6. That with the exception of saline purgative medicine and the occasional injection of the caustic wash—should slight running continue after blisters have been applied—no other treatment is needed.

7. That the complication of "swelled testicle" in no degree invalidates the success of the treatment by blisters.

8. That no unpleasant symptoms have been noticed after the application of blisters. A crop of small boils occasionally appears around the roots of hairs on the blistered surface; but this is generally no source of annoyance if treated in the manner mentioned above; and should tenderness remain on the "new skin," the surface will rapidly become "tough" if painted with a solution of caustic (ten grains to the ounce).

9. That when the above circumstances are duly considered—the brief time required for treatment; the small annoyance caused to the patient; and the entire freedom from the administration of all nauseous and offensive medicines; with the completeness of the cure generally effected,—it is thought that the treatment of gonorrhœa by blisters will be acknowledged to offer the means best adapted for use in the instance of men in our armies and fleets.

ON THREE CASES OF PUERPERAL CONVULSIONS.

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Holbeach.

CASE 1.—A. M—, aged twenty-three, a stout, healthy-looking young woman, at full period of gestation; first pregnancy.

Feb. 6th, 1858.—Eleven A.M.: I was summoned hastily to see her in consequence of her having had several fits. When I arrived (a distance of two miles), I found that the convulsions followed up more quickly, and that stertor and deep insensibility existed between the attacks, whereas at first she was perfectly conscious during the intervals. The convulsions were so powerful that it took from six to eight persons to hold her. Her tongue was much lacerated in consequence of the attendants not having put anything between her teeth during the fit. The os uteri was not dilated; pulse full, hard, and bounding. I bled her to about sixty ounces; and although the pulse was not sensibly altered, I was afraid to go on. Croton oil and a large dose of calomel were given; castor oil and turpentine enemata administered; the hair was cut off, and cold lotions applied to the head. About three hours afterwards the bleeding was repeated to about twenty ounces, and a large number of leeches applied to the head. The croton oil and calomel were also repeated.

7th.—Convulsions, stertor, and comatose condition the same; the bowels freely and repeatedly acted upon; the os uteri dilated, and head down in the pelvis. She was delivered of a dead child by the forceps; the placenta easily extracted. A blister was applied to the neck, and mustard plasters to the calves of the legs.

8th.—Convulsions gradually became less frequent until they ceased altogether about noon. Complete consciousness did not return till after their total cessation. From this time she gradually improved, and got quite well. She has had two living children since.

CASE 2.—A. B—, aged twenty-one, a stout girl; first pregnancy; full period.

May 7th, 1859.—Labour commenced last night at eleven A.M. She was progressing favourably, and I left her in charge of my pupil, Mr. J. Morton, for a short time. At two P.M. she was seized with a fit, soon followed by others; stertor and insensibility between them. Pulse firm and bounding. The head being in the pelvis, I delivered her with forceps of a living child. The placenta was quickly thrown off; soon after which flooding, to a most alarming extent, occurred, and which was restrained with difficulty by the introduction of the hand into the uterus, and pressure, combined with cold applications, to the abdomen. The convulsions and deep insensibility continued for more than forty hours; and although considerable abdominal tenderness followed, she made a good recovery.

The same treatment was adopted as in the preceding case, except that venesection and leeching were not used.

CASE 3.—H. F. M—, aged twenty-four. About ten months

since she was rather delicate-looking, but has become much more robust the last few months. Primipara, full period.

April 29th, 1861.—Was delivered of a living child at three A.M., after only three hours' labour. Placenta thrown off naturally; bowels acted freely during labour from a dose of castor oil taken the previous evening.—Two P.M.: Progressed most favourably up to this time, when I visited her. She was at first asleep, and upon awaking she appeared alarmed; did not answer questions put to her; seemed to have a choking sensation in her throat; then a violent winking of the left eye-lids came on, and directly afterwards a convulsive fit. Stertor and total insensibility immediately followed. The convulsions recurred every twenty minutes throughout the remainder of the day. Calomel and croton oil were administered by the mouth; the hair cut off, and cold applied to the head; bleeding from two veins at once to between thirty and forty ounces.

30th.—Three A.M.: Much the same. Several leeches were applied to the temples, and mustard plasters to the calves of the legs; bowels acted freely.—Eight A.M.: Has only had one more fit; stertor less, but insensibility the same; bowels acted several times.—One P.M.: The same, except that the pulse is 140, and not so full. I examined the abdomen carefully, but could not ascertain that there was any tenderness or tumefaction.—Six P.M.: Patient quite conscious; pulse 140, small and moderately firm; complains of pain and tenderness over the lower part of abdomen. Ordered calomel in small repeated doses; leeches to painful part of abdomen, followed by poultices.

