had not been entirely competent. He had recently investigated the subject of dissecting aneurism, and found that by far the largest proportion of cases were similar in their result to that of Dr. Bennett, the internal causation which led to the formation of the aneurism being generally followed, in a very short time, by the rupture of the external wall of the sac. There were four or five cases on record, in which the internal rupture had a similar situation to that in the present instance; and there was also another case, in which the sac burst into the left pleural cavity. In Dr. Bennett's case, the rupture of the vessels in the brain was antecedent to the formation of the dissecting aneurism; but, in some cases, the sudden obstruction to the flow of blood caused by the aneurism occasioned a second rupture of some other part of the vessel. This occurred in two cases which fell under his own notice, and in several on record the cavities of the heart had given way from the same cause. The case was particularly interesting to him, as it confirmed an opinion which he had before expressed, that the sac of the dissecting aneurism would probably always be found to be situated in the laminæ of the middle coat of the artery, and not between the middle and external coat. He had performed several experiments in reference to this point, and had found that the external coat alone does not possess sufficient density to retain a column of fluid injected between it and the middle coat. In five or six cases which he had examined, in the recent state, he found the sac situated between the laminæ of the middle coat; and in two cases which he had had the opportunity of carefully dissecting, and which had been previously described as cases of dissecting aneurism, in which the sac was situated between the middle and external coat, he had found that a distinct layer of the middle coat had been separated with the external coat, forming the outer wall of the sac; so that the aneurism was really situated between the laminæ of the middle coat.

Dr. BLACK remarked that he gave a general concurrence to the observations which had fallen from the different gentlemen in reference to the case before them; he thought also that the author of the paper had submitted to their consideration with much succinctness and ability the most important points which it involved. There was, however, one point of much interest in a physiological point of view, and not unimportant in its practical bearings, on which no observations had been addressed to the chair, and which, though distantly alluded to by the author, had not engaged that attention to which, from its importance, it was entitled. The case was one in which, from the amount of disease, little could be expected from remedial measures; at the same time he thought that that part of the treatment which had reference to the heart was perhaps in some degree misdirected. The condition of this organ, though enlarged in a great degree, and vastly hypertrophied, may certainly be considered a disease *per se*, yet it could not operate as such in the particular circumstances of this case; and the proof of this opinion is to be found in the fact that the patient's health was good, and his circulation unembarrassed,—as far, at least, as his own feelings were concerned, or appearances indicated,—up to the time at which he became the subject of a paralytic seizure. Doubtless in this case the ossification of the arterial system and the heart's hypertrophy must have existed for a very long time; they had gone on in some degree *pari passu*, though the one must be considered consequent on and rendered necessary by the other. The phenomena in this case correspond with Dr. Black's general experience, and illustrate the relation (unobscured by valvular disease) between hypertrophy of the heart and general rigidity of the arterial system. Indeed, without this sequence or pathological relation it would be impossible that life should be prolonged, and this result becomes manifest from a moment's consideration of the powers by which the circulation is maintained; if the spring which has to be acted on loses its elasticity, a greater force must be called into action, or the effects which depend on its reaction will cease. It has been Dr. Black's intention in the remarks which he has taken the liberty of making, to elucidate the relation between some of the phenomena of the case, and to convey his opinion that we are apt to be misled in such cases, if we direct our treatment to that which, in the particular circumstances, cannot operate injuriously, but, on the other hand, must rather be considered necessary, or perhaps even advantageous.

Dr. BENNETT, in reply, doubted whether there was anything in the artery that could be called an aneurismal sac, but that there were, undoubtedly, various depressions arising from the irregularities produced by the extensive deposits of atheroma, and that it was possible the bruit might be produced by the passage of the blood along an artery whose surface was thus unequal. He admitted the question to be important; as, *e. g.*,

in reference to Dr. Black's view of its being undesirable to interfere much with the over-action of the heart, if this was the result, and the desirable result, of impaired elasticity of the artery; if the bruit was not held to be diagnostic of disease of the artery, there was nothing to lead to the conclusion, during life, that the hypertrophy of the heart was the necessary and salutary consequence of the state of the artery, and therefore not to be much interfered with. To Dr. Thompson he replied that there had been no pain along the course of the artery.

SUPPRESSION OF UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—The right management of uterine hæmorrhage is a subject of such vast importance, that I trust Dr. Tyler Smith will excuse a short and friendly comment upon his case, published in THE LANCET of July 7th.

Two medical men being in attendance, it is presumed the Doctor was sent for on account of the appearance of some very alarming symptoms in the patient. The Doctor says, "I found a slight oozing of blood; with this there was uterine pain from time to time, the oozing increasing to a gush at each uterine contraction. . . . Three or four napkins folded together were applied as an abdominal pad, with a bandage. . . . A napkin lightly wrung out of cold water was applied to the vulva. . . . A dose of ergot and a wineglass of brandy were next given. A second and a third dose of ergot; brandy also was poured in in considerable quantities. . . . The patient frequently became faint and insensible; cried out for 'air! air!' tossed her arms restlessly, and implored that she might be allowed to die. The pulse was from 120 to 135, and extremely feeble. . . . Matters becoming thus urgent, the abdominal bandage was removed and the abdomen being laid quite bare, cold water was poured upon it from an ewer held at a considerable height. Then warm flannels, with frictions to the abdominal surface, were used, in order to obtain the full stimulus of *alternation*. Such being the state of the case, and feeling great anxiety for the patient's life, I now *very cautiously* introduced my hand into the uterus. The vagina was very large, relaxed, and full of coagula."

Dr. Smith, in the beginning of his communication, says, "The circumstances about to be related, up to the time of the arrest of the flooding, were spread over about two hours and a half." Most likely these two hours were consumed in the proceedings related above, which were utterly inefficacious, and will ever be so in such a case. Now it was clearly a case of internal hæmorrhage, the treatment of which should have been, to introduce the hand into the uterus, and clear out the coagula without a moment's delay; to roll up not less than six napkins for a pad, to be bound firmly upon the abdomen, and pressed upon by an assistant; to reintroduce the hand if hæmorrhage continued; and to tightly plug the vagina if still intractable. In cases where it was necessary to detach the placenta from the neck or mouth of the uterus by the hand, I have often found it imperatively necessary to resort to plugging, in order to completely arrest the hæmorrhage, the contraction of the uterus itself not being sufficient to obliterate the open vessels. Perhaps Dr. Smith's was some such a case. Dr. Smith's theories, and his needless apprehensions of the bad consequences likely to result from the introduction of his hand into the uterus, seem to have interfered with his prompt treatment of his case. It is well for his patient that he did not longer defer the introduction of his hand. With many apologies to Dr. Smith, I beg to remain,

Sir, your most obedient servant,

Upper Tooting, July 9, 1849.

W. BAINBRIDGE.

THE PRESIDENT OF THE FRENCH REPUBLIC AND THE CHOLERA.—Prince Louis Napoleon has visited the Hôtel Dieu, the Military Hospital of Val de Grâce, and the Salpêtrière. He was received in these different establishments by the various official persons, and expressed much satisfaction at the zeal and self-denial generally displayed by the attendants of every grade, during the fearful epidemic which is preying upon Paris. He passed through the cholera wards, and bestowed several rewards upon the attendants of the sick, particularly at the Military Hospital. M. Levy, chief surgeon of the latter, was told by the President that he was raised to the rank of officer of the Legion of Honour. At the Salpêtrière, the director, and the superior Sister of Charity were both labouring under an attack of cholera; the President insisted upon visiting the latter, and expressed great admiration for the generous and indefatigable manner in which all the sisters are fulfilling their perilous duties.