

ON A CASE OF  
ANEURISM OF THE FEMORAL ARTERY,  
WHICH BURST EXTERNALLY.

SUCCESSFULLY HEALED BY LIGATURE ON THE UPPER PORTION OF  
THE ARTERY.\*

By D. DE BERDT HOVELL, F.R.C.S.E., Clapton.

HANNAH M.—, aged forty, married, of bilious temperament and unhealthy aspect, who has been for some time the subject of phagedænic ulceration, probably of specific origin, on the left lower extremity, became a patient under my care on the 13th November, 1850, with a pulsating tumour, the size of the fist, on the inside of the thigh, at the junction of the lower with the middle third; the tibia of the same leg was much enlarged, the periosteum thickened, and presenting several patches of ulceration of a healthy character. The tumour of the thigh was eight months ago the size of a walnut, and has much increased in size latterly, particularly the last two or three days, and was now hard, not movable, adherent below, superficially pulsating and dilating; a bruit was very audible by the stethoscope, posteriorly and internally; pressure on the femoral artery above the tumour stopped pulsation, and reduced somewhat its size. The skin had ulcerated over the tumour, and on the evening of the 15th slight hæmorrhage had occurred; on the 16th, a second attack of hæmorrhage took place to the extent of a pint, which caused faintness.

It was not clear whether the case was simply one of aneurism, or of disease of the bone involving the artery, nor whether the disease was malignant. The healthy state of the ulcer on the tibia was an argument against the malignancy of the disease, and I determined to tie the femoral artery, following Hunter's operation. Immediately on tying the artery, pulsation ceased in the tumour, which also diminished in size.

Nov. 18th.—Incision appears healthy; the tumour remains hard; the ulcerated spot looks dark; the ulceration over the tibia continues quite healthy; the warmth of the limb has been perfectly maintained.

28th.—Patient continues remarkably well, and the wounds healthy; a slough, an inch in diameter, has formed, extending deep into the tumour, which diminishes in bulk and is much flatter and softer; no hæmorrhage whatever; the ligature separated on the 21st day.

Dec. 28th.—By gentle pressure, a slough separated, consisting evidently of a portion of the sac of the aneurism, giving vent to a copious discharge of offensive pus, which continued for some days, and which, showing a tendency to bag towards the pubis, was counteracted by the application of a bandage; a layer of the fibres of the vastus internus forms a curtain over the outer half of the opening.

Jan. 1st.—The wound has cicatrized, all appearance of the tumour is gone; there remains evident thickening of the periosteum around the lower end of the femur. The patient is much improved in health, and is growing fat; the ulcer of the tibia has healed, but the bone continues enlarged and nodulated.

Five Houses, Clapton, 1851.

ON THE TREATMENT OF SMALL-POX.

By JOSEPH GROSVENOR PASQUIN, M.R.C.S.L.,  
Birmingham.

HAVING for many years watched the unsuccessful treatment of small-pox, and also the fatal termination of that disease, even when placed in the hands of the most skilful surgeons and physicians, I was therefore induced to give to it my most devoted and undivided attention, supposing, as I did, that some valuable addition might be made in the treatment thereof. After mature deliberation thereon, it was my opinion that the pitting and consequent disfiguration of the face after that disorder, was dependent upon the confinement of the matter in the pocks for too great a length of time, which thereby would cause a slough to form in the cellular tissue lying between the cuticle and fascia of the face, which, being so thin, is never more regenerated, thereby causing the cuticle to fall into the space where the cellular tissue is then wanting, and thus follows the pitting.

Secondly. I was of opinion, that by puncturing each pock previously to its coming to perfection, and then treating it with poultice, as a common abscess, that I should not only avoid the pitting, but also draw out of the system that putrid matter which, had the pock been left to ripen, would not only have

caused the slough and pitting, but would have been absorbed into the body, and produced most injurious results to the system in general.

Thirdly. In numerous instances, I have seen patients die from the eruption breaking out, not only on the tongue, fauces, and pharynx, but also on that most delicate part, the larynx. This I also thought might be obviated by placing a few leeches over the external region of the larynx, supposing it would, by diminishing the circulation in that region, reduce the size of the pocks, and also give play to the thyro-arytæmoid muscle, and thereby prevent suffocation.

Having formed these opinions, I felt determined to try them in the next case of small-pox that came under my notice, which I have now done, and beg leave to report to you the result of my experience:—I have had seven cases, four wherein the larynx was not at all affected, on which I tried the experiment of puncturing every pock on the face, and afterwards applying repeated poultices. This treatment succeeded to my utmost satisfaction, the face being left as clear of marks as it was previously to the attack of small-pox. I had three more with affection of the larynx, the respiration being so difficult that I expected asphyxia would come on in a few hours. To these I applied leeches over the region of the larynx, and on the following morning, I found the respiration had become perfectly free and easy.

One of the three cases last reported is that of D—, labourer. This was the worst case of confluent small-pox I ever witnessed in the whole course of my medical career. He was, in the early stage of the disease, attacked with great difficulty in breathing; his tongue, soft palate, pharynx, and larynx, as far as I could see, being covered with pocks. I applied leeches at night, and on the following morning his breathing was perfectly free and easy. His face was so completely covered with pocks, that I could not find one space over his whole face, sufficient to lay on a grain of sand, which was uncovered by any pock. In this case I punctured as many pocks as I could myself, and requested his mother and sister to puncture the remainder. He is now up, and doing well, and he has not a mark upon his face; but upon this case I will report to you hereafter. In this case the feet were very painful previously to the appearance of the pocks. I applied poultice.

Great Hampton-row, Birmingham, 1851.

ON A

CASE OF CALCULUS OF THE URETHRA AND  
PROSTATE GLAND, WITH OBSTINATE STRIC-  
TURE OF THE URETHRA.

By BENJAMIN BARKUS, M.D., M.R.C.S.L., Gateshead,  
Newcastle-upon-Tyne.

THOMAS A—, aged fifty-seven, joiner, married, and has a family; is of intemperate habits, and has suffered repeatedly from gonorrhœa in his youth. Has suffered from difficulty of making water for the last thirty years, for which he was first placed under treatment about eighteen months ago, when he was seized with retention of urine, followed by extravasation into the scrotum and perinæum. He was admitted into a hospital, and repeated and ineffectual trials were made to pass a catheter. After having been in the hospital for about four months, he was discharged, passing a small stream by the urethra, and the urine flowing by several fistulous openings in the perinæum and scrotum; these gradually closed, and he continued to pass a very small stream, until he placed himself under my care, on Feb. 19, 1851, labouring under another attack of retention and extravasation of urine into the cellular tissue of the scrotum. Free incisions were made into the scrotum, giving issue to urine and pus, and repeated attempts were made to pass a catheter, which failed. The man was typhoid; the urine passed by the openings in the scrotum; there was extensive sloughing of the scrotum, almost exposing the left testicle. In the course of a week the parts became clean, and the man's health improved. All efforts to pass an instrument into the bladder were fruitless.

On March 2, whilst endeavouring to pass a small-sized catheter, it came in contact with a calculus anterior to the bulb. An incision was made down upon it, at the junction of the scrotum and perinæum, which latter was densely hard, and almost cartilaginous in its whole length. A calculus, of the size of a filbert-nut, was extracted, giving considerable relief. From this time the man's general health improved, yet it was found impossible to pass a catheter beyond the bulb, where the instrument seemed to be resisted by a dense, un-

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