May 1st.—Much the same, except that there is tumefaction of abdomen; no more fits; sensibility complete. About two hours after this she became much altered, and gradually sank at twenty minutes to four P.M.

Remarks.—I have sent the foregoing very briefly written cases for publication, because it is unusual for three such cases to happen in one medical man's general practice in so short a time; secondly, they each differ as to the period at which the convulsions commenced—namely, before labour began, during labour, and eleven hours after its completion; and lastly, it will be interesting to hear the opinions of other practitioners as to the most desirable and efficacious treatment of one of the most formidable and frightful complaints which a medical man ever has to treat or witness, entailing upon him much labour, thought, and anxiety, and, in the case of a fatal termination, often much opprobrium. In the first case which I have related, I was afterwards told by the patient's friends that if she had died, they should not have attributed her death to the disease, but to my excessive bleeding. In the cases of A. M— and A. B—, there was evidently a plethoric condition previously; but as I knew nothing of them till called in at the last moment, this did not come under my observation. In the case of H. F. M—, she was at all times highly nervous, having a great dread of seeing anybody in a fit (which from the office she held she was liable to), and the convulsions were immediately preceded by an appearance of alarm, the patient, as it is termed, "awaking in a fright."

In conversation with a very intelligent medical friend, I was told by him that an eminent obstetric lecturer to one of the leading London medical schools repudiates the bleeding plan of treatment now for some years almost universally adopted in this complaint. If such be the case, I shall be glad to know if other teachers promulgate the same views, and the amount of success which has followed the new system. On one occasion a London medical man was staying here when I performed amputation of the thigh, and he stated that "I ought not to have performed the flap-operation, as it had gone out of fashion." Now I fear that there is too much "fashion" in the treatment of disease. Complaints which, a very few years since, were treated by bleeding, calomel, antimony, and opium, are now treated by stimulants almost from the commencement. I am aware that in hospital practice in London and other large towns the physician is frequently obliged to adopt a supporting plan of treatment almost immediately that a patient with an inflammatory attack comes under his care; but this is often occasioned by the patient not having presented himself till the disease has made considerable progress, and the time for depleting measures is past. Again, the poor of London are subjected to all those influences which produce an early depression of the vital powers under disease, and thus render it necessary to adopt a stimulating plan of treatment earlier than would be required in country practice; and this, I am persuaded, is not sufficiently impressed upon the minds of students at the bedside. They leave the hospital believing that stimulation is necessary in inflammatory affections from the commencement; and if they carry this theory into country practice, it is fearful to contemplate what must be the effect until further experience

has taught them otherwise. Still the stimulating treatment of disease is, I believe, at the present day, carried to excess: it is, in fact, the *fashion*—to become at a future period greatly modified, if not to subside into the older system.

Holbeach, Lincolnshire, 1861.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

WESTMINSTER HOSPITAL.

FALSE ANEURISM OF THE FEMORAL ARTERY IN HUNTER'S CANAL; OPERATION BY CUTTING INTO THE ANEURISM AND TYING BOTH ENDS OF THE WOUNDED VESSELS; SUBSEQUENT DISEASE OF THE KNEE-JOINT; RECOVERY.

(Under the care of Mr. HOLT.)

THE following hitherto unpublished case possesses several features of considerable interest, and will form an appendix to the series of aneurism lately presented in our hospital "Mirror."

George B—, aged eighteen, a man-servant, was admitted into the hospital July 23rd, 1856. Seventeen weeks prior to his admission, a boy, while he was running from him, thrust a heated iron rod into the inner and back part of his right thigh, about the junction of the middle and lower thirds; at the same moment the leg became involuntarily flexed on the thigh, which he distinctly felt puff up and become tense. There was profuse hæmorrhage, the blood spirting out against his trowsers and running down into his boots. He was enabled with assistance to walk to his sister's house, about twenty yards distant, when upon removing his trowsers the bleeding was found to have abated. He distinctly described it as at first squirting out and afterwards running out. In about two hours he was seen by a surgeon, who put a stitch in the wound and a piece of strapping over it. Two days afterwards, the thigh still remaining swollen, a bread poultice was ordered and continued for a fortnight, the wound discharging slightly, but healing at the end of that time. The thigh continuing to increase in size, and the pain becoming more severe, he was eventually induced to consult Mr. Wilson, of St. Leonards, who at once detected the serious nature of the injury, and for a considerable period, and in the most persevering manner, endeavoured to effect a cure by compression; but although this treatment was fully carried out, it failed to arrest the flow of blood into the tumour sufficiently to effect consolidation, and seventeen weeks after the accident he was removed to London.

