**CASE OF ANEURISM AT THE BEND OF THE ARM FROM A
WOUND—OPERATION—CURE.**

A SON of Roswell Ackley, of Groton, Tompkins Co., N. Y., æt. 15, was wounded with the point of a penknife at the bend of the arm, about the first of October, 1840. There was a jet of blood to the distance of six feet at the time, but some of the bystanders made compression over the orifice and arrested the hemorrhage. A physician was called, who applied compresses and a bandage, and kept it tightly done up for a week, when the dressings were removed, and the boy began to make some use of his arm, when hemorrhage again recurred from the wound (which had not healed) to some considerable amount. It was again bandaged, but it continued to bleed from time to time. The whole of the forearm was swollen and discolored from infiltration of blood, and a tumor formed over the seat of the injury, which continued slowly to increase in size. About this time a *steam doctor* saw it and promised a speedy cure by the application of stimulants and frictions, which on trial only served to increase the size of the swelling, and augment the frequency of the hemorrhages. I was requested to visit him on the 28th of October. Found the forearm in a state of semiflexion, much swollen and discolored, and a tumor in the bend of the arm as large as the fist, with a small orifice (the original puncture unhealed) near the apex. There was no pulsation in it to be discovered, nor could I learn that there ever had been. No pulsation in the radial artery could be perceived at the wrist. The fingers were flexed and could not be easily extended.

With the assistance of Dr. Daniel Haven, I proceeded to the operation by cutting down upon the brachial artery about midway between the axilla and bend of the arm, at the edge of the biceps, and carefully separating the media nerve and disturbing as little as possible the surrounding connections; one firm silk ligature was applied; the wound closed by adhesive plaster, and the arm placed in a sling, carefully wrapped in cotton. No unpleasant symptoms followed. The ligature came away on the 14th day from the operation. A partial suppuration took place in the tumor, which with some coagula was discharged from the puncture. After this, frictions with stimulating liniments completely dispersed the remainder of the swelling. The arm and fingers became straight, and he speedily regained their strength and use.

How infinitely preferable this simple, yet efficient operation, to the method formerly pursued, and sometimes recommended in these days, of opening the aneurismal sac and searching for the wounded vessel, and tying both above and below the wound.

Cortlandville, N. Y., June 16th, 1841. A. W. SHIPMAN, M.D.

Pres. of Cortland Med. Soc'y.

UTERINE HÆMORRHAGE PRECEDING DELIVERY.

BY R. FOSTER WELLS, M.R.C.S.L.

At five o'clock in the afternoon of the 21st of the present month, at the request of a practitioner of midwifery, I visited Mrs. Croley, ætat. 33, of