

**THE MODERN TREATMENT  
OF DISEASES OF THE  
HEART. PART II. DISEASE OF  
THE AORTA; PP. 181-316**

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The Modern Treatment of Diseases of the Heart. Part II. Disease of the Aorta; pp. 181-316 by  
Dujardin-Beaumez & E. P. Hurd

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**DUJARDIN-BEAUMETZ & E. P. HURD**

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7  
2  
87

TABLE OF CONTENTS OF PART II.

	PAGE.
Preface.....	VII

CHAPTER I.

*Treatment of Aneurisms of the Aorta.*

SUMMARY.—The Diseases of the Aorta—Treatment of Aneurisms—Necessity of Exact Diagnosis—Causes of Error—Therapeutic Means Proposed—Method of Valsalva and Albertoni—Inopexia—Compression—Protective Trusses and other Apparatus—Rupture of the Aneurism—Danger of Compression of Thoracic Aneurism—Its Good Effects in Aneurism of the Abdominal Aorta—English Method and Method of Broca—Subcutaneous Injections of Ergotine—Applications of Ice—Their Advantages and Disadvantages—Internal Medicaments—Salts of Lead—Alum—Digitalls—Iodide of Potassium..... 181

CHAPTER II.

*Treatment of Aneurisms of the Aorta by Electro-puncture.*

SUMMARY.—Introduction of Foreign Bodies Into the Aneurismal Pouch—Acupuncture—Introduction of Needles, Fine Wire, or Horse Hair—Method of Baccelli—Introduction of Watch Springs—Electrolysis—Method of Ciniselli—Indications and Contra-Indications for this Method—The Operative Procedure.... 221

VI TABLE OF CONTENTS—CONTINUED.

CHAPTER III.

*Treatment of Aneurisms of the Aorta by Electrolysis.*

SUMMARY.—Observations of Patients Treated by Electrolysis—Results Given by this Method—Improvements in the Art of Electrolysis..... 261

APPENDIX I.

Antipyrine in Angina Pectoris..... 299

II.

The Use of Strophanthus in Dilatation of the Heart..... 300  
Index to Parts I and II..... 309

## PREFACE.

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In presenting to the medical profession of the United States this treatise on the therapeutics of Aneurisms of the Aorta—a theme on which comparatively few works have been written—the translator trusts that this little volume will be welcomed by physicians and surgeons as a comprehensive, interesting, and practical exposition of the subject. Some new matter has been added to bring the work fully abreast of the times.





# DISEASES OF THE AORTA.

## CHAPTER I.

### TREATMENT OF ANEURISMS OF THE AORTA

**SUMMARY.**—The Diseases of the Aorta—Treatment of Aneurisms—Necessity of Exact Diagnosis—Causes of Error—Therapeutic Means Proposed—Method of Valsalva and Albertoni—Inopexia—Compression—Protective Trusses and other Apparatus—Rupture of the Aneurism—Danger of Compression of Thoracic Aneurism—Its Good Effects in Aneurism of the Abdominal Aorta—English Method and Method of Broca—Subcutaneous Injections of Ergotine—Applications of Ice—Their Advantages and Disadvantages—Internal Medicaments—Salts of Lead—Alum—Digitalis—Iodide of Potassium.

**GENTLEMEN.**—The chronic affections of the aorta are little influenced by therapeutic means, and when you have to do with acute or chronic aortitis, the treatment instituted is directed more against the symptoms and incidents of the malady than against the malady itself; as, moreover, the symptoms, which are largely due to the influence of the lesion on neighboring organs, are similar to those caused by alterations of the orifice and especially aortic insufficiency, it is plain that the treatment will be nearly alike in both cases.

Therefore I shall concern myself here with the treatment of only one of the diseases of the aorta,

rare, it is true, but deserving your serious attention, for you will see that the physician may, by appropriate means, sometimes arrest the march of the affection; I allude to aneurism of the aorta. What emboldens me to take up the subject, is that we have just at the present time in our wards a man suffering from aortic aneurism on whom I propose to apply a mode of treatment thus far almost unknown in France. Another patient, also in our wards, and who was sent here by my confrère Dr. Malfilâtre, has an enormous aneurism of the aorta which will give you a good idea of the extraordinary development which these aneurismal pouches sometimes present.\*

As I have done in the case of affections of the

---

\* This patient, aged fifty years, had in the posterior and lateral region of the left chest an enormous pulsating tumor measuring twelve centimetres in height. This tumor gave no bruit de souffle to auscultation but only a double bruit de battement [an accentuated booming sound, described by some writers as a systolic jog or shock.]

The heart appeared to be healthy. There was considerable oedema of the lower extremities.

Dujardin-Beaumez, considering the state of the patient, who was cachectic, considering also the enormous size of the tumor, felt it inexpedient to try electrolysis, and the patient in the course of three months succumbed to the progress of the cachexia.

The autopsy confirmed the diagnosis which had previously been made. There existed in the thoracic cavity, on the level of the insertion of the diaphragm, an enormous aneurismal pouch completely surrounding the vertebral column, and pre-

senting a circumference of 57 centimetres. This pouch consisted of two portions; one, much the larger, occupied all the left side of the thorax, crowding the lung into the upper part of the chest, and reducing it to the size of a tongue-shaped lamella. The other part passed over to the right of the vertebral column, projecting somewhat into the corresponding side of the thorax. This tumor crowded hard on the ribs of the left thorax, and had actually destroyed the eighth, ninth and tenth ribs. The heart, forced somewhat toward the middle line, rested on the tumor; it was of normal size and texture. The aorta was healthy as far as the descending and posterior portion, where was found an opening of communication, seven centimetres in extent, into the aneurismal pouch. This pouch contained a voluminous clot which was composed of two parts: the middle part, corresponding to the aorta and vertebral column, was of new formation, while the lateral portions, constituting the right and left parts of the tumor, consisted of fibrin of firmer consistency and much older deposition. The vertebral column, which lay bare in the tumor to the extent of eighteen centimetres, presented a profound and very curious alteration of the first six dorsal vertebrae. The intervertebral spaces alone remained intact, while the bodies of the vertebrae were deeply excavated and altered.

Dujardin-Beaumetz, in reporting this case to the Society of the Hospitals, December 28th, 1877, exhibited the patho-anatomical specimen, dried and skilfully prepared by his colleague, Anger; the pathological peculiarities above mentioned were well shown. He also called attention to the following important facts in the case: The diagnosis had been very accurately made months before the death of the patient by Constantin Paul; there was no paraplegia, despite the profound alteration of the vertebral column; the presence of the enormous fibrinous coagula which had spontaneously formed in the tumor, was a feature of considerable practical interest.