* the level of the os hyoides—"it was situated just below the ramus and posterior part of the right lower jaw."—Edr.]

As our differences here are more in terms than in reality, and not important to the question, I shall say little in reply to this comment, though it would be easy to show that my expression was not very inaccurate. Nor do I wish to dispute the important announcement, that one of Dr. Eve's operations has actually been published in Mott's Velpeau.

COMMENT, No. 5.

[Dr. Green then has been more fortunate than most surgeons in this respect. He is not only *right* with the illustrious authorities he quotes, but does not *err* in the diagnosis of tumors of the neck like some of them have—he “has met with most of these tumors again and again, but never found any very great difficulty in distinguishing them.” In 1831, Dupuytren made an exploratory puncture in a tumor of the neck, the character of which he could not determine. He took it for an abscess, but it proved to be aneurism of the left carotid artery. In Mott's Velpeau's Surgery are recorded two cases of ligature to the carotid, when the aneurisms were subsequently found after death to have existed in the aorta. Mr. Benj. Phillips, of London, says, “I know at least eighteen cases where an aneurism has been mistaken for an abscess, and in several cases treated accordingly.” Of thirty-eight cases operated upon for supposed carotid aneurism, collected and published last year by Dr. Norris of Philadelphia, in *four* the tumors were found out subsequently not to be such. In *seven* of the thirty-eight cases, errors of diagnosis were made. In one (occurring to the celebrated Lisfranc) the tumor on dissection proved to be a fungus hæmatodes; in another, it was carcinomatous; in a third, the tumor surrounded the artery; in a fourth, the patient looked upon as cured, the disease was found to be a glandular swelling; in a fifth, an abscess was incised, and the patient died from hemorrhage, notwithstanding the ligature to the carotid; in a sixth, Mr. Liston opened a scrofulous abscess, aneurism followed, then ligation of artery, but unfortunately this patient died too; and in the seventh, the aneurism was situated in the vertebral artery. A case is reported in the Dictionnaire des Sciences Medice, where a tumor in the neck, submitted to the diagnosis of celebrated surgeons in America, Paris and London, was pronounced to be aneurism of the carotid artery. “It was afterwards ascertained by M. Boyer, that no such disease existed—but simply, an extensive enlargement of the *glands* of the neck.” Dupuytren mentions a case of aneurism of the aorta forming a tumor behind the sternum, which being mistaken for an abscess, was punctured and the patient died. Mr. Porter



states the fact in one of his lectures, that in an urgent case he punctured the trachea with a trocar for what he thought was spasms of the glottis. His patient died three days afterwards of an aneurism of the aorta. He says the idea of an aneurism never crossed his mind. Sam'l Cooper remarks, "there is no part of the body where the diagnosis of aneurisms is more liable to mistake than in the neck. There the disease is particularly apt to be confounded with tumors of another nature. We have already cited examples in which aneurisms of the arch of the aorta so resembled those of the carotid as to have deceived the surgeon who was consulted. The swelling of the lymphatic glands, or of the cellular substance which surrounds the carotid, the enlargement of the thyroid gland, and especially abscesses, may resemble an aneurism by the pulsations communicated to them by the neighboring artery." In Liston's Lectures, by Dr. Mutter, we read, "you must be quite sure that the disease you are treating is an aneurism. You must not mistake a solid tumor, or, indeed, a tumor of any kind pressing on a vessel, for an aneurismal tumor." From these facts, in connection, be it remarked, with aneurisms of the carotid artery alone, and hastily collected, we would suppose that error in diagnosis of cervical tumors was not an impossible event.—EDT.]

The Editor, here gently rebukes me for presumption, in stating that I have not found any great difficulty in distinguishing the tumors of the neck met with by me from aneurism. It is certainly not presumptuous to say, that the medullary tumors, enlarged glands, *hydroceles sur cou*, abscesses &c., I have met with in this region were so well pronounced as not to be readily mistaken for aneurism, and this is what was meant. The rest of this comment is entirely irrelevant, for although many cases of tumor of the neck, have occurred and must occur, where an accurate diagnosis is impossible, yet the editor will not contend that either of the able surgeons alluded to, would have made a mistake where pressure could be applied on the proximal side of the tumor and it responded to the test by rapidly, suddenly, quickly, instantly decreasing in volume *two-thirds*. I do not think that even the Augusta Professor could have mistaken a swelling of this character for an enlarged gland or encysted tumor.

—The following comment is in answer to my observation, "There is, it is believed, nothing in the records of surgery to justify the assertion," that any but an aneurismal tumor would lose two-thirds of its size on obliterating an artery near it. (See page 532 of the "Journal" and page 15 of this pamphlet.)

COMMENT, No. 6.

[It is not stated in Dr. G.'s case, that the tumor lost instantly two-thirds of its volume upon obliterating the artery.—EDT.]

It was stated however, that after stopping the flow of blood into it, "it still retained about a *third* of its volume." If words have any meaning, this means, that the swelling diminished in volume *two-thirds*, after the flow of blood into the aneurism was stopped by compressing the artery on its proximal side. I am confident that every body who read the case, but the Editor, understood the expression in this way. Of course it is impossible to tell how many *seconds* it took to do this, but rapidly enough to be correctly stated as instantly or very quickly. This is one of the most remarkable specimens of criticism in existence, and as the subject has evidently been a real difficulty to his mind, I have after a careful study of the subject, and consulting the most reliable authors constructed the following formula for its elucidation.

Suppose a certain quantity has been taken from a body, say an apple, an orange, or an *aneurism* and *one-third* remains. How much has been taken from the whole? Answer, *two-thirds*, or reverse the proposition and the tumor would "still retain about a third of its volume. (Vide Dilworth and other learned authors.) Having thus reduced the matter to its simplest terms, I hope it is now clear, and have no doubt the Editor is ready to exclaim with Hudibras,

" 'Tis strange there should such difference be  
Twixt tweedledum and tweedledee. "



## COMMENT, No. 7.

[Did Dr. Green never see or feel a tumor in the neck recede by pressure or diminish by treatment of two weeks duration?—EDT.]—See page 532 Journal, and page 15 of this pamphlet.

I will reply to this question with another. Did Dr. Eve ever see an enlarged gland or encysted tumor suddenly diminish in volume two-thirds upon compressing a large arterial trunk near it?

## COMMENT, No. 8.

[Then why mention it—no other cause was assigned by the author.—EDT.]—See page 532 Journal, and page 15 of this pamphlet.

I refer the Editor to my reply to No. 2.

## COMMENT, No. 9.

[Where is the proof that this cause was operating in the case under consideration?—EDT.]—See page 533 Journal, and page 16 of Pamphlet.

