

lerance of light had nearly passed away. I was, moreover, pleased by finding that there was a slight return of vision. I deemed it right to continue the mercurial treatment, against which, however, the friends of the patient strongly protested. To my great disappointment the man was removed from under my care, and taken back into the country, so that I have since lost sight of this very interesting case, but the foregoing history, together with the illustration, appears to me to possess sufficient interest to be laid before the profession(a).

A Case of Popliteal Aneurism, the Sac of which had been punctured.

Reported by R. R. GELSTON, M. D., Surgeon to the County and City of Limerick Infirmaries, &c.

JAMES O'BRIEN, a delicate, leucophlegmatic-looking man, aged 36, was admitted into the county Limerick Infirmary, under the care of the senior surgeon, Doctor Wilkinson (with whose permission the case is reported), on Thursday evening, December 10, 1846, with a tumour in the right ham fully the size and form of a goose egg, and occupying the entire of the popliteal space. It was more prominent at its upper and outer side, where an opening had been made with a lancet, on the Tuesday previous, by a country practitioner, which operation, he says, was followed by slight bleeding; a bandage being applied, he was advised to come into the Infirmary.

The swelling commenced with slight pain in the ham, six months previously, at which time a kernel, not larger than the common garden pea, was recognised, painful on pressure, under which it disappeared. Since then it has gradually increased to its present size. The surface of the tumour is of a purple reddish colour, without any pulsation, and on examination with the stethoscope, we could not detect any souffle; under moderate pressure it is quite compressible, but on its removal it rapidly resumes its original form and bulk. Complains of some pain in the ham and leg, which is slightly swollen; the foot is œdematous, and of a mottled white colour; the entire limb is flexed on the pelvis; the femoral artery acting most violently; pulse 100 in the minute; tongue soft, white, large, and flabby; had been of intemperate habits, but is a strict teetotaler for the last six years: the heart and all the large vessels are in a normal and healthy state. He is of independent circumstances, and never worked except for his amusement. After we had made the examination which enables me to give this

(a) In the Ophthalmic Report contained in our last Number we related a case of Mr. Dixon's, in which the lens, as well as the iris, was said to have been torn out of the eye by an accident. In our remarks upon the case we doubted the fact of the lens and iris having been lost in the manner described; but Mr. Dixon has just furnished us with a very beautiful drawing, which, as far as a drawing can do, compels us to acknowledge the justness of Mr. Dixon's diagnosis. It is altogether a most curious case; we shall refer to it another time.—ED.

description of his case, Dr. Wilkinson, in consultation with Dr. Russell and myself, came to the conclusion that it was a popliteal aneurism, into the sac of which an opening had been made; and while we were canvassing, in an adjoining ward, the propriety of interfering or not with the case, we were hastily summoned by the nurse, who stated that he was bleeding to death. On reaching his bed-side, we found him quite faint, with a large jet of blood coming *per saltum*, in a full stream, through the external wound; this occurrence was, in all probability, expedited by our examination, and the long journey on a common car; but, I think, fortunately so for the poor sufferer, for had the hæmorrhage set in at night he would have sunk ere assistance could have been rendered, the bleeding being so violent as to shoot across a large and roomy ward. It was restrained by pressure with the finger on the external opening, and a tourniquet was applied, and we again consulted as to our line of treatment. We conceived that amputation of the limb was the only safe course to adopt, but which view was opposed by a medical gentleman present, who advocated the tying of the femoral in Scarpa's space, which we dissented from, on two grounds. In the first place, we contended that the femoral artery was in all likelihood so diseased, that the obliteration of its canal could not take place, and secondary hæmorrhage would follow, either at the part where the ligature was applied, or where the sac had been opened; it being, in fact, now circumstanced like to a wounded vessel, in which a ligature is of little use, unless applied at the bleeding points; and that, were we to follow his advice, of tying it at a distance, the collateral circulation would in a short time be restored, and hæmorrhage from the sac, through the opening, would be the result. Our second reason was the dread of mortification ensuing before the collateral circulation had sufficient time to become fully established; but this was looked upon as minor in point of magnitude to the former, from the length of time which the aneurism took to form, consequently allowing the collateral circulation to be more or less established.

The limb was taken off without removal from his bed, by the flap operation, the flap being formed from the anterior and posterior aspect of the thigh; it was quickly done, scarcely three ounces of blood lost, and we had only three vessels to secure.

December 12th.—He passed a tranquil night; stump cool, and looks as if uniting; tongue clean and moist; bowels free; no pain; pulse 90, somewhat full.

Four o'clock, P. M. same day.—Stump tumified and painful, with frequent startings; pulse 108; more feeble; surface of body rather cold.

Ten o'clock, P. M.—Smart bleeding from the outer angle of the wound; is extremely anxious and much dejected; pulse 120; the swollen state of stump diminished. Dr. Wilkinson broke up some adhesions which had formed between the flaps, and laid the entire surface of the stump bare; applied cold and compression, which,

however, proved inadequate in restraining the hæmorrhage, when he then searched for the bleeding points, and secured two moderately-sized vessels with ligatures.

13th, ten o'clock, A. M.—Pulse 124 ; very feeble ; surface of body covered with cold, clammy perspiration ; considerable jactitation ; raving, and made attempts to get out of bed ; no recurrence of the bleeding ; seems to be sinking ; to have one ounce of red wine, and to be repeated, if necessary.

Eight o'clock, P. M.—Pulse 140 ; not so feeble ; heart's action violent ; not in proportion with the radial pulse ; the stump, which was left open and lightly dressed, is now suppurating ; taking wine and broth at intervals ; thirst very great.

14th.—Passed a good night ; tongue moist ; bowels free ; pulse 130 ; more steady ; heart's action less violent ; stump looking better, and suppurating freely ; a light poultice of linseed to be applied ; the limb, up to the groin, much swollen ; wine and broth, with arrow root, to be continued.

15th.—In all respects improved ; pulse 120, full ; wine to be omitted ; broth and arrow root to be continued ; pulsation on the face of stump, hitherto very great, is much diminished. No material change from this until the 20th, when an abscess, which had formed in the groin, was opened, and a quantity of healthy pus discharged ; one ligature came away ; edges of stump brought accurately together with adhesive plaster.

23rd.—The remaining ligatures came away this morning ; pulse 90 ; continued daily to improve ; stump quite united on the 30th. He was discharged from the hospital on the 30th of January, 1847, at his own request, the stump being nearly healed.

On cutting into the sac, we found it filled with fibrine, deposited in laminae, each layer being of a lighter colour than the one preceding ; as firm (if not more so) as muscular fibre, and which accounted for the want of apparent pulsation in the tumour, and lead us to think that the aneurism was in progress of cure by nature. The opening, which communicated with the sac, was situated in the articular surface of the popliteal artery, but a little towards its outward margin.

Cases in Surgery—Injuries of the Abdomen. By T. PUREFOY, M.D.,
CloghJordan.

Severe Contusion of the Abdomen ; Treatment ; Recovery.—J. F., aged 35, slightly made, of sallow complexion, and intemperate habits, was kicked by a horse, with both the hind feet, in the epigastric region, and with so much force that he was knocked down, and lay insensible for a short time. In about three hours after the injury was received, most distressing pain came on in the epigastrium, accompanied with an urgent desire for cold drinks, which were swallowed greedily, and as quickly returned by vomiting. The features were contracted ; face very pale, and the coun-