TWO CASES OF ANEURYSM OF THE FEMORAL ARTERY, WITH LIGATURE OF THE EXTERNAL ILIAC ARTERY: RECOVERY.

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IN November, 1881, I had occasion, for the first time in my practice to tie the external iliac artery for aneurysm of the common femoral, and within a few days I had an opportunity of repeating the operation on another patient—an experience which is, perhaps, unique amongst provincial surgeons. Mr. Bryant in the second edition of his *Manual on Surgery*, 1876, states that he has performed this operation four times.

Both my cases were in young men; both had a history of syphilis and hard work, and the second was a hard drinker in addition. Both recovered, although in the second case there was some threatening of secondary hæmorrhage.

CASE I. M. M., aged 32, married, a labourer, was admitted into the Cardiff Infirmary on October 18th, 1881, from the Union Hospital, where he had been under treatment for syphilitic ulcer of the leg. Fourteen years ago he was in the Royal Artillery. At that time he had a hard chancre for which he was under treatment for two months. He had also a suppurating bubo. Fourteen months ago he had a blow on his left leg, which was followed by an ulcer, still unhealed. After leaving the Artillery, he was stoker on board ship for four years. For the last fifteen months he had been a labourer on shore, where he has had very heavy lifting work to do. Five months ago he first noticed a small lump in the left groin, which had steadily increased in size, and is now as large as a large orange, somewhat irregular in shape, pulsating very plainly in all directions, which pulsation ceased on pressure on the artery above Poupart's ligament. There was a distinct thrill felt by the hand placed upon it, and a *bruit* heard by the stethoscope. The walls were apparently thin.

On November 6th, the tumour was evidently increased in size, and I decided to operate next day, but at 1 P.M. on the 6th, the patient felt something suddenly give way, and at the same time experienced sharp pain throughout the thigh. On examination, the aneurysm was found to have changed its shape, being distinctly broader and running upwards and downwards. It had burst some of its coats, apparently, but not all. It was still pulsating. Soon after, chloroform was given, and the external iliac tied under the usual antiseptic precautions. All the tissues were divided with a scalpel, until some fat was seen, which is often found round and above the vessel in this situation, and which was very plentiful in this case. The vessel was deep down—quite the depth of two joints of the index finger—and the aneurysm needle was guided round the vessel by the point of the finger. There was a distinct thrill to be felt in the vessel, but the ligature was secured above this, about one inch above Poupart's ligament. The ligature was of carbolised silk, and cut short. The wound was closed by deep sutures, of the same material, carried through all the divided structures. No drainage tube was inserted. No vessels required ligature in the course of operation. After the operation, the limb was well wrapped up in cotton wool and a flannel bandage.

There is not much to record of the progress of this case. On the 10th the wound was dressed for the first time, when some thick, pinkish, quite aseptic pus was found, and the wound had healed, except at its two extremities, where the openings were very small. Two stitches were removed, and a drainage-tube inserted. The wound was dressed daily for the next seven days (had the omission of the drainage-tube at the time of the operation anything to do with this necessity?), during which time there was a free discharge of pinkish pus, free from all smell. On the 13th, a second drainage-tube was inserted. On the 15th, there was said to be pulsation in the tibial, which was very doubtful; indeed, I cannot say that I ever felt distinct pulsation in that vessel up to the time of the patient's discharge. On the 17th, the first drainage-tube was removed, and on the 19th the second. On the 28th, the antiseptic dressings were left off, and boracic ointment used, the wound being superficial, and nearly healed. Before the cotton-wool was applied to the limb, immediately after the operation, the leg was enveloped in marine lint, on account of a few small ulcers remaining. The limb throughout maintained its warmth. The patient was detained in the infirmary for the treatment of the ulcers on his leg, which healed up under the application of black wash. He was discharged on February 11th, 1882, with a truss applied over the seat of operation, as the walls of the abdomen were rather lax at that point.

Since that date he had done much hard work on board ship in various climates, and is now again under treatment for ulcer of the leg. All signs of his aneurysm have disappeared; he still wears his truss. There were ten antiseptic dressings, and his temperature was normal throughout nearly, only going a few points above 100° Fahr. in two days.

