white spots in the centre, exactly corresponding with those described in the lung of J. G. Such a state is not rare, but I have never before observed it so intense.

If I have not already too far trespassed upon your space, I will add a few particulars of a case of malposition of the heart.

L. W., aged 22, was admitted an out-patient in October. She complained of much palpitation and shortness of breath. Is a tall girl, with dark hair and eyes, sallow; changes colour often, and is very subject to throbbing headache and giddiness, with pain in the eyes. Catamenia regular; never swells in abdomen or limbs; sleeps well, but starts and dreams much. On examination, I found the chest slightly bulged on the right side. The heart's impulse visible under the second, third, fourth, and fifth ribs, on the right side of the sternum. There was a loud bruit under the left sterno-clavicular articulation, with dulness over the front and back of the right chest. She first noticed "the beating" on the right side three years ago; it became excessive twelve months since, when she was treated and relieved by Dr. W. Budd in the infirmary. It is now becoming, however, as bad as ever. She is unable to afford any further particulars, and is now under treatment, but so far relieved as to be free from uneasiness, unless after sudden exertion.

TAUNTON AND SOMERSET HOSPITAL.

CASE OF ANEURISM OF THE COMMON FEMORAL ARTERY TREATED SUCCESSFULLY BY COMPRESSION: WITH REMARKS.

By AUGUSTIN PRICHARD, Esq., Bristol.

In the Annual Address on the Progress of Surgery, which I read before the Provincial Association at its meeting at Swansea in 1853, in alluding to the subject of aneurism, I briefly introduced a most interesting case of that disease, and its successful treatment by pressure, which Mr. Alford, of the Taunton and Somerset Hospital, under whose careful and skilful treatment the patient was, kindly permitted me to make use of. I send it for publication now, because it is a case which ought to see the light, and because it will illustrate a similar one reported in the *Medical Times and Gazette* for Dec. 8th, p. 567, where an opposite line of treatment was taken, but without the like success.

The patient was sixteen years of age when he was admitted into the Taunton and Somerset Hospital, under the care of Mr. Alford. He was a wheelwright's apprentice, and had perceived a swelling in the upper part of his thigh for about a month. The aneurism was as large as an orange immediately below Poupart's ligament, and was accompanied with pain and numbness about the knee, with considerable difficulty in walking. He had suffered from acute rheumatism some years before, and again in a slight degree a few months before his admission. The examination of the heart disclosed a friction and a bellows murmur connected with the second stroke, and heard most distinctly at the base. The pulse was soft, but full and jerking; and he was rather anæmic.

After resting quietly in bed for some weeks, pressure was applied moderately on the artery as it passed under Poupart's ligament, for a few hours daily; and this sensibly affected the pulsation of the tumour. This pressure was kept up constantly, varying, however, its force, to make it tolerable to the patient; and at the same time another instrument for creating pressure was placed upon the vessel below the aneurism. The pulsation in the tumour became fainter and fainter, and the tumour itself solid and incompressible; and, at the end of seven weeks, when the pressure was entirely removed, no pulsation could be felt or heard, although the tumour was not much lessened in size. He still complained of pain and numbness in the leg and foot. The whole leg was kept bandaged for five weeks after the

removal of the pressure, and the patient was ultimately discharged, cured of the aneurism of the thigh, but with the heart symptoms much the same as when he was admitted.

The report above alluded to, published in the *Medical Times and Gazette*, states that the tumour was of the size of an orange, and encroached so nearly on Poupart's ligament that it was quite out of the question to apply pressure. The external iliac artery was tied high up, and with difficulty, in consequence of some peculiarities of the case; and the man died.

It is not easy to form a judgment of a case simply from its description, and it is rash to differ in opinion from a surgeon living in that magic circle round the General Post Office in London, where surgical ability is believed especially to abide; but, judging from the reports, the two cases were similar in many respects; the disease was situated in a similar position, the same vessel being diseased; and it had attained a similar size. Pressure upon the external iliac can doubtless be applied more easily on a young subject than in an adult; but we know that the current need not be completely stopped; and the hardened tissues round the vessel in the case at King's College, which gave the distinguished operator so much trouble during the proceedings necessary to tie the artery, and which were found after death to surround the vessel, would probably render the case not at all less suitable for pressure.

The application of the tourniquet below the tumour was undoubtedly a very important adjunct in Mr. Alford's treatment.