On admission.—There is a swelling of the right thigh extending from about three inches below Poupart's ligament nearly to the knee-joint; it is on the inner and contiguous portions of the anterior and posterior surfaces, but more on the anterior than the posterior, involving about two-thirds of the circumference of the limb. The skin over it is of a dusky hue, and the scar of the wound may be seen at the posterior part at about the junction of the middle with the lower third. The swelling is elastic, and on the anterior surface there is obscure fluctuation. A bruit can be heard on the inner surface about half-way down, and also at the part where the artery enters Hunter's canal; but the same kind of bruit can be heard over the common femoral above the swelling, and with care the artery may be traced through it, though the bruit is more distinct at the two parts above mentioned. It is completely arrested by pressure on the common femoral. There is no

pulsation to be detected in the tumour at present. The leg is flexed on the thigh, and both leg and foot are a little swollen and cedematous. Both tibial arteries can be felt at the ankle. His general health seems good, although he is greatly exhausted by confinement and suffering; countenance calm; skin moist and warm; bowels costive. Measurement of the tumour above, 18½ in.; centre, 19 in.; below, 16½ in. He was ordered an aperient and opiate at bed-time.

On the evening of the 26th, the second after his admission, the thigh suddenly swelled up, and became exquisitely painful. An opiate was administered, and a cold evaporating lotion applied, which after a short interval relieved the pain.

On July 30th his general health remained the same; the swelling had slightly subsided at the middle and lower measurements. The lotion was continued, and, the bowels remaining obstinate, he was ordered an enema. At about half-past three P.M., the house-surgeon was called to him, and found that at the time the bowels were relieved the thigh had again suddenly swelled up, and become hard and tense, accompanied by exquisite pain. The measurements were immediately taken, and found to be increased as follows: upper, 19 inches, increase ½; middle, 19½, increase ½; lower, 18, increase 1½; so that the increase was greatest at the lower part, and there he complained of the most pain.

The following is an epitome of the remarks made by Mr. Holt, in a clinical lecture, as to the nature of the injury and the remedial measures to be adopted:—

Diagnosis in favour of the existence of an aneurism—

- 1st. The wound and immediate profuse hæmorrhage.
- 2nd. The instantaneous swelling of the limb and its gradual enlargement.
- 3rd. The bruit in the neighbourhood of the wound.
- Opposed to the existence of aneurism—
- 1st. Absence of pulsation in the tumour.
- 2nd. The want of appreciable alteration in the size of the swelling upon arresting the current of blood.
- 3rd. The want of bruit in any other situation than that of the artery and its immediate structures.
- 4th. The detection of the arterial trunk over the tumour and bruit in the course of the vessel, where it is not implicated but altered by compression.
- In favour of its being a wounded artery, with occasional hæmorrhage, we have—
- 1st. Injury and immediate bleeding.
- 2nd. Absence of pulsation.
- 3rd. Absence of general bruit.
- 4th. Increase in the size of the swelling upon exertion or examination.
- 5th. The sensations, at the period of such increase, of burning, tension, and numbness, accompanied by faintness and sickness.
- 6th. The tumour remaining larger after each sudden distension.
- 7th. The swelling of the leg and foot, greater and more cedematous after each increase.

Treatment.—If aneurism of the femoral or one of its branches, ligature might succeed, although the dangers of gangrene, from the pressure exercised by the tumour on the anastomosing vessels, and the probabilities of secondary hæmorrhage, are to be feared, but it leaves the alternative of removing the limb at a future period.

If aneurism of the profunda or one of its branches, such an operation would be useless, but the alternative of cutting into the swelling or removing the limb remains.

If it be a wounded artery, with recurrent hæmorrhage, neither operation will succeed, but either both ends of the bleeding vessel must be secured, or the limb amputated above the injury. If the tumour is cut into, and the bleeding points secured, the suppuration and its consequences will be most dangerous in his present state; and if the bleeding points cannot be secured, the limb must be amputated forthwith.

Thus, ligature of the superficial femoral offers the least important objections respecting life, but it gives no security of success. Cutting into the tumour affords a fair chance of finding the wounded vessel, but failing to find it necessitates immediate amputation. The latter operation was decided upon.

The patient having been placed under chloroform, an incision was made directly along the mesian line of the tumour, about nine inches in length, and extending from three inches below Poupart's ligament to the lower border of the swelling. A large quantity of coagulated blood, about four pounds in weight, was removed; and the surface of the cavity being sponged, and the pressure which had been maintained upon the femoral being relaxed, a small jet was discovered at about the middle and rather posterior portion of the swelling, where the artery lies.