CASE II.—D. T., aged 38, single, a carpenter, was admitted into the Cardiff Infirmary on the evening of November 8th, 1881. The patient looks fairly healthy, but admits drinking hard for weeks together. Had syphilis eighteen years ago, and was under treatment for two months. About two weeks ago, after straining, a small lump appeared suddenly in his right groin, which, he says, used to beat, and he rubbed it with his hand, and fomented it with hot flannels to try and disperse it. On the day of his admission, whilst walking, he suddenly felt something give way in his groin, with pain, and he felt very faint, and was taken home in a cab, when he noticed that the lump had disappeared, and that the whole of the upper thigh was much swollen. When examined, after admission, the inner part of the thigh was much swollen. There was a distinct impulse to the inner side, rather beyond the line of the femoral artery, which impulse could also be felt over the swelling, but not so distinctly. No tibial pulse to be felt.

November 9th.—Swelling more tense, impulse still felt, limb warm, no pulsation in tibial. I tied the external iliac under antiseptic precautions. No drainage-tube was used. I employed carbolised silk ligature, cut short. In operating, I made the incision somewhat too high, and, in consequence, opened the peritoneum, which I mistook for the transversalis fascia. Even then I was in a little doubt, because some (omental) fat presented itself, which very much resembled the fat seen in the previous case; but in pushing this up gently, a knuckle of bowel came into view, which settled the matter. The books all tell us to be very careful that we do not open the peritoneum, but I think experience tells us we have nothing to fear from a clean cut in this membrane, especially under antiseptic precautions. The wound was at once sewn up with two fine carbolised catgut sutures. The vessel was about three-quarters of an inch deep—much more superficial than in the previous case. I did not see the vessel, though I might have lifted it into sight on the aneurysm-needle. I think it is very important, in such operations, to disturb the parts as little as possible. There were no bleeding vessels to ligature, and after the operation the limb was well enveloped in cotton wool. The wound was dressed antiseptically five times. The temperature was normal throughout, except on the evening of November 10th, when it went up to 101.4°. On the 13th, there was slight pulsation in the tumour to the inner side of the thigh, and on the outer side there was a large patch of skin, darkish in colour, and pitting on pressure, but with normal sensation. Neither of these symptoms were pleasant to notice. On the 17th, he was put on iodide of potassium and tincture of aconite. On the 20th, the pulsation seemed more distinct, and had shifted more to the front. From the 15th there was some little discharge from the wound. On the 28th, the wound appeared quite superficial, the gauze left off, and boracic ointment applied. From the 22nd, for about ten days, two turns of an elastic bandage were applied over the upper part of the thigh. On December 2nd, all cotton wool was removed from the limb, and a flannel bandage applied; and the iodide of potassium increased to ten grains three times a day. On December 16th, suddenly, whilst he was lying quite quiet in bed, about one ounce of bright red blood came from the slight remaining wound, and a slight oozing again after a few days, but there was no further hæmorrhage. On January 11th, 1882, the swelling was much decreased, scarcely to be noticed by the eye, and pulsation much less. About this time, it was necessary to apply a long Liston splint to keep the patient quiet. This was removed on February 6th. On February 20th, he was discharged for misbehaviour, with a barely perceptible pulsation in the upper part of the thigh. There was a good deal of thickening and stiffness about the knee and ankle, the kind of thing you get in drunkards who are laid up with an injury; but, otherwise, he seemed perfectly well. I have seen this patient recently. He is quite recovered, and since the operation has been a staunch teetotaler.

SMALL-POX, which during the last few months has visited Wednesbury, Upton, and Walsall, with the result that several hundred persons in these towns have suffered from the disease, has shown itself at Eilston and Ettinghall, near Wolverhampton.

At a recent meeting of the General Hospital Committee, Birmingham, Mr. Jaffray handed over a cheque for £4,000, the part proceeds of the late musical festival held there; and it was stated that a considerable further sum was likely to be available when the accounts had been finally made up.