A fair trial of pressure above and below an aneurism, in any way that it can be used so as to arrest the flow of blood, or, at any rate, to retard its progress through the vessel, ought to be made in all such cases before the dangers of a capital operation are incurred; and, although it may fail in some, yet the failure does not preclude us from trying the ligature or some other mode, whereas a failure with the ligature is fatal.

I cannot forbear quoting a remark made by Mr. Syme in his paper on the improvements introduced into the practice of surgery in the last thirty years, published in the *Edinburgh Monthly Journal of Medical Science* for April 1853. In allusion to the treatment of aneurism by compression, he says: "Indeed, recent times have afforded no greater boon to the members of the profession than they have done here to those who aspire only to mediocrity. I think it cannot be doubted that the ligature, when properly applied, is the simplest, safest, and most effectual remedy. But pressure is certainly preferable to an imperfectly performed operation; and, as many of our brethren can accomplish the former, who are scarcely equal to the latter; it is plain that the treatment of this disease may now be practised with safety much more generally than was wont to be."

This is one of the eccentric sentences the Edinburgh operator seems privileged to deliver, the gist of them being a reflection upon some of his professional brethren. But, whilst applying the caustic thus freely to his neighbours, the professor renders its application almost inert by the way in which he contradicts himself; for he begins by declaring the ligature to be the safest, and ends with a similar statement about pressure.

Original Communications.

CASE OF COMPLICATED LABOUR.

By HENRY G. TREND, Esq., Eye, near Peterborough.

THE recent case of uterine hæmorrhage in Holbeach Marsh, and the different opinions which seem to have been entertained respecting the correct mode of treatment, have naturally directed the attention of the profession to the subject. I had only just laid down the *JOURNAL*, containing an account of that unfortunate case, and was about to retire

to rest, when I was summoned to attend on Mrs. H., a lady who lived some four miles from my residence. She had only spoken to me two days previously, and then told me that she expected early in February 1856. She is a spare, feeble woman, aged 31, and has had three children; the first being a breech presentation.

On my arrival, I found that ever since she had seen me on the 14th, she had suffered more or less from slight pains recurring at uncertain intervals; that at two o'clock in the afternoon there was a slight show, and from that time up to my coming she had been slowly getting worse. On examination, I found the os uteri dilated to about the size of a half-crown, and the membranes slightly protruding. I was, however, unable to detect the presentation. The pains not being violent, and recurring only every twenty minutes, I went down stairs and slept for three hours on the sofa. On making a second examination, I found that the os had dilated considerably, and that the bag of waters was coming down nicely. I was still unable, however, to detect the presentation. I now felt convinced that there was some malpresentation. After several attempts to discover what it was, I at last detected an arm lying across the mouth of the womb. I immediately ruptured the membranes, and without any difficulty succeeded in turning the child. The natural efforts of the uterus expelled it in three pains. The child had evidently been dead some hours, and was not more than seven months. I then, according to my invariable custom, placed a bandage moderately tight round the abdomen, and waited for a pain to expel the placenta. I had waited some twenty minutes, when there came a frightful gush of blood, which soaked through everything, and made my patient faint. I immediately grasped the uterus through the abdominal parietes, as firmly as I could, and after thus checking it a good deal, I introduced my hand into the womb, and found the upper portion of the placenta firmly adherent to its fundus. After considerable difficulty, I succeeded in detaching and removing it. The hæmorrhage then stopped, but the uterus remained flaccid and very little contracted. I then used friction to endeavour to restore its action, and while thus engaged, another violent gush took place. I again grasped the uterus with one hand, and with the other kept constantly applying cold wet napkins to the vulva, but though abated, it kept on dribbling, and my patient became pallid and faint. I directed the nurse to give her the yolk of an egg in about two tablespoonfuls of brandy, and this somewhat revived her. For about two hours I felt the greatest anxiety for her safety, but at length the uterus began to contract, and with this the hæmorrhage became less. During the two hours I was grasping the womb, I gave her three eggs and six ounces of brandy. After the flooding had somewhat abated, I well padded a teasaucer with soft linen, and bound it firmly round the abdomen, so that the saucer should, as it were, grasp the womb. I remained with her two hours longer, when finding no return, I gave her a simple effervescent saline, and left her at 10 A.M. on the 17th. I saw her again at 1 P.M., and again at 8 P.M., and found her each time progressing most satisfactorily. She continued the effervescent medicine throughout the day. On my visit next morning I found she had slept very comfortably. She had passed her urine freely. The pulse was 70, and the tongue clean and moist.

