

For the last month or five weeks the pain has much increased, especially at night, not being much complained of in the day time; but there has been much difficulty in moving the limb from a state of rest. When admitted the limb presented the following appearance:—In the popliteal space of left leg there is a somewhat diffused swelling, which has a distinct pulsation through its whole extent, especially on the outside. Upon compressing the femoral artery the pulsation ceases, and the tumour diminishes in size; the stethoscope gives a distinct bruit de soufflet; the tumour appears about the size of a small egg; there is great pain felt in the tumour, which prevents his sleeping at night; the general health is good; the heart's sounds are normal; the posterior tibial can be distinctly felt, although pulsating feebly; the anterior tibial more feeble, and not so distinct.

19th.—For the last day or two there has been increased pain and swelling in the integuments and cellular tissue over the inner hamstrings, but apparently not connected with the aneurismal tumour. In consequence of the success which has attended the treatment by pressure of late, especially in two cases by Mr. Storks (*vide Lancet*, May, 1846), and this case appearing favourable, from the small size of the tumour and general good health and age of the patient, this treatment was adopted. Signorini's tourniquet was applied over the superficial femoral, at the upper-third of the thigh, not to completely stop the circulation, but only to impede it, the intention being not to apply pressure too forcibly at first. It was borne very well for a few hours, when the tourniquet was slightly slackened by the patient. Before the application of the tourniquet the temperature of the affected limb below the knee was lower than the sound one; three or four hours afterwards the temperature increased, and became higher than the other, and a slight swelling of the foot and leg appeared.

20th.—Had no sleep; at intervals has tightened and slackened the tourniquet; the posterior tibial can be felt beating distinctly; there is slight oedema of the limb. The circumference of the sound limb is thirteen inches and a half, that of the affected seventeen inches, measured round the knee. Ordered an aperient. Pulse 80; tongue clean; slight thirst.

21st.—Slept tolerably well; there is considerable swelling of the leg; bowels open from an aperient.

22nd.—Slept but little; obliged to slacken the tourniquet, or could not sleep; pulse 84; slight thirst; the temperature of the leg higher than the sound one; felt much ease from the application of Goulard lotion to the foot and leg. Size of the limb seventeen inches. On removing the pressure, pulsation of the tumour more feeble than before it was applied. The posterior tibial artery cannot be felt, probably owing, in part, to the swelling of the foot.

This treatment was continued, with variation of the pressure according to circumstances.

April 22nd.—For the last three weeks he has had no pain under the ham, and the aneurismal tumour has considerably diminished, and so altered in its character as to leave little doubt that the aneurism is becoming

obliterated. Pulsation in the posterior and anterior tibial cannot be felt. During the whole of this month slight pulsation could occasionally be felt, and pressure was continued, with occasional intermission.

In the middle of June, some slight pulsation with bruit still continuing, the pressure, which had been left off, was reapplied. This was continued for three weeks, when no further pulsation could be felt.

August 28th.—There is now little or no swelling to be perceived in the ham; no pain upon walking; no pulsation. There is a slight bruit to be heard when the leg is flexed, and the stethoscope pressed deeply into the popliteal space; but this is probably produced by the compact coagulum around the artery.—Discharged.

June, 1851.—Up to the present time continues perfectly well.

Hospital Reports.

BIRMINGHAM GENERAL HOSPITAL.

CASE ADMITTED UNDER THE CARE OF J. HODGSON, ESQ.

(Reported by ALEX. H. PATERSON, Esq., Altricham.)

Gun-shot Wound of Thigh, with injury of the Neck of the Femur.

EDWARD MILLER, aged 18, glass-maker, admitted into the Birmingham General Hospital, November 2nd, 1845. On examination, a wound about two inches in diameter was found in his glutei, behind and a little external to the hip-joint. It was bleeding freely, appeared about three inches deep, and on being probed by the finger was found to contain a great number of shot, some wadding, and so many splinters of bone, that the surgeon who first examined it considered the trochanter and neck of the femur to be blown to pieces. The boy said that, being out shooting, he had, when clambering through the gap of the hedge, held his gun behind him by the upper part of the barrel, and that the piece had gone off, the whole of the charge being lodged in his right thigh.

Ordered a yeast poultice to the wound, and to lie on his chest. The bleeding soon ceased, most of the shot, the wadding, and some of the splinters, were removed by the finger.

3rd.—Passed a bad night; bowels confined; face rather flushed; tongue moist and white; wound very painful, filled with dark blood, some of which has discharged into the poultice.