The Editor in reply to some quotations from Hodgson and Porter proving that chronic or unhealthy inflammation, as a general rule, precedes spontaneous aneurism, inquires "Where is the proof that this cause was operating in the case under consideration?" I answer that the spontaneous aneurism itself is the best proof of it, and would be so considered by Hodgson, Guthrie, Begin, Breschet, and Porter.

## COMMENT, No. 10.

[Dr. Green is here certainly mistaken. Aneurism of the aorta is not common in Georgia. Can he point to a *single case* verified by *post-mortem* appearances? We are aware that aortic aneurisms are sometimes suspected to exist, but the history of them in this region of country is yet to be written. Still less frequent are carotid aneurisms in this State. We have the candor to admit, one of our colleagues thinks there is a case in this city. But Dr. Green's medical friend in Milledgeville, has met with just as many

cases as did Dr. Hodgson, the celebrated pathologist of London, and one upon whom our author justly places a high estimate.— During his indefatigable researches on diseases of the arteries and veins, carried on too for years in one of the most important hospitals in the world, and in the city of London, the very center of civilization, he could only enumerate *two* cases of aneurism of the carotid artery out of 63 he had collected. In the table by Lisfranc of 179 cases of aneurisms in general, only 17 were aneurisms of the carotid. Indeed, so rare is this disease of the arteries in our country, that Dr. Green can boast of performing a cure never attempted by our own great Dr. Physick. In the statistics already referred to by Dr. Norris, one of the Surgeons of the Pennsylvania Hospital, we learn the carotid has been tied 149 times—in 24 the operation was for true aneurism. The full particulars of only two cases occurring in America are given, one by Dr. Post, of New-York, the other by Dr. Warren, of Boston. Dr. Green's may be the third in the United States, so far as we know. Of course, we allude to the application of the ligature for spontaneous, true or mixed aneurism of the carotid—the artery itself has been twice ligatured at Augusta.—EDT.]

I do not think I am mistaken in regard to the frequency of aortic aneurism. I have known several instances of sudden death with vomiting or purging of blood, or both, which there was every reason to believe proceeded from ruptured aortic aneurism. In one of them, there was a pulsating tumor in the epigastrium, and Jaundice, caused as was supposed by the pressure upon the gall ducts.

It gives me pleasure to inform Dr. Eve that I *have* verified one of these cases by a *post mortem* examination and now have the preparation before me. It is a sacculated dilatation of the arch of the aorta involving the roots of the innominata, left carotid and subclavian. It is apparently large enough to contain a pint of fluid, and burst at the lower part of the arch into one of the bronchia, the patient dying instantly.

The Editor argues, that because Mr. Hodgson only met with two carotid aneurisms during his lengthened researches, it is therefore very doubtful whether my medical friend in Milledgeville has met with as many. Now this



may be good logic in Augusta, but will not be accepted in the more benighted regions of the State. One of the instances referred to occurred upon a negro woman of Dr. Tomlinson Fort's, and was by him (assisted by Dr. B. A. White,) operated on and cured. The other on the person of a negro woman in Jones Co., and came under the observation of Dr. B. A. White, who wished to operate, but she positively refused, and afterwards died suddenly as Dr. W., subsequently heard. Is it contended that these were not cases of aneurism, and that these distinguished practitioners, in common with every other in the State, (out of Augusta) are incapable of making an accurate diagnosis of this disease under any circumstances whatever? I hope and believe the medical profession of Georgia, are prepared to treat these ridiculous pretensions with the contempt they deserve. Where is the impossibility or improbability of two cases of aneurism occurring near Milledgeville in the last twenty-five years? The reader's attention is called to the following curious line of argument expressed and implied:

1. Mr. Hodgson only met with two cases of Carotid Aneurism.
2. Dr. Physick never cured a case by operation?
3. Only two instances are fully? recorded? in America.
4. WE never had a case in Augusta, though we have tied the artery twice.
5. *Ergo*, Dr. G.'s case is very doubtful.

COMMENT, No. 11.

[This is not so stated in the narrative of the case; nor can we agree with the author, in the opinion, "it is highly probable that no aneurism can exist in a glandular region like the neck, &c., without producing some irritation and enlargement of the surrounding absorbents." We have consulted the authorities he refers to, and find not one agreeing with him on the subject. Dr. Hodge, on the contrary, entirely differs from him. He speaks of the condition of the tissues or organs connected with or dependent on the

diseased artery, and notices the muscles, ligaments, bones, joints, nerves, cellular membrane and skin, fasciæ and blood-vessels, and says of the *absorbents*, they are in many instances, like the arteries and veins, closed by the pressure, or *more frequently completely obliterated*. It is denied that "enlarged glands, absorbents swelled and inflamed," result from the irritation of aneurismal tumors.—EDT.]

The Editor here repeats his offensive contradiction, "*Not so stated in the narrative.*" I take issue with him upon the point of fact. On recurring to the original report of the case, 6th paragraph, it will be readily seen, that it was in Deas' short statement, previous to my own, which commenced at "When I first saw him," the expression occurred. I will proceed to show presently, that Deas had good professional authority for his mistake.

The Editor then passes on to a remark of mine, that it is highly probable no aneurism can exist in a glandular region like the neck &c., without producing some irritation and enlargement of the surrounding absorbents. The authorities referred to *do not* differ with me on this subject. They are silent, except Dr. Hodge, who is rather in my favor. But if aneurisms, are capable of exciting so much irritation in the surrounding tissues—such varied injury to the muscles, ligaments, nerves, arteries and veins—such inflammation, suppuration, ulceration and destruction of bones and joints—such pressure, irritation and obliteration of the absorbents—such inflammation in the cellular substance as frequently to cause abscess, why might they not occasionally produce some irritation and enlargement in the absorbents near them? and why should not a tumor of this sort be *red*, sensitive, and have its pain increased on handling. I wish to press this upon Dr. Eve's attention as a point in surgical pathology. And would beg leave to draw his attention to one of Mr. Abernethy's dissections of aneurism in which he states, that around the diseased artery "For nearly two inches above the part



which was tied, the lymphatic glands covering the artery were *considerably enlarged*, having no doubt become additionally swollen from the irritation excited by the ligature." (From Mr. A's. works 1st. vol. p. 156, 6th London Edtn.) In Hey's case of ligature of the common iliac, "The aneurism had suddenly appeared in the beginning of November, and had increased in the course of *two* or *three* days from what *seemed* to be a cluster of enlarged, hard glands, to such considerable size, &c. (*Mott's Velpeau, Vol. 2d., page 370.*) Here is authority enough to justify poor Deas' supposition of the glandular nature of his disease in the first instance. In the latter part of this comment Dr. Eve apparently would be understood to say Dr. Hodge *denies* that "enlarged glands, absorbents &c., result from the irritation of aneurismal tumors. I again take issue with him distinctly upon this point of fact Dr. Hodge says nothing of the kind.