REMARKS. Cases of this kind cause one a good deal of anxiety. During the time I was resident-accoucheur at St. Thomas's Hospital, I met with several, but none where so much blood was lost as in this case. The only thing to guard against in administering stimulants and nourishment is not to exhibit them too early, for syncope, as is well known, is favourable so long as it does not go too far, the force of the circulation being much less, and the blood having a greater tendency to coagulate; but when this syncope continues, I believe egg and brandy to be the sheet anchor of our treatment. The use of opium I much dislike; nor am I partial to ergot. The less one meddles with either the better.

TWO LARGE CALCULI IN THE BLADDER, PRODUCING ULCERATION AND PERFORATION, AND FOLLOWED BY EXTRAVASATION OF URINE.

By W. THOMAS BELL, Esq., Great Grimsby.

JOHN DAWSON, aged 34, a porter at Thoresby station, on the Great Northern Railway, of an exsanguine, sallow, and unhealthy appearance, light sandy hair, blue eyes, and formerly of very intemperate habits; born in Norfolk, where he resided for a few years; afterwards joined a regiment ordered to India; he remained there for several years, when he returned to England: he has resided in Lincolnshire for the last twelve months.

From childhood, he has suffered at times from irritation of the bladder. While in India, he was invalided for bladder symptoms. Up to the last six months, he has had no occasion to pass his urine oftener than in moderate health, and has not suffered from pain in micturition; but of late the usual symptoms of calculus have presented themselves, as frequent micturition, pain, immense deposit in urine upon standing, containing a quantity of soft mortary matter, adhering to the urethra.

Dec. 3rd, 1855. I was sent for to visit him, and found the following symptoms present: fever; small, weak, quick pulse; white coated tongue; great pain in pubic region, increased by micturition; urine occasionally dribbling away in the bed, from loss of power over the bladder; his urine contained a large quantity of mucus, of a pink colour, and highly offensive ammoniacal odour, with distinct portions of mortary matter; loss of appetite, and sleepless nights. I ordered him the following remedies:—Twelve leeches beneath the pubes, to be followed by warm fomentations; a dose of castor oil and laudanum; and, after its operation—

℞ Pulv. sodæ carbonatis 3ij; tinct. hyoseyami 5iij; sp. ætheris nitrici 5iij; mucil. gummi acac. 3ij; aquæ puræ q. s. Ft. mist. 3xiij, cujus capiat ij cochlearia magna quartis horis.

℞ Pulv. opii gr. ij; conf. rosæ can. q. s. Ft. pil. ij horâ somni sumend.

Dec. 8th. The above remedies he persevered in up to this date, when he had got decidedly worse; I therefore, for my own satisfaction and that of his friends, sounded the bladder; and, from the intense spasm, and the bladder being perfectly empty, had some difficulty in detecting the calculus. I attempted to inject some warm water, but it would not retain half an ounce, causing intense suffering.

Dec. 12th. Losing ground very fast; urine passes away involuntarily in bed; excoriation of penis and scrotum; pulse excessively quick and very weak; not much pain; nasty urinary smell about his perspiration; cannot take any food; sunken features, although in good spirits.

℞ Acid. nitrici diluti 3iv; tinct. hyoseyami 5iv; ext. pareiræ bravæ 3j; decoct. pareiræ bravæ 3xv. M. Ft. mistura cujus capiat ij cochlearia magna ter die.

℞ Pulv. opii gr. ij; pil. hydrarg. gr. iij. Ft. pil. ij horâ somni sumend.

Dec. 14th. Much worse, gradually sinking.

Dec. 15th. Violent pain in abdomen; collapse; perfect suppression of urine. I passed a catheter into his bladder, and felt a large stone. Ordered brandy and opium.

Dec. 16th. Died this morning.

POST MORTEM EXAMINATION, twenty-four hours after death. Body exsanguine, yellow, and much wasted; rigor mortis slight; urinary smell from body. Upon opening the abdomen, the small intestines were much inflamed, and glued together by recent lymph. Urine in cavity of abdomen.

Bladder. Quite contracted; walls thickened; internal coat soft, and covered with purulent matter. Just on the right side of base of trigone there was an ulcerated opening; through this the finger could readily be passed from within outwards (quite gangrenous): within its cavity were contained two calculi, weighing four ounces and one drachm; the smallest was about the size of a walnut.