bifurcation of the trachea being easily seen by the latter. On examination, the left vocal cord was seen to be *tense and absolutely motionless*. During ordinary respiration, the right cord showed very slight movement; but, on forced inspiration, it moved freely from the mesial line; and at the same time the aryepiglottic folds, with their contained cartilages, were drawn over to the right, giving the upper opening of the larynx an unsymmetrical outline. In phonation, the right cord approximated to the left, but did not appear to cross the median line. The left cord under all circumstances remained absolutely rigid; its surface was slightly congested. Otherwise the mucous membrane of the larynx was perfectly healthy. The voice was slightly husky and uncertain, a high note being occasionally produced involuntarily.

In this case, as Mr. Norton observes, paralysis of all the intrinsic muscles of the left side left the crico-thyroid free to act, with the result of a combined tension of the left cord. At the same time, the right crico-arytenoideus posticus was enabled to disturb the symmetry of the arytenoid folds, in the absence of any counteracting force from the muscles of the left side.

The position of the left cord during forcible inspiration was not far removed from the median line; and it seems certain that suffocation would follow, were the right cord to be affected and to a like extent. In a case of aneurism very similar to this, given by Dr. Morell Mackenzie in his work on *Hoarseness, Loss of Voice*, etc., both cords are described as having been affected to a limited extent, although one recurrent nerve only was involved. "Neither of the vocal cords," he says, "is so much drawn aside in inspiration as is commonly the case." The left, however lay nearer to the median line than the right; and the left capitulum Santorini was nearer the median line, and on a rather higher level than its fellow. In the present case, sluggishness of the right cord during ordinary respiration was remarked; but its free movement during a forced inspiration makes it plain that the action of the muscles on the right side was not really impaired. The man will probably come under observation again, and it will be interesting to see if the muscles of the right side do become affected in a case where the pressure is so decidedly limited to the right recurrent nerve.

ANEURISM IN THE GROIN AND HAM OF THE SAME SIDE; LIGATURE OF THE EXTERNAL ILIAC ARTERY; GANGRENE; AMPUTATION OF THIGH: RECOVERY.*

By THOMAS DIVER, M.D., Southsea.

It has so happened that the honour of being the first to address you upon a case of interest since the formation of the South Hants Branch of the British Medical Association has fallen upon me, and, before proceeding to do so, allow me to congratulate you—first, on the very great success which has attended the efforts of Dr. J. Ward Cousins to unite us in a body, meeting on occasions to discuss matters of professional interest tending to our advancement and improvement in the practice of our profession, and, secondly, on your having secured as your President a gentleman so highly respected, I might even say beloved, by every one of his professional brethren for many miles round the spot where he has practised his profession with so much honour and credit to himself for now, I believe, nearly half a century. I am sure that it is considered by you all a honour to have him at your head, and that it augurs well for the success of this Branch as a district medical society. The case which I am about to introduce to your notice is, on account of its rarity, of peculiar interest.

Aneurisms are not rare in hospital practice, but I think that very few surgeons can say that they have seen a femoral aneurism necessitating the ligature of the external iliac for its cure; and still a less number, that a case of double aneurism affecting the same side has come under their observation. It is not my intention, in bringing this case before the Society, to give you a clinical lecture, or to presume that it is in my power to add to your knowledge on the subject of aneurism generally, but merely to report a case which, by the force of many circumstances, has turned out successful, and which possesses so many points of interest as to warrant my doing so.

A fine-looking, well nourished man, named George Hammond, aged 35, was admitted into the Portsea Island Union Workhouse Hospital some time in January last. I believe that he was advised to seek admission by Mr. Bentham, one of your members, to whom he related from what he was suffering, when that gentleman was visiting a patient in whose house this man was. He complained of pain and swelling behind the right knee. I saw sufficient to warrant my immediately

placing him in bed. Upon examination, I discovered a large pulsating tumour occupying the whole popliteal space of the right side. Taking into consideration the size of the space and the projection of the tumour, it appeared to me to be as large as a child's head at birth. On the same side, just below Poupart's ligament, I found another tumour of a like character about as large as a good-sized walnut. There was no difficulty in diagnosing his case; the only difficulty was as to the means to be employed for his benefit. I now confess that I felt a very serious responsibility devolved upon me. Here was a man apparently in robust health, yet suffering from a disease liable at any moment to result in mischief, which, in a very short time, would end in death, demanding an operation of great danger to his life for his relief. I kept the man in bed, and allowed some days to elapse for the opinion of many of my friends, and I am deeply indebted to them for enabling me to come to a right conclusion as to the course I should adopt.