#### COMMENT, No. 12.

[The Doctor here dwells upon the non-importance of one of the symptoms of aneurism, viz., the whizzing sound absent in his case. We wrote the *symptoms* are not satisfactory, and particularized only one, which we contend is important, and is so considered by surgeons. But where are the peculiar thrills felt in tumors aneurismal; where the complaint that the patient experienced something beating, thumping, alive in the tumor; the rushing in of the blood when the sac was temporarily emptied; the entirely emptying the sac of an ordinary size; what was the condition of the pharynx; where the almost pathognomonic symptom, found in Mott's Velpeau's Surgery, and first noticed by M. Gendrin of Paris, viz., the peculiar tremor of the tumor between each diastole, produced by the sinking under the hand or contraction in the artery? How satisfactorily account for the few enlarged glands, the red, tender, and very sensitive tumor; the pain increased by handling, &c.? These are included in the objection, the symptoms in the case are not satisfactory, and not simply the absence of the bruit de soufflet.—EDT.]

The Editor here abandons his positive assertion, "The peculiar thrill or whizzing sound ought to have been heard

in a case of 18 months standing." I agree with him that it has a *presumptive* value, but only presumptive. Let us look at some of the authorities again. In Mott's Velpeau, (page 34, vol. 2d,) there is a case reported by Mr. Luke of the London Hospital, of an aneurismal dilatation of the femoral artery of only twelve months duration, three to four inches long, and two broad, which pulsated strongly in all directions and could be entirely emptied by temporary compression, consequently having no laminated coagula to obscure it, in which "*There was no sound or bruit.*" Mr. Luke, has the reputation of being a competent observer. If this tumor, having *no whizzing* sound, was admitted to be an aneurism by such surgeons as Luke, Morr, Townsend, &c., it requires something more than a little modest assurance in the Editor to insist that my case was not an aneurism for this reason. Again, Dr. Morr, in reviewing Mr. Stanley's case says "*the vaunted bellows sound, a sound which charlatanerie in this country has blown to some profitable results to its own cupidity, led to the diagnosis of aneurism.* (Mott's Velpeau, 2d vol. page 372.) Mr. Ferguson, also deprecates the pretended indications derived from "*murmurs, bruits, cooings, raspings*" &c. (Mott's Velpeau, 2d vol. page 372.)

The Editor then in pursuance of his plan of doubting every thing not set down in the record, inquires where was the peculiar thrill? In reply I state I have no doubt of its presence as a natural accompaniment to the marked and strong pulsations, although it is not asserted as it was not put on record at the time.

It is true I did not state that it either *beat* or *thumped*, but merely, *pulsated* violently, which by some persons would be considered an equivalent expression. But the Editor is determined to find differences where none exist. (I refer him again to Hudibras.)



I also agree with him about there being nothing alive within the tumor (except living, circulating blood.)

The blood must have rushed out of the sac, or it could not have diminished two-thirds, and must have rushed in again, or it could not as suddenly have reassumed its lost volume. The Editor still insists that a sac of ordinary size should have been entirely emptied. He is hard to convince, for a man, who never saw a carotid aneurism in this State.

He then inquires, where was M. Gendrin's almost pathognomonic symptom? I answer that I cannot be responsible for its whereabouts at the time specified, but will be so for its future destination. It will soon pass to that great receptacle of so many other infallible symptoms—the gulf of oblivion. So far as my limited knowledge extends, it is only considered pathognomonic by M. Gendrin and the Editor of the *Augusta Journal*. M. Gendrin's rules, for the diagnosis of aneurisms, are dismissed by MOTT and TOWNSEND, with the short common sense remark, they leave "the whole subject at the present time in a state of almost as much mystification as ever." (*Mott's Velpeau, 2d vol. page 263.*) So much for this comment.

#### COMMENT, No. 13.

[Dr. Hodge is at present Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, and though he once lectured on the principles of Surgery in a summer school in Philadelphia, would no doubt be surprised to hear himself quoted as embodying the authoritative opinions of the profession on a surgical question. But we apprehend Dr. Green did not read the entire article he refers to, for Dr. Hodge also writes, "in the early stage a pulsating tumor, of a hemispherical or elliptical form, is observed over the course of a large artery. It is *indolent*, soft, and circumscribed; the skin *retaining its natural color* and properties, without heat, *pain*, or other inflammatory symptoms."—Again: "Pressure on the aneurism diminishes or *totally obliterates the tumor.*"—(*Boyer.*) Also, the ligation is "followed by absorption of the coagula, and by condensation and *obliteration* of the sac and artery."

Liston says, the tumor is at first compressible, and completely disappears on firm pressure being applied, either directly to the sac, or to the artery above, the sac being thereby emptied of its contents, or prevented from being filled. \* \* \* The obliteration of the sac proceeds, in some cases, very rapidly; it assumes a harder feel, decreases, and *disappears*.

Prof. Porter lectures to his class in Dublin, "the blood, if the case proceeds favorably, is afterwards absorbed, and the sac, in process of time, is converted into a solid piece of ligamentous substance, similar to that into which the arterial trunk has degenerated."

And in Samuel Cooper's Surgical Dictionary, we read, the "sac becomes filled with coagululum, and gradual *obliteration* of the aneurismal swelling is the result, \* \* \* the lamellated and coagulated blood in the sac is by degrees absorbed; and at length the *tumor dwindles away*, or is quietly reduced to one, the size of which is so inconsiderable as to create no inconvenience."

It follows, then, from these extracts, that Dr. Green must rely upon some other authority than what he refers us to—Samuel Cooper, Porter, Hodge, Liston, &c., equally declare in our favor, that his aneurismal tumor could have been obliterated by pressure or ligature to the carotid.—EDT.]

The Editor sneers at Dr. Hodge's authority, because he was once a professor in a *summer* school (that is a very indifferent school) in Philadelphia, (this objection might, it is apprehended attach to some others,) and is now a teacher of obstetrics &c. He is however, well enough aware that Dr. H., was not quoted as himself an authority, but as having written one of the most carefully collated and ablest digests of the authoritative opinions upon this department of Surgery.

