ART. XXVI.—*The Rapid Cure of Aneurism by Pressure, illustrated by the Case of Mark Wilson, who was Cured of Aneurism of the Abdominal Aorta in the Year 1864.* By WILLIAM MURRAY, M.D., M.R.C.P. Lond., Lecturer on Physiology in the University of Durham, etc. Crown 8vo., pp. 43. London: J. & A. Churchill, 1871.

THE case of Mark Wilson (which we doubt not will hereafter figure in the annals of surgery quite as prominently as that of the porter on whom Sir Astley Cooper performed his celebrated operation of tying the aorta) was published in the *Transactions of the Royal Medico-Chirurgical Society* for 1864, and quoted in the number of this Journal for July, 1865, p. 164. For six years subsequent to his recovery, as then recorded, Dr. Murray's patient enjoyed good health, though engaging in laborious occupations, and being occasionally subjected to a good deal of privation. In the early part of the year 1870, "the patient was compelled to resume his old occupation as a paviour, and the strenuous efforts required of him, once more brought on violent pain in the epigastrium, which was speedily followed by other symptoms of an aneurism in that region." In fact, a second aneurism was developed above the point at which the artery had been occluded in the case of the first, and, this time, the disease was situated at so high a point as to render proximal compression utterly impracticable. The patient died suddenly, on June 1st, 1870, and the careful *post-mortem* examination, the results of which are now published, confirmed, in the most satisfactory manner, Dr. Murray's diagnosis as to the position of the first aneurism.

Apart from the very great clinical interest of this case, to which we shall presently refer, it is of much value to the pathologist as showing very clearly the means adopted by nature to carry on the circulation, after the occlusion of the largest artery in the body. Two good wood-cuts illustrate the *post-mortem* record, and show that the collateral circulation was established *externally* by the inosculation of branches of the internal mammary and deep epigastric arteries, and by anastomoses of the hepatic artery with a branch of the epigastric, and of the intercostal arteries with the deep and superficial epigastric and with the superficial circumflex iliac, while *internally* it was maintained by the junction of branches of the superior and inferior mesenteric arteries, and of the lumbar with the ilio-lumbar and circumflex ilii arteries.

The chief point of clinical importance in this remarkable case is, of course, that it conclusively establishes the curability, by surgical means, of aneurisms of the abdominal aorta. Dr. Murray's little volume is, however, also of interest as furnishing a valuable addition to our means of estimating the comparative merits, in the treatment of aneurism in general, of the "Rapid Method" of employing pressure, and of that ordinarily resorted to. In the latter method, as in the Hunterian operation by ligature, and in that of Wardrop, it is well known that the surgeon's object is to induce the *gradual formation* in the aneurismal sac of a *laminated coagulum*; but in the "rapid method," by which the circulation through the sac is *completely* arrested—as in Anel's and Brasdor's operations—the blood in the aneurism undergoes coagulation *en masse*, a process which is not inaptly compared by Dr. Murray "to those instances of crystallization which occur when the slightest disturbance of the conditions of solution determines the immediate solidification of dissolved matter."

That the "rapid method" is practicable, and in many cases efficient, there can be no doubt; but that it is as *safe* as the common mode of making com-

pression (as asserted by Dr. Murray), is, we think, at least not proved. Indeed, the "gradual method"—as it may be called for the sake of distinction—can only do harm indirectly by delaying the adoption of more certain modes of treatment, while the "rapid method," or any other plan which aims to effect coagulation *en masse*, necessarily exposes the patient to some risk of suppuration occurring in the sac, and, as a possible consequence, of secondary hemorrhage; the fact that such results have not ensued in any of the nine or ten cases referred to by the author, merely proves that the accidents in question are not inevitable.

Hence, while we would not for a moment be supposed to undervalue the mode of treatment introduced by Dr. Murray—a mode of treatment which for cases of aneurism of the aorta or of the primitive iliac is really invaluable—we are not prepared to admit that it should supersede, in ordinary cases, either the ligature or the pressure treatment as commonly applied.

We observe that, in referring to Dr. Heath's cases of aneurism treated by the "rapid method," Dr. Murray (page 33) says—(his language at least conveys this impression)—that Dr. Heath used chloroform in both cases, effecting a cure in one by keeping up pressure for twenty minutes. This account does not agree with that quoted in the New Sydenham Society's Biennial Retrospect for 1867–1868 (page 293), from Dr. Murray's own paper, read before the Surgical Section of the British Medical Association, at the meeting of 1867: it is there stated that the final and successful effort of twenty minutes was made "*without chloroform*." We refer to this discrepancy, not with any intention of fault-finding, but with the hope of eliciting from either Dr. Murray or Dr. Heath a definitive statement as to whether chloroform was or was not used in the case in question, and as to whether the aneurism was really of the aorta, or of some smaller vessel; the former would be inferred from the record in the *Biennial Retrospect*, but the locality of the aneurism is not alluded to in Dr. Murray's volume.

J. A., JR.

ART. XXVII.—*Notes and Recollections of an Ambulance Surgeon; being an Account of Work done under the Red Cross during the Campaign of 1870.* By WILLIAM MACCORMAC, F.R.C.S., M.A., M.R.I.A., Assistant Surgeon to St. Thomas' Hospital; Consulting Surgeon to the General Hospital, Belfast; and Member of Senate of the Queen's University. 8vo., pp. xii., 155. London: J. & A. Churchill, 1871.

THE work before us is a reprint of a series of communications which have already appeared in the *British Medical Journal*. In his preface, the author tells us that he does not attempt to give a systematic account of gunshot injuries, but merely furnishes the record of his own experiences as a volunteer surgeon during a portion of the late Franco-Prussian war. These experiences, pleasantly related, form a most readable narrative, and seem to us to delineate in a faithful manner the difficulties which beset the civil surgeon when transferred to the arena of actual conflict.

Immediately after the declaration of war, Dr. MacCormac left England for Paris, and tendered his professional services to the medical authorities of the French government. After a few days' delay, he was instructed to proceed to Metz, there to report to Dr. Isnard, the French Surgeon-in-Chief. Arriving at Metz on the 10th of August, he found there heavy bodies of French