

ailments, or functional disorders; and, if we could have recognised their meaning, we should have been able to foretell what would happen, and by changing the habits of life or the environment of the patient, and possibly by the help of other remedies, we might have been able to arrest its course, or entirely have prevented it. Our efforts in this direction would be greatly aided by an accurate knowledge of the individual's family history, and of his past illnesses. To obtain a systematic record of these details for all our patients must be one of our future objects. Such records as these will afford us knowledge that will enable us to practise preventive medicine, in relation to this, the largest and most fatal group of all diseases which come under our observation—the chronic organic diseases. At present, we are almost powerless in their presence, though so frequently asked to fight with them for the lives of those who entrust themselves to our care.

The hospitals have done their share to help us; it now remains for the practitioners of medicine, who see the beginnings of disease, to do theirs; and to unite together to watch and record the life-histories of diseases; for it is the practitioners who first see the little leaks, which will expand till they sink the ship.

3. Concerning our third class, that of functional diseases, we know scarcely anything. They are rarely seen in hospitals, except among the out patients, where they cannot be studied; here they pass before us, their past unknown, their future untraceable. All that we know concerning these diseases, is some more or less satisfactory experience as to their empirical treatment. It is true that many careful observers, after long experience, may have detected certain relationships of these minor ailments to more grave diseases; they may have known them as marking a family predisposition or an acquired vicious habit; but such observations as these require a lifetime to make them, when they are limited to the experience of an individual; and, although the mental note may have been made, the permanent record in black and white has been omitted—so that, if the observer records anything, he records only the impressions of a life-time; but he lacks the accurately detailed facts necessary for the proof and acceptance of a new doctrine.

These observations we now ask of you to unite in making; and the best efforts of this Association will be given to making the method easy and the labour light. I may say that our committee has in preparation a scheme, which it will shortly bring before you, for encouraging patients to keep carefully prepared records of their lives and of the chief incidents therein, both medical and otherwise. These records would prove of very great value, alike to the patient, to the doctor, and to medical science. From them could be deduced, not only forecasts of disease, but warnings and guides for the conduct and preservation of life. In this scheme, we have the assistance of Mr. Francis Galton, whose valuable papers (in the *Fortnightly Review* of this year) on "Photographic Chronicles" and "Anthropometric Laboratories", shadowed forth the desirability, and indeed the necessity, of some such scheme. Closely allied with this will assuredly follow certain changes in medical practice, which are at present slowly, but, I believe, surely, advancing. I mean such a change as that advocated by Dr. W. F. Phillips of Andover—a system by which we shall be paid to prevent disease; not, as at present, called in to cure the incurable. We want to teach our patients how to live, to give them healthy surroundings, and to protect them from unhealthy habits and occupations; then to watch and treat their minor ailments; and so ward off, as long as possible, grave organic disease.

CASE OF TRAUMATIC ANEURYSM OF THE FACIAL ARTERY.

SUCCESSFULLY TREATED BY PRESSURE UPON THE FACIAL ARTERY WITH HARE-LIP PINS.*

By T. SYMPSON, F.R.C.S.,
Surgeon to the Lincoln County Hospital.

S. P., aged 31, a foundryman, was admitted into the Lincoln County Hospital on June 25th, 1882, on account of a pulsating swelling, the size of a walnut, in the right cheek, about an inch from the angle of the mouth, at a point corresponding to the course of the facial artery. The pulsation was easily stopped by pressure upon the artery on the proximal side of the swelling. No *bruit* was audible.

Three weeks before admission, while the patient was holding a punch which another man was hammering, a minute portion of steel flew off and entered his cheek, occasioning a small punctured wound, which bled freely. The hæmorrhage was readily controlled by pressure of a pad dipped in collodion.

* Read at a quarterly meeting of the Midland Branch.

On June 26th, at 11 A.M., one hare-lip pin was inserted beneath the proximal, and another beneath the distal portion of the artery, and a figure of 8 ligature was placed over each. Slight pulsation was perceptible in the sac immediately after the operation, but within four hours this had altogether ceased, and did not return.

June 28th, 11 A.M. The pins were removed. The swelling was firm and considerably lessened in size.

This patient called on me on September 11th, when I could discover only a very small amount of thickening in the former site of the sac, and was unable to detect any pulsation. It needed close inspection to make out either the cicatrix of the wound or the marks left at the points of entrance and exit of the hare-lip pins.

REMARKS.—This was obviously a good example of Erichsen's first variety of circumscribed traumatic aneurysm, concerning the treatment of which he says: "If the artery be small, and so situated that it can be opened without much subsequent inconvenience to the patient, as in the temple, or on the forearm, it should be laid open, the coagula turned out, and the vessel ligatured above and below the wound in it." Such a method of dealing with a traumatic aneurysm, resulting of necessity in the production of a large scar, would clearly be undesirable in an exposed part of the body, such as the face. I was, therefore, induced to consider whether a cure might not be effected by the employment of some milder means. Taking into consideration the free anastomoses of the arteries in this situation, and the chance, therefore, of the failure of pressure applied to the artery leading to the sac, to the sac itself, or to both the artery and the sac, I thought it best to attempt to arrest the circulation by means of hare-lip pins passed beneath the artery at its entrance into and exit from the sac. The fact of the tumour being well-defined and firm, and the skin over it of natural colour, showing that the tissues in the neighbourhood of the damaged artery had become condensed, led me to entertain a hope that this method of treatment would be attended with a satisfactory result, which hope, happily, proved well grounded.

OBSTETRIC MEMORANDA.

PLACENTA PRÆVIA: FŒTUS AND PLACENTA MUMMIFIED.

THE following are short notes of a rare and interesting case of pregnancy, terminating with labour.

Mrs. C., aged 43, the mother of eight living children, her first confinement being a case of twin labour, and with the history of one miscarriage at the fourth month, consulted me for hæmorrhage from her womb, which I diagnosed as the result of placental presentation, she then being six months advanced in her pregnancy, which had appeared to her quite natural till this date; but, as the hæmorrhage had ceased when I saw her, and had not been excessive, I ordered entire rest and a gallic acid mixture, and gave instructions that I should be sent for should it again occur; but I heard no more of my case till after nine months of her pregnancy had passed. I was then sent for, as she had not been delivered, and had greatly decreased in size; consequently, she became very anxious about her condition. I then learnt that she had several times, since I saw her, had a slight hæmorrhagic discharge, chiefly during the seventh and eighth months of her pregnancy, and at this latter period lost a quantity of water, and then imagined labour had commenced; but no pains followed. From this date she rapidly decreased in size, her breasts also becoming much smaller; slight hæmorrhage again occurring weekly; and on two more occasions water had passed from the vagina. On examination, I found the abdomen and breasts flaccid, the uterus appearing scarcely larger than it should do at the fourth month; and, on vaginal examination, which caused only a slight hæmorrhagic discharge, the os was only sufficiently open to admit with difficulty one finger, which came upon a fleshy mass, which felt very much like a fleshy tumour; consequently, I determined to thoroughly dilate and explore the uterine cavity on the following day; but, being sent for early the next morning, on my arrival, found the placenta, membranes, and fœtus (a male) expelled *en masse*, perfectly mummified; and, on opening the membranes, which contained scarcely any liquor amnii, I noticed the fœtus' head much flattened.

Her delivery was due, undoubtedly, to my examination on the previous day, and was very easily accomplished, with scarcely any hæmorrhage or pain, and from this time she made an excellent recovery. She attributed the death of her offspring to a fright which she had experienced early in her pregnancy.

HAROLD THOMPSON, M.R.C.S., L.S.A.

Oxford, December 4th, 1882.