He then says, he apprehends I have not read the entire article, because Dr. H., in describing the early stages of this affection writes, it is *indolent*, soft, circumscribed &c. There is no contradiction between Dr. H., and myself on this point. There is no doubt of the correctness of his description, as far as the earliest stages of an aneurismal tumor are concerned. But I might as well quote against Dr. Eve H's. description of the heat, redness and dark color of some aneurisms when about to slough. His quota-



tion from Liston is correct as far as it goes, but a little farther on in the definition, that author observes, "the swelling subsides in *whole or in part* (according to the size, duration and quality of solid matter it contains.") The other quotations from Boyer, Liston, Porter and Cooper, declare the established doctrine that, as a general rule, aneurisms disappear *gradually* after operation, and no exact limit can be applied to this process. It has been shown from A. Cooper, Porter, Dupuytren and Hodgson, that this gradual disappearance may extend from a few months to twenty years. None of the quotations when fairly made, support the remarkable absurdity that my aneurism necessarily would have been obliterated by *pressure*.—Of course no one disputes the profound truism which closes this comment that it could have been obliterated (in time) by ligature to the carotid. Its history shows this process was going on gradually.

COMMENT, No. 14.

[Just so. Who has said to the contrary? The subsidence of the aneurismal tumor after the application of a ligature to an artery is gradual, but when the operation is successful, the obliteration of it is complete. *To remove the swelling*, as well as to arrest the pulsations, and thus prevent the danger of hemorrhage, is the plain indication in the cure of this affection.—EDT.]

In reply to my remark upon Dr. Eve's objection, "No lump ought to have existed some months afterwards in the position of the original tumor;" the Editor says, "Just so. Who has said to the contrary?" I answer, I understand Dr. Eve to mean by the expression, "An aneurism of the carotid, size of a hen's egg, most certainly would have been obliterated by ligature to the artery," that it would have been immediately, suddenly, instantly obliterated.—He undoubtedly meant this at the time he wrote it, and also meant it in his fourth objection "The tumor, if aneurismal should have been obliterated by pressure to the

proximal side of the tumor." And what did he mean by quoting Porter's case where the aneurism *was gone* the next morning after the operation. And what does he mean in comment No. 19, by denying that I have produced a single case to verify my remark, that it is neither new nor unusual, for an aneurism a good deal larger than a hen's egg, not to be instantly dispersed by ligature. But as he contradicts himself and admits, that the obliteration may proceed *gradually* after operation, and is directly contradicted by every horn book in surgery, it is right to let him have the benefit of it. It becomes necessary to inquire what the Editor means by the word *gradual*.

Sir A. Cooper's case, (a smaller tumor than mine, size of a pullet's egg,) was not obliterated in some months after operation, (See appendix, No. 1.,) Porter's in over four years, (See No. 2.,) one of Sir B. C. Brodie's in three years and a half, (See No. 3.,) one of Hodgsons in over twenty years, (See No. 4.) Would these cases come under the Editor's definition of gradual? Who does he mean to stultify, himself or his readers? How many seconds, hours, days, weeks or months does gradually imply? Perhaps any number of either would suit the Editor that would proscribe *my* case. Velpeau in reference to this subject remarks, "Ordinarily *the tumor shrinks*, or at least diminishes, and ceases to pulsate immediately after the ligature; at a later period, it hardens and retracts; the blood concretes and is gradually absorbed, and the whole terminates after the expiration of a greater or less period of time, by disappearing altogether, or leaving only a small tumor or simple, hard, movable kernel, without any pain." (*Mott's Velpeau, vol. 2d. page 105.*) If this mighty genius, great practical surgeon, and profound student in the history of Surgery, could not, with due regard to truth, and nature define the period at which aneurismal sacs are completely obliterated after operation, the ques-



tion naturally arises, ought the Editor of the Journal, at tempt a task which he declined ?

COMMENT, No. 15.

[We are compelled here to notice some remarkable omissions in the history of this case. Sir Astley Cooper says, in the very work referred to by Dr. Green, "in a little more than *nine weeks*, the wound was quite healed and the patient recovered" — besides the using expression, "the *tumor* was at last *quite absorbed*." In his xv. Lecture, subject Aneurism, referring to this very case, it is stated, "*the tumor totally disappeared*." In Chelius' Surgery, vol. ii., p. 512, it is said of this same case, (for it was the first one successfully operated on for true carotid aneurism) *the tumor was so completely obliterated*, that when the patient died thirteen years after the application of the ligature, with all the acknowledged skill of Sir A. Cooper in injecting vessels and dissecting them, he could not determine the precise situation of the formerly existing aneurism. He supposed it must have been in the internal carotid artery. We must presume then that even in this case, selected as a comparison to his own by Dr. G., the ligature did obliterate the tumor. No lump remained in its original situation.—EDT.]

The Editor here charges me with making some "remarkable omissions," in Sir Astley Cooper's case. This is an error. I have given the full, fair and accurate meaning of it, as far as it bore upon the question at issue. The Editor's version is very inaccurate, as I shall proceed to show. Dr. Eve takes the last sentence of the fifth paragraph and unites it with half a sentence in the second paragraph, leaving out and concealing the main and material fact stated in the latter half of the sentence, "*though a pulsation existed in it until the beginning of September*." He endeavors to produce the impression that no lump remained in the position of the original tumor some months after the operation, though clearly and distinctly in opposition to Sir A. Cooper's recorded language. If he does not mean this, what does he mean? Does he admit that some aneurisms may be months or years in be-

coming absorbed, but that my case must have been immediately absorbed because it *was* my case. The Editor, at the conclusion of this comment, again attempts to force upon me his false issue of aneurism being obliterated, in many years after operation. But, I repudiate the absurdity. It is a castle of his own creation, and he may demolish it as often as it pleases him. My quotation then of this case fully and fairly expressed the truth in regard to the duration of the swelling. The Editor's "*omission*" or suppression in narrating this case, is, with one exception (which we will reach presently,) the most truly "remarkable" on record. It must strike the attention of every reader. (See the whole case in Appendix, No. 1.)

#### COMMENT, No. 16.

[In the authority quoted by Dr. G., we read—"the pulsation in the tumor did not entirely cease, at first, when the artery was tied, but it did so in two days afterwards; and the swelling was *rapidly* diminishing."—EDT.]

The criticism in this comment is *literally* correct: the tumor, when punctured, from three to four weeks after the ligature was applied, discharged pus and coagulum and was rapidly diminishing. The case however has the value given it as gradual, in opposition to Dr. Eve's doctrine of immediate obliteration, as I understand him.

