ART. XXII.—*Diffused Popliteal Aneurism; Syme's Operation; Secondary Hemorrhage; Ligature of Femoral Artery; Tetanus; Recovery.* Operations by C. B. PORTER, M.D., Sarg. Mass. General Hosp., Subsequent care and Report by Assistant Surgeon S. Q. ROBINSON, U. S. M. H. S.

JOHN L., aged 36, a Prussian by birth, with a probable syphilitic history, was admitted to the U. S. Mariner Hospital at Chelsea, Mass., April 7th, 1875, for Guinea worm. The entire crew of his vessel, a Gold Coast trader, were sufferers from this parasite. The period of incubation in all the cases was about ten months.

June 10. The last piece of worm was removed, completing a total length of 14 inches.

14th. Patient called attention to a small, deep, indistinctly defined induration in the lower and inner part of the thigh under the vastus internus muscle, the seat of considerable pain. It was supposed to be of inflammatory origin, and treated accordingly.

July 30. The swelling had increased in size and the skin had become tense and reddened.

31st. An exploratory incision showed the trouble to be a rupture of the popliteal artery. Dr. C. B. Porter, who was called in consultation, cut down upon the artery and ligated it *in situ* by Syme's operation, tying both ends. At the proximal end, the artery was readily separated from the surrounding parts and the ligature applied, but at the distal end inflammation had so glued the tissues together, that isolation of the artery was impracticable, and a curved needle with ligature was passed. The sheath was necessarily included in the ligature, as it could not be separated from the vessel. The opening in the artery was two inches long, involving more than half its circumference, and situated just below Hunter's canal. There was nothing like a sac. The cavity, containing a pint or more of clotted blood, was formed by the separation of the muscles.

It was a matter of much doubt if the patient would rally after the operation in spite of repeated rectal injections of brandy. Heaters were applied, and, at the suggestion of Dr. Porter, the limbs were kept elevated above the head until the feeble and thready pulse of 140 became slower and stronger. For twenty-four hours the patient was in a semi-conscious condition, with incessant vomiting and purging, which did not entirely cease until four days later.

August 10. A secondary hemorrhage occurred, with the loss perhaps of 3x of blood. A strap tourniquet which had been kept on, partly screwed up, in anticipation of this accident, had been removed eight hours before at the urgent request of the patient. The bleeding was checked by the fingers of the patient himself until assistance reached him. The femoral was tied by Dr. Porter slightly below the apex of Scarpa's triangle, in order to leave room for future ligation in case of need. About 5ss of blood was lost. The wound healed by first intention, and the patient quickly rallied.

11th. Patient complained of stiffness of the jaws and difficulty in swallowing. Two days later, there were general tetanic spasms. The lower wound was then syringed out daily with a solution of chloral hydrate (grs. xv-sq. ʒj). It is worthy of note that after the artery was tied

above, the discharge, previously free, diminished so as to hardly moisten the dressings, although the process of repair went on unchecked. Chloral grs. xv, and potass. brom. grs. l, were administered by the rectum with a frequency regulated by the severity of the spasms, but not oftener than once in two hours. Occasional subcutaneous injections of morphia. The temperature ranged from $99\frac{1}{2}^{\circ}$ F. to $103\frac{1}{2}^{\circ}$ F.

25th. There was some mental aberration due to the chloral. The patient passed his urine and feces in bed. The spasms were much less severe.

September 5. No spasms, though the pain in the wound and along the thigh, which had been a prominent symptom from the outset, was still troublesome.

October 16. An attempt, made under ether, to straighten the leg, which was immovably flexed at a right angle, failed. The muscles of the thigh still seemed to be in a state of spasmodic contraction. Extension, which was then applied by weight and pulley, could only be borne at first for an hour daily, but the weight and time were both gradually increased. Patient much debilitated and very anæmic.

March 4, 1876. Patient was discharged in fair condition, with the leg almost straight. Tenotomy of the hamstring tendons was declined. The tibial pulse could not be felt.

May 1. Patient has been working as bartender in Boston since his discharge. Leg quite straight. Has no trouble of any sort.

ART. XXIII.—On the Subcutaneous Injections of Ergotine.

By R. CROCKETT, M.D., Wytheville, Va.

Soon after the number of the *American Journal of the Medical Sciences* for January, 1875, was received by me, containing the interesting account of Prof. Da Costa's "Cases of Splenic Lnkæmia and their treatment with Hypodermic Injections of Ergotine; with remarks on the Hypodermic use of Ergotine and Iodine in Glandular Enlargements," I had under treatment a case of splenic lmkæmia, which I will briefly report:—

February 3, 1875, Mary S. (colored), 48 years of age, had been sick for several months, but could not give an intelligent account of her condition, or how she had been treated.

I found her spleen much enlarged, displaced, measuring eight inches in length, and hanging in a line nearly vertical in the direction of the left pubic bone, width five inches, approaching the linea alba in its descent, much increased in thickness, gradually thinning towards its edges; about the centre, near the linea alba, I could detect a notch in which my largest finger would lay, well defined, movable; percussion and manipulation generally gave slight pain; it became thinner at its lower edge, and semilunar in shape; gave much inconvenience from its weight when lying on the right side. Below and nearly connected with the spleen, it was associated with the diffuse development of fatty matter in the subcutaneous cellular tissue in the lower part of the abdomen, hanging in a semilunar