Intra-thoracic Tumour simulating Aneurism.

from the splanchnopleure. We have also seen that all this com-
plex system of trunk and limb is primarily only the muscular wall
of lateral paired diverticula from the alimentary canal, and that all
the apparent segmentations of the embryo, including the proto-
vertebral, are but returns to the most primitive of embryonic states.
In unravelling these relations embryology has proved itself to be
what it alone can be—the key to unlock the secrets of morphology,
but we have to be content for the present with a simple record of
phenomena, and can only guess vaguely at their direct causation,
for to us it is still as great a mystery as it was to the royal philo-
sopher of old, "How the bones do grow in the womb of her that is
with child."

ART. XII.—Intra-thoracic Tumour simulating Aneurism; with
Remarks on Differential Diagnosis.* By J. Magee Finny,
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The case which I bring under the notice of the Society is one
which has interest connected with it on account of its rarity, the
difficulties attaching to its diagnosis, and the anomalous symptoms
which attended its course. To some of the members of the Society
it may present further interest, as the patient was seen by them
during her life.

It is a case of lympho-sarcomatous tumour, which was both external
to the parietes of the thorax as well as intra-thoracic—involved in
its growth the muscles overlying the sternum and three upper ribs,
as well as the vessels and structures in the anterior mediastinum,
and the sternum itself—and which presented many signs and symp-
toms of aneurism:—

Kate D., aged thirty, servant, presented herself at the extern depart-
ment of the City of Dublin Hospital on October 9th, 1876, complaining
of a swelling in the upper part of the chest, and sought some liniment for
the relief of pain in this place.

My colleague, Dr. Benson, recognised her case to be more serious than
she seemed to think it, and she was admitted the following day under
my care for the purposes of a more thorough investigation.

She is a strong, thick-set, remarkably healthy-looking girl, of very

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cheerful and lively disposition, and has always, without exception, enjoyed the best of health. There is no history of any hereditary or specific disease, the several members of her family being all perfectly healthy.

Her account is as follows:—About two years ago she fell down a flight of stairs, coming with much violence against a wooden box at the bottom, over which she rolled. She was seen by one of our leading surgeons, who found no bones were broken and ordered a liniment. The pain in her left shoulder was, however, so transient that she desisted treatment after a few days, continuing in her situation, and thought no more of her accident till about two months and a half ago. She was then seized with an acute pain across the front of the chest, at times extending down the arms. Latterly it has left the arms to radiate round the shoulders to the nape of the neck. A short time after the accession of the pain she noticed an ill-defined prominence in the front of the chest. To this she applied mustard, on two or three occasions, with relief. Latterly she has not slept well, but in every other respect, as to appetite and general health, she states she is perfectly well. In fact for a considerable time after admission she constantly desired to leave hospital to enter a situation. So little did her symptoms impress her that she could not believe she was ill.

The tumour is sufficiently prominent to catch the eye when the chest is exposed; though ill-defined, the centre of the prominence corresponded to the junction of the second left rib with the sternum, being lost in the general contour of the chest about an inch and a half in all directions from this point. It is firm and resisting to the feel, immovable; much handling gives rise to pain. It receives a slight but perceptible impulse; rather abrupt; systolic in time. The impulse was best observed at the sides of the tumour, and here it was distensible in character, but to no marked degree. Over the tumour two sounds, which are evidently the conveyed sounds of the heart, were very audible, the first being accompanied by murmur. They were also readily heard posteriorly between the scapulae. Over the base of the heart, corresponding to the third left costo-sternal articulation, a murmur is audible, systolic in time, of a blowing character, which is lost towards the apex beat, but is heard upwards in the tumour, and under the left clavicle. It is just as loud mid-sternum as in the tumour. It could also be distinctly heard midway between the left scapula and the spine at the third vertebra; from thence it could be traced down the vessel to the twelfth dorsal vertebra. Except over the seat of the tumour no abnormal dulness could be detected anywhere, and there were no evidences of any pulmonary or pleural engagement, and no enlarged glands could be detected in the neck or axilla. There was no alteration of the pupils, and though generally dilated they were equally so, and they readily responded to light. She