#### COMMENT, No. 17.

[With regret, we must again notice omissions in reporting this case. 1st, Mr. Porter says, "so far as the aneurism was concerned, he remained healthy." 2d, "It seemed as if the current of blood through the sac had never been interrupted"—the ligature failed to cut off the circulation through it. Was this the condition of the aneurism in Dr. Green's case? But Mr. Porter also furnishes other evidence in our favor, that aneurismal tumors become obliterated when the blood circulating in them is arrested. He says, in



1831, having failed to ligate the arteria innominata from the diseased condition of the vessel, the patient nevertheless recovered perfectly. "*The aneurismal tumor disappeared entirely.*" In another case of popliteal aneurism, where he applied a bandage to the entire limb from the toes upwards, he says, "on my visit the next day, the *aneurism was gone.*" In Dr. Mott's case the carotid was ligated to the distal side of an aneurism at the bifurcation of the innominata, and he states that the ligature came away "on the twenty-sixth day after the operation, the tumor above the sternum and pulsation having entirely disappeared. On dissection, no tumor appeared externally," though a large one existed in the thorax. Dupuytren ligated the axillary artery for an immense aneurism involving the origin of the right subclavian and carotid; the patient dying on the ninth day after the operation—"on examination there were but few traces of the tumor." In the celebrated case of Mrs. Denmark, operated upon by Mr. Wardrop of London, the aneurism, size of a turkey-egg, at the bifurcation of the innominata, "*not a vestige of the aneurismal tumor remained.*"—(Costello's Cyclopædia of Practical Surgery.)—EDT.]

The Editor says his regrets are renewed at noticing omissions in reporting this case. He might have restrained his feelings. The full and fair general meaning was given as far as it affected the question. My object was to prove that sometimes aneurisms do take long periods to become absorbed or obliterated, and this it does completely. The important fact, "On being cut into however, neither artery or sac was obliterated, was fully stated." There are consequently no omissions of a character to excite regret. I have no answer to make to the question, "was this the condition of the aneurism in Dr. Green's case? there having been no *post mortem* examination. But if the Doctor really desires to acquire some information in regard to this matter, he will find it in Mr. Porter's article, (*Cyc. of Anat. and Phys. Vol. 1, page 234,*) and (*Mott's Velpeau, page 105.*) Another of Mr. Porter's cases may be noticed, which Dr. Eve says furnishes additional evidence in his favor, "that aneurismal tumors become obliterated when the blood circulating

through them is arrested." It was a case of popliteal aneurism, where Mr. Porter applied a bandage on the limb from the toes upward and afterwards writes, "On my visit next day, the *aneurism was gone*." Dr. Eve stops his quotation here, leaving the impression upon the reader's mind, that by morning all vestiges of the tumor had disappeared. But what is the truth? Let us look at this case again in Porter's work, and read the *next two sentences* to the one quoted by the editor, and see what became of it. "But on my visit next day, the aneurism was gone. Within an hour after the application of the bandage, the patient experienced some pain in the tumor which soon become excruciating and continued the entire night. *In the morning the tumor NO LONGER PULSATED, IT HAD BECOME SOLID AND FIRM, and eventually the disease was cured.*" It had lost its aneurismal character and become solid and firm!!! And this is the way it went!!! (See case at length in Appendix, No. 5.) This is if possible, a more "remarkable omission" than that noticed in Sir A. Cooper's case.

It is hardly necessary to bring to the notice of the professional reader that Dr. Mott's case, by the editor's own admission proves that the aneurism was not obliterated in (7 months I think) after the operation though it disappeared from external view in twenty-six days. In his notice of Mrs. Denmark's case, we regret to see some remarkable "omissions," viz: "During the following winter the aneurismal swelling was again apparent, and on *post mortem* examination, over two years after operation, a vestige of the disease still existed as a hard lump, as large as a walnut, filled with laminated coagula. (Cyc. Pract. Med. and Surg. pages 532 and 231.) So much for this comment.

COMMENT, No. 18.

[Here the Doctor is again unfortunate in the selection and comparison of this case with his. He has only alluded to it—this is



its history, taken from Dupuytren's *Lecons Clinique*, vol. iv., p. 524. 'C——, aged 37, joiner by occupation, entered the Hotel Dieu 27th February, 1819, to be treated for *false consecutive* aneurism of the left axillary artery. When made a prisoner in Spain in 1811, he was knocked down by the blow of a sword received upon the left shoulder. Much hemorrhage then occurred, but by simple dressings the wound healed without further bleedings. Two months after being wounded, C. detected a small tumor in the arm-pit, offering pulsations, but without change of color in the skin. Two years afterwards this swelling was as large as a fowl's egg, and its pulsations were stronger. From the fatigue of returning now to France on foot, a distance of 300 leagues, the tumor acquired the *size of an infant's head at birth*. (Here follows a minute description of the symptoms of the case, and the operation of tying the subclavian artery above the clavicle.) On the eleventh day the ligature came away, and by the thirtieth, the wound was cicatrised. The tumor sensibly diminished every day, but becoming soft and threatening to suppurate, Dupuytren covered it with resolute compresses. The seventy-eighth day after the operation, the tumor was reduced to *one-fifth of its original volume*, no pus having formed. At the end of some months C. left the hospital to resume his former business, and for *three years continued well*. At this period, from excessive work, he was attacked with *inflammation and tumefaction* in the axilla. He again sought relief at the Hotel Dieu on the 14th July, 1822. In the arm-pit was a tumor as large as the fist; the skin was now red and thin; and its summit of a violet color as it threatened to burst. *This tumor offered no pulsation*; the patient had had chills, fever, want of appetite, &c. Dupuytren declared *it had no relation with the circulation*, and the matter it contained was not under the influence of the heart. He wished to open the tumor by an incision, but the patient preferred to wait, and it was poulticed. At the end of the fifteen days it opened spontaneously, and discharged a great quantity of *pus* mixed with matter resembling grapes in consistence and color. This was evidently formed from the old blood without the circulation, and altered by the work of suppuration. By proper treatment this patient left the hospital 22d October, 1822, a second time perfectly cured having no kind of tumor or swelling in the axilla." Surely there is quite a contrast between this case and the one narrated by Dr. Green.—He must admit at least an error of diagnosis in this instance.—EDR.]

