

four years he had had three slight attacks of rheumatism, lasting a few weeks. Had been a moderate drinker, and worked up to nine weeks before admission, at which time he got twice drunk, and soon after began to feel pain about the middle and to the right of the sternum. A slight swelling then appeared, which afterwards gradually increased; and he began to suffer from dyspnoea. Upon examination, a small round tumour, about an inch and a half in diameter, was seen at the right edge of the sternum, occupying the second intercostal space and the extremity of the costal cartilage; it pulsated with eccentric movement. On applying the stethoscope, there was a distinct impulse, but no murmur. The heart-sounds were well heard, and there were no cardiac murmurs. Pressure upon the tumour caused pain. He had noticed that his voice had become "rougher," and he had had a cough, with mucous expectoration, for six weeks. The breathing was somewhat rough over the trachea and bronchi, and exaggerated at both apices. There were no râles. The pulse was fuller on the left than on the right side. The right arm, when not covered, became cold and numb. Temperature on right side 99.2°; on left 98.9°. Pupils equal. Urine acid; sp. gr. 1026; no albumen or lithates. The patient slept badly. Ordered ten grains of iodide of potassium three times a day.

Oct. 14th.—Has had a severe cough, with muco-purulent and bloody sputa. Ordered a mixture of syrup of poppies and syrup of squills, with spirit of chloroform, to be taken occasionally.

19th.—Evening temperature: right side, 100.6°; left, 100°.

20th.—Morning temperature: right side, 98.8°; left, 98.2°. Evening: right side, 100.6°; left, 100.2°.

21st.—Morning temperature: right side, 99.2°; left, 99°. Ordered a belladonna plaster.

22nd.—He has been quite free from pain for the last fortnight, and has had scarcely any dyspnoea; sleeps well, and can bear pressure on the tumour, and in a few days after this date he was discharged much relieved.

Remarks.—Aneurism is very often seen in men who have formerly served in the army, and especially amongst those who have lived for a time abroad, and who have often been intemperate in their habits. They are called upon at times to make extraordinary exertions, and the arterial tension is suddenly increased. The elasticity of the aorta in soldiers is often impaired by syphilitic disease, which causes structural changes in its coats. In these cases the iodide of potassium answers well, as in the present instance, in which there was reason to suppose that the patient formerly had syphilis. Rest in the horizontal position, and good unstimulating diet, were important items in securing the benefit which he received from a sojourn in the hospital.

JAMSETJEE JEJEEBHAY HOSPITAL, BOMBAY.

DOUBLE POPLITEAL ANEURISM; DELIGATION OF FEMORAL ARTERIES; EMPLOYMENT OF THE CATGUT LIGATURE AND ANTISEPTIC DRESSING; UNION BY PRIMARY INTENTION IN BOTH OPERATIONS.

(Under the care of Dr. HENRY BLANC.)

AFFOON AFFICED, a Chinamen, aged forty-four, a cane-worker, was admitted in March last for an aneurism situated in the left popliteal space. On April 1st the femoral artery was deligated at the apex of Scarpa's triangle by Dr. Denison Mackenzie, professor of clinical surgery. The catgut ligature and antiseptic dressing were employed, and the wound united by primary union, the patient leaving the hospital cured on May 6th.

He was again admitted into the clinical surgical ward on July 21st for an aneurism situated in the right popliteal space, and stated that about six weeks previously he had noticed for the first time behind the knee a small tumour, of the size of an olive, accompanied by some pain and stiffness. On admission, a tense, soft, pulsating, and expanding tumour, of the size of a small orange, but somewhat elongated, was found occupying the right popliteal region. A strong bruit was heard over the tumour, and for some distance along the femoral artery. Compression of the femoral above the tumour confirmed the diagnosis.

The patient was placed on a diet of milk; iodide of potassium in large doses, with bitter tonics, were ad-

ministered internally. The leg was carefully bandaged, forcibly bent over the thigh, and thigh over abdomen. The patient was directed to lie on the right side, and to remain as quiet as possible.

After a fortnight of this treatment, which was very imperfectly carried out by the patient, the popliteal tumour was found to be greatly reduced in size, firmer, and harder; there were no pulsations and scarcely any expansion; the bruit was still heard, but fainter and more limited. Evidently the patient was on a fair way to recovery, but, unfortunately, a few days afterwards he removed the bandages to visit a countryman of his, the inmate of another ward, and from that date (August 10th) the aneurism rapidly increased, especially in an upward direction, and in a few days reached nearly to the abductor's ring. By this time the general health had greatly improved, and, considering the rapid growth of the tumour, deligation of the femoral artery was decided upon.

Aug. 16th.—Chloroform having been administered, the femoral artery was deligated at the apex of Scarpa's triangle. Carbolised catgut ligature was used, the wound united by fine silver-wire suture, and dressed antiseptically. The limb was covered with cotton-wool, and gently supported by a flannel bandage.

17th.—Slept well last night; complains of slight pain in the wound; the tumour has greatly subsided, and is soft and flaccid. The limb is warm. Temperature in the axilla 100°; pulse 99.

18th.—Patient doing well. Pulse 99; temperature in axilla 98.6°.

20th.—The whole limb is of natural warmth. The dressings were removed, and the wound found to have united by primary union.

25th.—The tumour is much smaller, firm, and hard; no pulsation, bruit, no expansion. The patient walks about the wards and verandahs all day.

28th.—The general health is fairly good, the limb sound, the popliteal tumour is small and hard. Discharged cured.

HÔPITAL ST. LOUIS, PARIS.

SUBLUXATION OF THE SIXTH CERVICAL VERTEBRA UPON THE SEVENTH; HÆMORRHAGE INTO THE SPINAL CORD; DEATH.

(Service of M. PÉAN, under the care of M. NICAISE.)

ADRIEN P.—, aged twenty-five, a mechanic of temperate habits, whilst swinging himself upon a trapeze, suddenly lost his hold and fell a distance of about twelve feet upon his shoulders and back. He did not become unconscious by the fall, but upon making an effort to get up from the ground he found that he had lost all power over his limbs, and he was carried to the hospital.

Upon examination his condition was found to be as follows:—No recognisable deviation of the vertebral column, but the patient complained of some pain, which was localised between the sixth cervical and the third dorsal vertebræ; otherwise he said he did not feel uncomfortable. Both legs were paralysed, and there was no reflex action. The movements of the fingers were likewise abolished, the patient not being able to shake hands. He was likewise unable to extend the forearm, but was able to flex it.

The inferior extremities were devoid of sensation, as was also the skin of the body as far as a line passing through the nipples. The regions enervated by the superficial plexus and by the radial nerve had preserved their sense of feeling. The ulnar and median nerves were paralysed. The patient, however, felt pins and needles in his fingers. These symptoms were the same on both sides, from which it was concluded that the lesions of the spinal cord were transversal. There was also paralysis of the bladder, it being necessary to draw off the urine with a catheter. The introduction of the catheter was effected with great ease, and gave to the hand the sensation of a dilated canal. Urine dark, acid, and diminished in quantity, with a strong ammoniacal odour. The penis was turgid, and remained in a state of semi-erection. The abdomen was slightly distended, and hard to the touch. The respiration was 28. Pectoral respiration was entirely abolished, the pectoral muscles and the trapezium being completely paralysed, and