THE DUBLIN JOURNAL
OF
MEDICAL SCIENCE.

SEPTEMBER 1, 1903.

PART I.
ORIGINAL COMMUNICATIONS.

Art. VI.—Traumatic Aneurysm of the Left Subclavian Artery Produced by Fracture of the Clavicle,* By W illiam Taylor, B.A., M.B. Dubl. Univ., F.R.C.S.I.; Member of the Council, Royal College of Surgeons, Ireland; Surgeon to and Lecturer on Clinical and Operative Surgery Meath Hospital and Co. Dublin Infirmary; Surgeon to Cork-street Hospital, &c., &c.

Aneurysm of the subclavian artery, from its comparative rarity, always possesses a certain degree of interest. When that aneurysm is the result of a fracture of the clavicle it becomes at once a condition of exceeding rarity, consequently this fact renders an apology from me for bringing the notes of the following case before the readers of this Journal quite unnecessary:

M. J., a pensioner, aged sixty-two years, was admitted into the Meath Hospital, under my care, on October 13th, 1902. His history, prior to September 28th—that is, until a fortnight before admission—was that of a healthy man, his only sickness being a few attacks of malaria. There was no history of syphilis, and before his accident there had never been anything wrong with the arm or shoulder.

* Read before the Section of Surgery in the Royal Academy of Medicine in Ireland, on Friday, May 15th, 1903. [The discussion on this paper will be found at page 142.]

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On the evening of September 28th, when stepping off a dray, he slipped and fell outwards on his left shoulder. Next day, notwithstanding the fact that his shoulder was swollen and paining him considerably, he went to his work, which consisted in wheeling gravel in a wheelbarrow, but on the second day, on account of the pain, he was unable to work, and came to the Meath Hospital, where the Resident Pupil on duty treated him in the ordinary way for a fractured collar-bone. The swelling was noticed, but thought to be the result of using his arm freely for almost forty-eight hours after fracturing the clavicle.

On October 13th I saw him, and feeling pulsation, which was indeed distinctly visible in the swelling, had him admitted at once into hospital. On examination, the swelling was seen to chiefly occupy the lower part of the left posterior triangle of the neck, but it extended forwards underneath the sterno-mastoid muscle, and downwards below the clavicle, overlapping the broken fragments. It was most prominent just at the site of fracture, at which point the coverings were very thin and the pulsation most distinct. The tumour felt fairly hard all over, except just at its most prominent point, where it was soft and fluctuated distinctly. A loud bruit was easily heard all over it, and my medical colleagues were of the opinion that there was a diastolic aortic murmur. There were no evidences of any impediment of the venous return, but the patient complained of pain, tingling, and numbness down the arm and in the hand. There was no loss of power in the hand or forearm. The radial pulse on the affected side was much smaller than on the right side. There were some evidences of general atheroma, but the urine was free from albumen. My colleague, Mr. Lane-Joynt, kindly took a skiagram for me, which shows something of the outline of the tumour as well as the interesting condition of the broken fragments. A spiculum of bone is distinctly seen projecting downwards at right angles from the inner end of the outer fragment. It was also noticed that the pulsation was not nearly so well marked in the sitting as in the recumbent position, while in the upright position it could not be detected at all, though the bruit could be heard in this position, but only faintly. The diagnosis was that of aneurysm of the subclavian, produced by the spiculum of bone seen in the skiagram projecting towards the vessel.

The treatment for the next fortnight consisted in absolute rest, restricted diet, and iodide of potassium, but, at the end of this