The Editor says, I am unfortunate in the selection of the case from Dupuytren. Let us see. It was a case of *false consecutive aneurism*, as large as an infant's head, and on the *seventy-eighth* day after the operation, was re-

duced to *one-fifth* of its original size. (This was by no means a sudden obliteration.) At the end of *three years*, the patient was attacked with inflammation and tumefaction in the axilla. This tumor offered no pulsation, &c., &c. Dupuytren says, "Persuaded that the tumor was unconnected with the circulation, I wished to open it, but the patient preferred leaving it to the efforts of nature." It was poulticed. "In two weeks, it opened spontaneously, and discharged a large quantity of pus, and matter very analogous in color and consistence to *inspissated grape-juice*, evidently formed from the *old blood*, uninfluenced by the circulation, and changed by the process of suppuration around it." Now, what does Dupuytren mean by this statement in regard to the discharge resembling inspissated grape juice evidently formed of *old blood*? He clearly means, that this was the contents of the *old aneurismal sac*, softened and discharged by the abscess around it, and which had been disconnected from the circulation three years before, by the operation. This supereminent surgeon was right in the first instance, when he said the tumor *was* connected with the circulation, and right, three years afterwards, when he pronounced it disconnected. There was no error in diagnosis. This case then is not so unfortunate in its selection and comparison with mine, for if these occurrences took place in a false consecutive aneurism, how much stronger is the argument for a true one. In this connection, I beg leave to cite Dr. Eve's most particular attention, to another of Hodgson's cases, where a femoral aneurism discharged its contents, "brown sordes, with lamellated coagula," *twenty-years* after its apparent cure by compression. The following quotation from Dr. Hodge's article, page 156, gives an accurate outline of it. "For *twelve years* the patient remained well, the upper part of the thigh being *larger* than natural. The tumor again *increased*, but very slowly, for *eight or ten*



years, without any signs of aneurism. 'The apex eventually sloughed, and *brown sordes* with *lamellated coagula*, were evacuated." Mr. Hodgson introduced this case to prove that arteries are sometimes obliterated by the pressure of the aneurism, and thus the latter is cured. Marjolin, Bi-  
vard, and Guthrie, however did not consider this case as having proved it, though it is evident from the *post mor-tem* appearances, that Hodgson was right. Was this case *gradual* or not?

COMMENT, No. 19.

[The reader will decide, if a single case has been exhibited to prove the latter clause of this sentence.—EDT.]

In reply to my remark, enough has been said to show that it is neither new nor unusual for an aneurism a good deal larger than a hen's egg, not to be instantly dispersed &c., the Editor says, "(The reader will decide, if a single case has been exhibited to prove the latter clause of this sentence.—EDT.) He relies more confidently upon the mental obtuseness of his readers, than I do. 'The intelligent reader who peruses this humble production will see that this has been proven conclusively. The evidence from Sir A. Cooper's, Porter's, Dupuytren's, Hodgson's, Brodie's, and other cases, is irresistible.

COMMENT, No. 20.

[Not so stated in the narration of the case.—EDT.]

In reply to my third reason for still believing Deas' case to be an aneurismal tumor "because it pulsated violently and throughout its whole extent &c.," the Editor renews his "many a time and oft repeated" sentence, *Not so stated in the narration of the case.* True. But it was stated that it pulsated violently, and after carefully examining my original notes, I now state positively that it fully came up to Mr. Liston's definition in this respect.

## COMMENT, No. 21.

[Not so stated in your Article.—*Edt.*]

To my 5th reason, (Because the size, pulsation &c., were instantly restored upon removing the pressure,) the Editor repeats (*Not so stated in your article.*) True. But does it not follow as a natural and irresistible inference, that as the swelling repeatedly responded to the experiment of compressing the artery on its proximal side; it must have, as suddenly regained its lost size in the intervals? This was clearly understood if not expressed. No one would doubt it, but the hypocritical Editor of the Southern Medical and Surgical Journal.

## COMMENT, No. 22.

[Not so stated in your Article.—*Edt.*]

As a compendious answer to every thing that it would be inconvenient to admit, the Editor replies to my 6th reason, "Because the last two indications were more completely evinced when the artery was compressed between the finger and canula during the operation, with another obnoxious interjection of "*Not so stated in your article. Edt.*" This objection is literally true, but essentially a mere cavil. It was stated in the narrative, "we now compressed the artery between the finger and canula to observe its effects." And are not all the probabilities in favor of the truth of my statement? Was not the blood more completely and perfectly cut off from the aneurismal swelling without interfering with the jugular vein and other parts?

## COMMENT, No. 23.

[This is at direct variance with the effects of the operation, as recorded in June No.—*Edt.*]

The Editor says my 7th reason, "Because of the immediate beneficial results of the operation &c., is at direct



variance with my narrative in the June No. This is a mere caviling contradiction ; an endeavor to produce the appearance of a difference where none in reality exists.— It is distinctly stated in the narrative—on the 16th (3d day after operation) “ Found Deas quite comfortable, &c.”— “ From this time forward Deas went on to recovery without a single unpleasant symptom ; the tumor rapidly diminished to a small hard lump ; the headache, cerebral confusion, &c., soon disappeared.” Would these effects have been seen from a ligature to the artery, if the tumor had been a diseased gland or encysted tumor ? Who would answer in the affirmative but the Editor of the Southern Medical and Surgical Journal ?

COMMENT, No. 24.

[As we have given to Dr. Green every advantage, and introduced no new evidence, but attempted to explain and complete his own, we are now done with the discussion of this subject. The proof-sheets will be sent him, that errors may be corrected in any thing we have said or done, and this too in the present No. under the head of Medical Intelligence. We regret sincerely if we have unintentionally wounded his feelings in the slightest degree—nothing was farther from our object. We would not injure his professional reputation, fair and honorable as we have heard it to be, but on the contrary, he has our best wishes for a long and prosperous career of usefulness in life. But errors often occur in medicine and surgery. None of us are above committing mistakes in the exercise of the most difficult of all professions. We have not even accused the author of making one, but only expressed a doubt as regards his diagnosis in a case. Mr. Wardrop, celebrated for his operations on aneurisms, is said to have lost a patient, who presented a tumor disconnected with the carotid, and a ligature around the tendon of the omo-hyoid muscle as it crosses the artery. And but a few months ago, it having been determined in consultation by distinguished surgeons in Paris, that a patient labored under a carcinomatous disease, the spermatic cord was first divided, and the scrotum laid open, when, lo and behold ! a sound testicle existed at the bottom of a hydrocele. The operation was arrested, a second consultation held, when it was decided to complete it, and for once the doctors could assure the patient his *cancer* would not return. The case of the late Mr. Liston is also one strikingly in point. The most distinguished pathologists failed to detect his disease—aneurism of the aorta.

Nor would we insinuate that Dr. Green intentionally misquoted from authors—the differences between us here may be justly attributed to different editions of the same work.—EDT.]

For the above salvo which the Editor has been pleased to offer for what he imagines to be my wounded feelings, he is returned such thanks as it deserves.

Finally, passing by all minor points of controversy I am willing to rest the aneurismal character of the tumor upon this main feature (which has been established, it is hoped, to the satisfaction of every impartial mind,) that when the artery was compressed against the vertebrae or canula, it suddenly lost two-thirds of its volume and as suddenly regained it when the compression was removed. And I now publicly call upon Dr. Eve either to furnish to the profession an accurate account of those non-aneurismal tumors in the carotid region which exhibit this feature, or to publish a card, in an early number of his Journal, acknowledging his error.

