buted. Taking this view of the case, we see how very important an office the iron of the blood is appointed to serve in bearing away to all parts of the body this vitalizing principle.

DuBois-Reymond, Matteucci, Aldini, &c., and last, though not least, Dr. C. B. Radcliffe, have testified to the electric current in the nerves and muscles, and all speak of the influence that arterial blood exerts over muscular contraction, &c. With a knowledge of the above facts, I think we cannot do less than regard the blood as the means of supplying electricity, or, in other words, vital energy or nervous power to that great electric organ, the brain, and the whole nervous system, which may not inaptly be compared to the system of electro-telegraphy of the present day, seeing that it has been pretty clearly proved by physiologists that the nerve fibres pass from their origin in the grey substance to their peripheral extremity distinct from each other, and any injury to such fibre is followed by corresponding loss of power.

(To be continued.)

ON A CASE OF DIFFUSED INGUINAL ANEURISM; LIGATURE OF THE ARTERY ABOVE AND BELOW THE RUPTURE; DEATH.

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ON Sunday morning, May 10th, 1863, I was called to a case about half a mile from the Manchester Royal Infirmary; and on my arrival at the house found the patient, a labourer, tossing about in bed in great pain, which proceeded from his left thigh; his tongue and lips were blanched, and there was scarcely any pulse at the wrist. On removing the bed-clothes, the left groin was found occupied by a large tense tumour, studded over with blebs, and the whole thigh and leg were much swollen and discoloured. The tumour, which occupied the front of the thigh, was of the size of a large melon; but, in addition to this, the entire girth of the leg to below the calf was doubled, and that of the thigh more than doubled, by the extravasated blood which had forced its way between and around the muscles; for, as afterwards proved, the swelling almost entirely consisted of blood, there being very little effusion of any other kind. The patient stated that a swelling had existed in his groin for the last two months, which had gradually grown larger and more painful; that he was as well as usual the night before, but that at four o'clock that morning he had felt a sudden acute pain as of something giving way in the groin, and instantly the swelling in his thigh increased in size; and that up to the present time (half-past eleven A.M.) it had continued to enlarge.

Recognising from this statement the rupture of an aneurism, I procured as soon as possible the assistance of Mr. Jones, house-surgeon to the infirmary. The man now appeared to have lost pretty nearly all the blood he had; but, though the chance was a desperate one, we deemed it right even then to try to save his life by securing the artery above and below the rupture.

Chloroform accordingly having been administered, we endeavoured to find some pulsation in the femoral artery, but were unable to do so from the extension of the swelling above Poupart's ligament. Mr. Jones then proceeded to make pressure directly upon the common iliac, while I made an incision from the centre of the ligament about seven inches in length in a line with the femoral artery, and, rapidly turning out the clots from the huge cavity which the blood had burrowed for itself amongst the tissues, felt for the warm jet of fluid blood as a guide to the artery. The first gush of blood was so furious as to render it impossible for a moment to find the vessel; but the pressure was so effectually applied that it was only for a moment, and after some sponging and a little scraping with the handle of the scalpel the artery was found at the bottom of the wound. A quarter of an inch below Pou-

part's ligament the aneurism had burst, leaving an aperture of the size of a half-crown; immediately below the ligament, however, the artery above appeared healthy; so, passing a double ligature around it, we secured it here. All hæmorrhage was instantly checked.

We then sought for a healthy part of the artery below the rupture; but the aneurism, which was fusiform in shape, with a small sacculated one arising from it, and which latter was the seat of rupture, extended so far down, even the full length of the incision, as to render this impossible. A ligature was therefore placed around it an inch below the sacculated aneurism, and immediately above the origin of the profunda; the wound was plugged with lint, and the limb raised and swathed in blankets. The man was then roused, and an ounce of brandy administered. He appeared much the same as before the operation, and certainly had not lost much additional blood. He sank two hours afterwards. No post-mortem was allowed; but I procured a piece of the sac of the aneurism, which revealed under the microscope abundant evidence of atheromatous degeneration.

I have since obtained the following facts as to the history of the case from my colleague, Mr. Thos. Starkey Smith, who had the previous charge of the patient:—

J. H—, aged fifty, a labourer, had always been a strong, healthy man, and never suffered from symptoms of heart-disease. On the 10th of March he suddenly felt a burning pain in his left groin, and the next morning noticed a small swelling as big as a marble, which beat "just like his heart." He remained at his work another six weeks, and was first seen by a surgeon on the 5th of May, when he was visited by Mr. T. S. Smith. At this time an ill-defined tumour, as big as a foetal head, occupied Scarpa's triangle; it pulsated, and was the seat of a blowing murmur; the whole tumour pitted on pressure, and was covered with an erysipelatous blush; to the feel it was firm, inelastic, and non-distensible. The conditions were such as to render the diagnosis between a rapidly growing carcinomatous tumour and a femoral aneurism difficult. The man was to have been taken into the infirmary the week following; but, unfortunately, died as above related in the interim.

Besides the interest attached to this case from the difficulty attending the diagnosis,—a difficulty not unfrequently met with in the diagnosis of femoral aneurism, so much so indeed, that both Mr. Stanley and Mr. Syme mistook in at least two cases carcinoma for aneurism of this artery,—the above case is worth recording from the rapidity of its course, and the fact of its becoming diffused. The aneurism was first noticed, and very possibly first existed, on the 10th of March; it burst on the 10th of May; thus destroying life in exactly two months—an almost unprecedentedly short space of time for a femoral aneurism to run on to a fatal termination. Diffused femoral aneurism, when situated, as this was, in the groin, where the vessel is enclosed in its dense sheath, appears to be exceedingly rare. Mr. Erichsen goes so far as to say "it never becomes diffused." There is no mention made of any case by Cooper in his Dictionary, nor is there a reported case in any of the year-books of the New Sydenham Society.

In the work "On Aneurism," however, published by the Old Sydenham Society, there are two cases which are probably instances of diffuse aneurism of the femoral artery while still in the groin. One of the two was a case of Monro's, and occurred in 1760, who calls it an aneurism of the crural artery, and states that the back part of the artery gave way close to the os pubis. The other is a very interesting case by Severinus, who, in 1643, was called to a young nobleman, one Anselmo Pagano, for a large true aneurism in the right groin. It subsequently sloughed, when Severinus applied four large cauterizing irons, and afterwards a poultice. This treatment he continued for a fortnight, using the cauterizing irons no less than ten times, sometimes on alternate days, but frequently daily; and during this time removing from the sac about eight pounds of blood. The cavity was so extensive that it took nearly half a pound of tow to fill it, and so deep that the bone was bared to the extent of one inch in breadth and three inches in length. Yet this man recovered, and in about eighteen months was able to walk without a stick.

The desperate condition in which we found the man in the above case may, perhaps, be considered as having rendered an operation unjustifiable. That the man would die whatever was done for him seemed almost certain; but if left to himself death was inevitable. Reasoning thus, and calling to mind desperate and wellnigh hopeless cases that had recovered under desperate treatment, we judged it right to act boldly, and to give the patient the only chance open to him.

Manchester, Aug. 1863.