4th.—Passed a bad night, general symptoms much as yesterday. No tenderness in the abdomen; pulse 106, not hard; bowels open. Ordered a glass of wine daily, and three grains of carbonate of ammonia every four hours in an ounce of camphor mixture.

5th.—Passed a bad night and otherwise much the same. Ordered half an ounce of castor oil, and an enema. This acted freely in the evening.

7th.—Slept pretty-well; appetite pretty good; feels much more comfortable; wound discharges healthy matter freely.

9th.—Going on well; tongue still furred. The house-surgeon enlarged the wound three inches and extracted several shot.

11th.—The wound now looks quite clean, and is rapidly filling with healthy granulations. There is a sinus extending a short distance down the thigh.

13th.—Continues to improve, but complains of much pain in the stomach. Omit wine.

18th.—Going on well. Omit poultice; the wound to be closed with sticking plaster, and covered with water-dressing.

24th.—General health pretty good. Wound filled with granulations, and much reduced in size. A small sinus appears in one part of it, and probably communicates with the bone. Is able to flex and extend the limb.

December 18th.—Continues much the same. Wound slowly heals.

January 24th, 1846.—Free motion in the limb, but unable to bear much weight on it. External wound not quite healed. From this time I lost sight of the case, but believe that after the discharge of some fragments of bone the patient recovered.

Remarks.—The patient in this case was young, thin, and suffered from considerable hæmorrhage before he reached the hospital; but allowing for these favourable circumstances the amount of reaction was very slight, particularly when it is considered that a charge of shot was lodged in and around the great trochanter, and that the capsular ligament can scarcely have escaped some injury. The treatment was very simple, and in my opinion very much more successful than an immediate dilatation of the wound for the minute examination and removal of the splintered bone, &c., would have been. I give the testimony of the gentleman who first examined the case respecting the extent to which the bone was splintered. The eminent surgeon, (Mr. Hodgson,) whose case it was, decided that the bone, though splintered, could not have been broken through, as there was no shortening of the limb, and motion was so soon restored in it. •

Provincial Medical & Surgical Journal.

WEDNESDAY, JULY 9, 1851.

OUR readers will perceive by a letter published at another page, that a Dr. HILBERS, of Liverpool, has come to the rescue of Mr. HALE, of Norwich, upon whom we thought it right to animadvert for his dishonesty in obtaining a degree from the UNIVERSITY OF ST. ANDREW'S, by exercising what he, in the *Lancet*, calls by the mild term of "reserve," as to his homœopathic sentiments.

Much as we consider Mr. HALE to blame, we pity him for his defence; for his advocate, so far from dispersing the moral cloud in which his conduct has enveloped him, has but given it a more sombre tint. He admits, in fact, that equivocation is justifiable, when it is necessary for obtaining a given end. His argument, if argument it can be called, amounts to this:—Any individual, who is acquainted with the present state of medical science, and with the recognized principles of treatment therein involved, (which, be it understood, he affects to repudiate,) but who is also a believer in homœopathy, and as such, knows something of billionths, trillionths, and other more impossible doses of drugs, is justified in order to gain a specific object, in suppressing this supererogatory knowledge, and exhibiting so much and no more as shall be satisfactory to the examiner. And a very pretty argument it would be, if this information which he possesses over and above the examiners, were admitted by them as truth. But when it so happens that what Dr. HILBERS calls *extra knowledge*, is not only not admitted by the examining body to be truth, but is regarded by them as a mischievous fallacy, which, if fairly acted upon in *real* disease, is pernicious to the welfare of the community, what becomes of the argument? Is there no difference between the suppression of supererogatory knowledge known and admitted to be such but not required, and the suppression of that which is considered to be an error, and the practice of which is held as a disqualification for the object sought? Knowing, as a homœopath must know, that the latter is the view in which his tenets are regarded, and being moreover, aware, as he must be aware, that the University, whose honours he was ambitious of possessing, would infallibly have refused those honours, had his sentiments been candidly avowed, not even the sophistry of Dr. HILBERS can make it appear that it was consistent with honourable principles to obtain a diploma as has been done in the case in question. If Dr. HILBERS cannot see this we are sorry for him; it merely shews the truth of the adage, "*facilis descensus averni*;" his own conscience, from his first lapse from the principles of medical practice, which have received the sanction and have been elaborated by the highest intellects of successive ages, must have sadly lost the fine sensibility which is the characteristic of the man of honour.