*Editorial Note from the October No. of the Journal.*

As intimated in our closing remarks on Dr. James M. Green's communication in the September No. the proof sheets were sent to him to have corrected any errors he should detect in our comments upon it; and he was requested to have prepared by a given time, what he might deem strictly within the province of a critic limited to the correction of mistakes, misstatements, &c. This was necessary in order that the whole subject could be embraced in the same No. of the Journal. After delaying the press for more than three days for his express accommodation, he sent us a manuscript of about twelve pages of thirty-five lines each. Besides the impossibility of then publishing this lengthy communication, we considered it an unreasonable demand upon the pages of our periodical. Dr. G. had written twice upon the subject and we only once, and then stated that we were done with it—we had, moreover, introduced no new matter, and gave him the privilege to correct our errors and thus conclude the discussion.

Desirous of avoiding a controversy, and determined that this Journal should not be made the medium of it, we proposed to Dr. Green that we would publish without word or comment, whatever three professional friends might agree upon in relation to our different views about the aneurismal tumor—or we would distribute, under cover of the Journal, [? J. M. G.] whatever he might think proper to publish on the subject. He has rejected both these propositions, and having withdrawn his last communication to us, is, we understand, about to appeal to the



profession. If we have done Dr. Green, his friends or his cause, the least injustice, we do not know how more fair or honorable we could have been than in the propositions we have made to him. If truth and justice have been denied him by us, surely he might have trusted his own friends in Macon. In reference to his contemplated appeal to the profession, we have only one remark to make, that is, our professional brother may feel assured we shall not return evil for evil, nor railing for railing, but contrariwise.

Notwithstanding the withdrawal of the last communication by Dr. Green, we extract the following facts contained in it, bearing legitimately upon the subject under discussion.

His patient, Deas, went to the West soon after the operation, and he cannot now tell what is the present condition of the tumor upon which he operated, never having heard from him.

Dr. Green has verified by post mortem examination, one case of aneurism of the aorta, and has still the preparation.

Dr. White, of Milledgeville, has met with two cases of aneurism of the carotid artery—one occurred in a negro woman of Dr. Fort, who, assisted by Dr. W., operated successfully; the other, also in a negro woman from Jones Co., who declined an operation, died quite suddenly.

In corroboration that it was the patient who supposed the aneurism was an enlarged gland, and not his physician, it is stated in the narration of the case, "Deas gave the following history of the tumor." This we had overlooked, and were justly amenable to criticism for it.

Dr. Green moreover denies that he made any remarkable omissions in stating his case, but says he has given them full, fair, and appropriate, and with one exception, strongly to the point—he says, too, his quotations are not mis-quotations. We were charitable enough to attribute the differences between us, in reference to quotations, &c. to different editions of the same author. In sustaining our position, to which Dr. Green has forced us, we have endeavored to exercise every disposition to treat him with all possible respect and kindness, in the discussion. We passed over his using a private letter, in no way prepared for publication, and making it the basis of his article on the diagnosis of aneurism—he was not criticised for taking an incomplete sentence [This is a mistake. The quotation from Hodgson is a full and perfect sentence. See p. 91, paragraph 5. Although it is admitted that there may be an error in the latter quotation, it is fairly made, and there is no attempt to conceal a material fact.] (in Dr. Samuel Cooper's Surgical Dictionary) from Hodgson, and coupling it with another incomplete one on page 97 from Scarpa, and attributing them to the same author; the more glaring error, as Hodgson was speaking of aneurisms, and Scarpa of dilatation of arteries. This mistake was only pointed out. The reader, if he will take the trouble, will by comparing the quotations, decide upon the question here involved between us. We have in every instance referred to the last edition, and in the authority of Prof. Porter, of Dublin, we have preferred his Lectures published in the Medical Press, to his article on Aneurism in the Cyclopaedia of Anat. and Phys. In every other instance, we believe, Dr. Green and ourself quote from the same book. In completing the history of a case, however, we obtained information from every available source.

When the reader will have perused the appeal to the profession, he can decide if we have acted wisely in excluding it from the Journal.

Dr. Eve having admitted that there are two physicians in Georgia who can tell an aneurism from an abscess, and that aneurism of the aorta may occur in this state, it only remains to notice a few of the assertions in this, in some respects, remarkable effusion.

Shortly after forwarding my letter in reply to Dr. Eve's comments, I received a letter from him, proposing to arbitrate something, (not stated exactly what,)—to distribute my reply *with*, not under cover of, his Journal, and earnestly advising me to let the matter rest. In my reply to this letter, I declined, for reasons satisfactory to myself, as I certainly had a right to do, to accede to either of these proposals. Some of these reasons were as follows: 1st. I wished to publish my reply in better connection with his comments. 2nd. I did not wish to have any further intercourse of this kind with the Editor.—Having found that his self-vaunted justice and fair dealing were more hollow than sounding brass, I wrote him that I would not be the recipient of his generosity or his advantages. My reasons for declining his offer had no connection with distrust of the profession here, but had with distrust of the Editor.

The Editor had, he says, in the exercise of his boasted charity, passed over my using a private letter as the basis of my article. The case stands thus: I received Dr. Eve's letter, containing his objections to the diagnosis, and inviting a reply, June the 12th or 13th, and on the 15th wrote him that I would discuss and controvert them. I accordingly forwarded my communication about a *month* afterwards, and on the 16th July received his acknowledgment of its receipt, in which he, for the first time, alluded to his letter being a private one. I wrote him on the 17th, stating that although I had supposed he understood the matter perfectly, if he still thought his letter was of so private a nature that it could not be used in this way, and



would furnish me with his objections, as he wished them arranged, and with my manuscript, I would remodel it to suit him in this respect. He did not do so, and his complaint is consequently utterly unfounded, not to use a harsher expression. Let us examine the Editor's own conduct in this respect. The modesty with which this accusation is made may be properly estimated when it is recollected that the whole preceding Editorial note is founded on a violation of a private communication. He admits that I withdrew my reply. Very well. When I did so it became my own private property, and Dr. Eve had no more right to know its contents, *editorially*, than he had to know the contents of a sealed letter addressed to me. What right had the Editor to attempt to forestall a communication which had been withdrawn from him? What right had he to misuse my article, by writing to a person alluded to in it, for the purpose of picking out a discrepancy between him and myself? Such conduct must be condemned by the editorial corps, and indeed by all right minded men. Defend us from such editorial justice, fair dealing, charity and generosity.

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## A P P E N D I X .

### No. 1.

Sir Astley Cooper's case, with the material fact "omitted" by Dr. Eve. Cooper's Surgical Dictionary, p. 139.

