

Nov. 6. *Case in which Acupressure was applied to the Femoral Artery at the Fold of the Groin.*—Dr. JOHN ASHHURST, JR., said: I desire to invite the attention of the College to a case which seems to me to furnish a good example of the occasional preferability of Sir James Y. Simpson's method of acupressure over any other known means of arresting hemorrhage. While in the country during the past summer, I was called in great haste to the farmer's house, less than half a square off, to see a child who, it was reported, was "bleeding to death." I ran to the spot as quickly as possible, and found a little girl about ten years old bleeding profusely from a sloughing abscess on the inside of the right thigh, near the fold of the groin. Making digital pressure, I swept away the clots which were accumulated in the rocking-chair in which she sat, filling the space between her thighs, from her pubes to her knees. I then found that the abscess had extended under the skin to the position of the femoral vessels, about an inch below Poupart's ligament. Pressure upon the femoral artery at this point controlled the bleeding, which instantly recurred upon the pressure being removed. I had no instruments, except those in my pocket-case, no ether or chloroform, and (a still greater deficiency) no skilled assistants. Delay was most dangerous, for the loss of a very few ounces more of blood would have proved instantly fatal, and even had I been surrounded with all the appliances of a well-ordered hospital, the incisions and dissection which would necessarily have preceded the ligation of the bleeding vessel, would have been in themselves greatly to be dreaded. In this emergency I procured from the farmer's wife a strong darning-needle of more than ordinary dimensions, and keeping up digital pressure with the thumb of my left hand, introduced the needle deeply a little to the inside of the line of the femoral artery, and then, depressing its eye, carried the point of the needle beneath the vessel and brought it out about three-quarters of an inch exteriorly to its place of entrance.

The femoral artery was thus "acupressed" by Simpson's first method, immediately as it emerged from beneath Poupart's ligament. The hemorrhage was entirely controlled, and the little patient carried to her bed and made as comfortable as circumstances permitted. The attending physician, a practitioner of the neighbourhood, arrived about an hour afterwards, and, of course, took charge of the patient, whom I did not see again. I am, however, enabled to state that a slight hemorrhage, apparently brought on by injudiciously moving the patient, took place on the succeeding day, but ceased spontaneously. I presume it was from the distal end of the ulcerated vessel, the collateral circulation having probably been established during the night. These hemorrhages were but late incidents in the course of a long and enfeebling illness, the patient having for many weeks suffered from profuse suppuration and extensive bed-sores. She died without pain, and seemingly from simple exhaustion, about twelve hours subsequently to the second hemorrhage.

I have thought it my duty to report this case, especially as I have never been an advocate for the general employment of acupressure. In the large majority of cases, I certainly think that the ligature is in every way preferable to the pin or the needle. But there are some, and I think that which I have just narrated is a case in point, in which Prof. Simpson's method seems to me to unite the requisites of treatment, *tuto, cito, et jucunde*, more satisfactorily than any other. Had it been practicable, it would doubtless have been better in my case to enlarge the

wound, search for the source of hemorrhage, and apply ligatures above and below; but during this operation the patient would inevitably have bled to death.

I may perhaps remark, as a matter of some practical importance, that in applying acupressure to the femoral artery at the groin, the needle or pin should be passed from within outwards, as there is thus less risk of wounding the femoral vein.

*United Fracture of the Skull of very Old Standing.*—Dr. J. CHESTON MORRIS presented this specimen, with the following account:—

This specimen was obtained from a man who was a patient in the Pennsylvania Hospital when my father was resident there in 1824, and who, in gratitude for his kindness and care, left him his skull after his recovery. Thirty-six years subsequently, when his death took place, his widow, then a patient of mine, sent to inform me of the fact, and to state her willingness that I should take possession of the specimen. Accordingly, assisted by Dr. Packard, I removed the head and took it to the Pennsylvania Hospital, where it was carefully examined in the presence of Drs. Norris, E. Hartshorne, Packard, and myself. A large cruciform cicatrix extended across the scalp in the direction of the sagittal and coronal sutures. This was adherent in the portion where the bone is deficient to the tissues beneath. On carefully removing the scalp, a fissure between the parietal bones and the frontal, extending across the top of the skull for four inches in length, and at the widest place three-quarters of an inch in width was noticed. This aperture was closed by a firm membrane, adherent to the dura mater. The calvarium was removed by the usual circular method, with the dura mater, exposing the brain, which presented very little evidence of abnormal condition, except that in each cerebral hemisphere there was a cavity or closed sac on the upper surface completely lined by a serous membrane and containing, the one in the right hemisphere about half an ounce, the one in the left about two drachms of clear serum. The veins and sinuses were somewhat congested, and the brain was rather harder than normal. No evidence of fracture at the basis of the cranium was detected in the recent state; but when the skull was cleaned, I found a line of union extending from the margin of the foramen magnum across the left side of the occipital bone and the petrous part of the temporal bone and obliterating the left carotid foramen. The jugular fossa on this side is very much enlarged, as though there had been a great and long-continued obstruction to the flow of the blood through it, which eventually caused the excavation of the bone from pressure. The following is condensed from the notes taken by my father:—

*“Case of Fracture of Basis of Cranium.*—B. L., æt. 16, was admitted December 28, 1824, having a few hours previously received a severe injury of his head. Riding in a heavy cart loaded with rubbish, the horse became unmanageable, and turning quickly round a corner overturned the cart in such a manner as to catch his head between the front part of it and the street pavement. There was a slight scalp wound on the back part of the head. When I first saw him his pupils were contracted, pulse slow, stupor, but no stertor. There was effusion under the scalp, particularly near the front part of his head, and considerable hemorrhage from the left ear. His head being shaved, and a close examination made, no depression could be ascertained. He had been bled before admission.