

according to those works, always apparent. No such rise occurred in this case nor were rigors noticed at any time. Abdominal tenderness was almost absent, as was also marked tympanites. I did not use anti-streptococcic serum nor did I curette as the symptoms were so profound from the first that I looked upon the case as hopeless and unlikely to be benefited by either. I have not mentioned dietetic treatment, stimulants, &c. They were of the usual description in such cases. The child was not weighed at birth, but on the tenth day it weighed 6½ lb.

I have to thank Surgeon-Captain O. L. Robinson, A.M.S., for kindly seeing the case with me and checking my observations, more especially the temperature observations, both with my own and a second thermometer.

Ballincollig, Cork.

AN INTERESTING CASE OF ANEURYSM.

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I BEG to send for publication in THE LANCET the following case, which presents the points of interest of (1) the patient being able to determine the exact moment of the rupture of the coats of the vessel and of (2) the rapid enlargement of the aneurysmal sac, which three days after the lesion was described as being "as big as a walnut" and on admission, eleven days later, was found to be of the size of a hen's egg.

The patient, a man, aged thirty-eight years, was received from H.M.S. *Royal Oak* on April 15th, 1898. The statement sent with him showed that on March 30th, three days before presenting himself at the sick berth, whilst blowing his boatswain's pipe he felt something "give" in his neck, and on examination an aneurysm of the left external carotid of the size of a walnut was discovered, and at the first opportunity he was sent to the hospital. On admission the patient, a spare man looking older than his years, was examined and the diagnosis of aneurysm of the left external carotid was confirmed; it was situated just above the bifurcation of the common carotid. The tumour was hard, smooth, and of the size of a hen's egg, clearly circumscribed, with eccentric, distensible pulsation over every portion which the fingers could reach, a little covered by the sterno-mastoid, which was displaced upwards and outwards. Being questioned the patient stated that a swelling in his neck suddenly appeared whilst he was blowing forcibly his boatswain's whistle, his head at the same time turning sharply over his right shoulder, giving in his neck the sensation "of the snapping of a piece of elastic," but he did not apply for treatment until the feebleness of his voice unfitted him for duty. He had afterwards suffered from a dry, metallic cough and the heart's action had become feeble and irregular. There was no valvular mischief; the arteries at the wrist were soft, compressible, and rather tortuous; there was no arcus senilis and the left pupil was contracted. There was no history of secondary syphilis and he appeared to have been a man of temperate habits and was married. He was placed in bed, put on a milk diet, and ordered twenty grains of iodide of potassium three times a day. Six days after admission he was put under chloroform and I cut down on the left common carotid, the vessel being ligatured with chromicised catgut above the border of the omohyoid. When the ligature was tightened pulsation in the sac at once ceased; there was a momentary contraction of both pupils, accompanied by a depression of circulation, pallor of the lips, and duskiess of the face and neck. The wound, practically bloodless, was closed with carbolised silk sutures and a piece of the finest drainage-tube was just inserted into the lower angle. He recovered slowly from the anæsthetic and the pulse remained feeble, intermitting about once in four beats. At 8 P.M. the patient suffered from intense pain over the whole left side of the head; he had vomited once. Three minims of hydrochlorate of morphia were injected. On April 22nd it was ascertained that he had had seven hours' sleep after the morphia and he was free from pain. There was no nervous symptom; but there was faint pulsation in the sac; the heart's action was

weak and intermitting, and the left pupil was strongly contracted. On the 23rd the wound had firmly closed, the tube having slipped out. There was no pus and there was no pulsation in the tumour. On the evening of this day the patient suffered from severe headache over the left side of the head, and so he did again on the following evening, but at night he slept for seven hours. From April 25th the patient made uninterrupted progress. There was no headache, he slept all night, his appetite was good, the pulse under the administration of tincture of nux vomica had become stronger and regular, and the cough had ceased. On May 14th the patient was in his normal health. The aneurysmal sac was hard and was materially reduced in size; but the left pupil was still somewhat contracted. There was slight ptosis of the left eyelid, and the voice remained thin and boyish.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

A CASE OF WOUND OF THE INTERNAL PUDIC ARTERY;
OPERATION; RECOVERY.

(Under the care of Mr. C. H. GOLDING-BIRD and
Mr. L. A. DUNN.)

THE difficulty of applying a ligature to the gluteal, the sciatic, or the pudic arteries as they emerge from the sacro-sciatic foramen is very great and it sometimes happens that the proximal portion of the wounded vessel retracts into the pelvis so that it is almost impossible to reach the bleeding artery. In these cases it has been suggested to tie through an abdominal incision the internal iliac or the corresponding branch after the division of the trunk. Fortunately wounds of these vessels are rare and especially rarely is the internal pudic wounded in its very short course in the buttock, for it enters this region only to leave it almost immediately. Even in the perineum, where the artery is more exposed to injury, it receives much protection from its sheltered position under cover of the ischial tuberosity. For the notes of the case we are indebted to Mr. Victor E. Collins, house surgeon.

A man, aged twenty-five years, was admitted into Cornelius Ward, Guy's Hospital, on May 25th, 1898, for injuries to the right buttock, head, and left hand. The history of the accident was that whilst painting the patient fell through a glass skylight on to the floor below, a distance of about 16 feet. It was found that he had cut his head and injured his left hand. He was therefore promptly taken to the hospital and was at once admitted. The clothes and stretcher were saturated with blood. On admission he was very collapsed from hæmorrhage, the pulse at the wrist being almost imperceptible, and a hypodermic injection of brandy (10 minims) was immediately given. Examination revealed the presence in the right buttock of a large tender swelling, which was rapidly increasing in size and which was exquisitely tender to the touch. In the middle of the swelling there was a punctured wound which extended right down to the bone and there was smart hæmorrhage from this wound. In the trousers corresponding in position to the wound there was an L-shaped tear and a pointed piece of glass was found in them. There was a deep scalp wound on the summit of the cranium and two lacerated wounds on the dorsum of the left hand were observed. In the absence of Mr. Golding-Bird Mr. L. A. Dunn saw the case and decided upon immediate exploration in order to ascertain the cause of the hæmorrhage. It was thought that the gluteal artery had been wounded.