1. In June, 1808. Sir Astley Cooper operated, in Guy's Hospital, on a man aged 50, who had a carotid aneurism, attended with pain on one side of the head, throbbing in the brain, hoarseness, cough, slight difficulty of breathing, nausea, giddiness, &c. The patient got quite well, and resumed his occupation as a porter. There was afterward no perceptible pulsation in the facial and temporal arteries of the aneurismal side of the face.

2. On the opposite side the temporal artery became unusually large. The tumor was at last quite absorbed, **THOUGH A PULSATION EXISTED IN IT TILL THE BEGINNING OF SEPTEMBER.** The man's intellects remained perfect; his nervous system was unaffected; and the severe pain, which before the operation used to affect the aneurismal side of the head never returned.

3. The swelling, at the time of the operation, was about as large as a pullet's egg, and situated on the left side, about the acute angle made by the bifurcation of the common carotid, just under the angle of the jaw.

4. Sir Astley Cooper began the incision opposite the middle of the thyroid cartilage, at the base of the tumor, and extended the wound to within an inch of the clavicle, on the inner side of the sterno-cleido-mastoideus muscle. On raising the margin of this muscle, the omo-hyoideus could be distinctly seen crossing the sheath of the vessels, and the nervus descendens noni was also brought into view. The sterno-cleido-mastoideus was now separated from the omo-hyoides, when the jugular vein was seen. This vessel became so distended at every expiration as to cover the artery. When the vein was drawn to one side, the par vagum was manifest, lying between that vessel and the carotid artery, but a little to the outer side of the artery. The nerve was easily avoided.

5. A double ligature was then conveyed under the artery, with a blunt iron probe. The lower ligature was immediately tied, and the upper one was also drawn tight, as soon as about an inch of the artery had been separated from the surrounding parts above the first ligature, so as to allow the second to be tied at this height. A needle and thread were passed through the vessel below one ligature, and above the other. The artery was then divided. In a little more than nine weeks, the wound was quite healed, and the patient entirely recovered. [See Med. Chir. Trans. vol. 1.]

#### No. 2.

Case from Mr. Porter's article in Cyclopedia of Anatomy and Physiology. Page 236, vol. 1.

A man was operated on by Mr. Collis, in the Meath hospital, for popliteal aneurism, on the 22nd January, 1831. The ligature came away on the seventeenth day; the tumor diminished; in short, every thing went on well, and the patient left the hospital, perfectly cured. So far as the aneurism was concerned, he remained healthy and free from inconvenience until his death, which happened in March 1835, from fever, and such an opportunity for pathological inquiry was not neglected. The tumor, which had been originally of the size of a turkey's egg, was found to have diminished to little more than that of a walnut: externally it felt



hard, and as if completely solidified. On being cut into, however, neither artery nor sac was obliterated, the latter being occupied by a coagulum of a deep red color, through the center of which was a canal of a sufficient size to allow the blood from the portion of the artery above the tumor to flow freely into that below it. It seemed as if the current of blood through the sac had never been interrupted, the only effect of the former ligature having been the removal of the impulse of the heart from it.

### No. 3.

Sir B. C. Brodie's case, from the *British and Foreign Medical Review* for Oct. 1847.

In May 1839, Sir B. Brodie tied the external iliac for an aneurism in the groin. The patient, after recovering from a severe attack of peritonitis, was discharged cured. In the latter end of November, slight pulsation returned, but was removed by local pressure, applied during two months. In November 1841, there was a slight recurrence of the pulsation, but no increase in the size of the tumor. In January, 1842, the tumor was larger, but had no pulsation. From this period it gradually but steadily increased in size for the ensuing twelve months, during which time it grew to the size of the egg of an ostrich; its surface was somewhat irregular, and softer in some parts than in others, although the tumor itself was perfectly solid. During the whole of the time neither pulsation nor sound of any kind could be detected. In January 1843, the tumor became stationary, and some time afterwards it began to diminish; the decrease was continued until July of the same year, when the patient died of phthisis.

On examination after death, the tumor was found lying upon the superficial femoral artery, at about a quarter of an inch below the point where this vessel comes off from the common femoral. It was as large as the head of a full-grown fœtus, slightly irregular on its surface, but perfectly solid. Upon being cut into, it presented the characteristic layers of coagulated blood observed in aneurisms which have been cured. These coagula, which had, for the greater part, lost their coloring matter, were disposed in very thin layers, closely packed together, and completely filling up the aneurismal sac, which was formed by the outer coat of the vessel, and remarkably thin towards its anterior part. The collateral vessels were much enlarged, but there was no abnormal distribution; the return of pulsation, therefore, must be explained by the situation of the tumor, which became affected by the large current of blood brought into its immediate neighborhood.

### No. 4.

Mr. Hodgson's case of twenty years duration. From

Hodge's article in Cyclopaedia of Prac. Med. and Surg. page 511.

In this case, an aneurismal tumor of the femoral artery, about four inches below Poupart's ligament, was treated by compresses, and by a bandage extending from the foot to the groin, for some months, when suddenly the whole limb became extremely cold and benumbed, and the tumor and thigh livid. The next morning the pulsation of the tumor ceased: soon the warmth returned, and the tumor diminished in size. For twelve years the patient remained well, the upper part of the thigh being larger than natural. The tumor again increased, but very slowly, for eight or ten years, without any signs of aneurism. The apex eventually sloughed, and brown sordes, with lamellated coagula, were evacuated. There was no hemorrhage, but death ensued from the irritation and fever. On dissection the artery was found obliterated for the space of three inches, the surface of the sac was in a sloughing condition, but no large blood-vessel communicated with its cavity.

#### No. 5.

Mr. Porter's case of Aneurism that "was gone" the next morning after the operation. Medico Chirurgical Review, Oct. 1841, p. 399, and Porter's Observations on the Surgical Pathology and Treatment of Aneurism, page 100.

Some years since, a man suffering from aneurism, was admitted into the Meath Hospital. The tumor was situated low down in the popliteal space, and *was large, being fully the size of a turkey's egg*. The limb was semiflexed, and could not be extended; pain very considerable, together with a sensation of numbness and tingling in the foot; tumor not compressible, at least pressure influenced its size but slightly; it was hard, and did not diminish in bulk when the femoral artery was compressed, which, however, stopped the pulsation. With a view to humor the patient, until he could be persuaded to submit to an operation which I conceived to be absolutely necessary, I rolled a bandage round the entire limb, from the toes upwards. This, as the idea of treating the disease by compression had never been contemplated, was very loose; nor had I the least notion that the tumor could have been influenced by it, one way or the other. But, on my visit the next day, the aneurism was gone. *Within an hour after the application of the bandage the patient experienced some pain in the tumor, which soon became excruciating, and continued the entire night.* IN THE MORNING THE TUMOR NO LONGER PULSATED—IT HAD BECOME SOLID AND FIRM, and eventually the disease was cured.