He appeared in every respect a very healthy man. His family history was exceedingly good. He himself had never been sick, but he suffered from syphilis eleven years ago. He stated that, for twelve years, he served in the Royal Marine Artillery as a private soldier, and left the service twelve months ago. A year before he was discharged, he suffered much when on duty with pain in his right leg, so much so that, to relieve himself, he had taken off his neckerchief and tied it round the calf of his leg. He had also a swelling of the foot, and had on many occasions fallen out of the ranks in consequence. He stated that he was afraid to mention the matter to the surgeon of his regiment, lest he should be sent to hospital, and thus have his pay stopped, which would have deprived his wife of bread; but, his twelve years' service having expired, he applied for and obtained his discharge. He then worked as a labourer. Five months before I saw him, when at his work, he felt something snap, and a swelling came behind his knee. He also felt, when he put his right hand into his trousers-pocket previously to this, that something was pulsating in his groin. After mature deliberation, it occurred to me and my friends in consultation that it would be as well to put on the tourniquet and compress the femoral artery, more especially as it appeared to us that nature had already attempted a cure of the popliteal aneurism by fibrinous deposit.

Compression of the artery was accordingly applied at the upper part of the middle of the thigh with great care; but, after forty-eight hours, it was discontinued, in consequence of great œdema taking place and apparently little or no benefit occurring. There were then two courses open to me; either to compress the vessel above Poupart's ligament, or to tie it. Had I had a staff of medical students to assist me, who would have understood the importance of the work they had to do, digital pressure would have, no doubt, been the best course to adopt, more especially as compression of the artery entirely stopped pulsation in both tumours; but, considering the means at my disposal in a workhouse hospital, I did not feel justified in trying it. The only course open to me, then, was the ligature, which I determined upon applying. The operation was performed on January 27th. An incision was made after the modified method of Abernethy, semilunar, and extending from the inner side of the middle of Poupart's ligament upwards and outwards, four inches long, to the inner side of the anterior superior spine of the ilium. The different parts were divided on a director, and the vessel exposed and tied with strong ligature of silk. During the operation, a number of vessels of more than ordinary size had to be tied or twisted. All pulsation in both tumours immediately ceased, and for ever.

The limb was carefully enveloped in cotton-wool, the patient's bed placed near the fire, and bags of hot sand, repeatedly changed day and night, kept on each side, a short distance from the leg and thigh. His diet was regulated, and his pulse and temperature carefully watched. I shall not trouble you with their variations.

Forty-eight hours after the operation, symptoms of gangrene appeared in the toes, and very slowly extended, until a line of demarcation was well formed at the upper part of the lower third of the leg. During all this time, extending to February 19th, twenty days after the operation, hardly any constitutional disturbance existed, and what did was easily subdued by appropriate treatment, when suddenly the pulse rose to 144 and the temperature 105.2. Under treatment, this was reduced in two days to temperature 103.2 and pulse 120. After a consultation with Dr. Cousins, it was considered that further delay was not desirable, and that amputation of the thigh was necessary. This operation was performed on February 19th, and by the 22nd his pulse was 100 and his temperature the same. On the 25th, the ligature from the external iliac came away, and the wound was quite healed twenty-eight days after the first operation. During the amputation, hæmorrhage was prevented by the strap of the tourniquet being tightened round the thigh; the femoral artery was found plugged, but was tied as a precaution; the stump healed kindly, and the man is now well.

I have brought the patient, that the members of the Society may see

* Read before the Southern Branch, April 14th, 1874.

the inguinal aneurism; the popliteal aneurism is before you on the table. The gentlemen for whose assistance I am much indebted are Drs. Cousins and Axford, Messrs. Morley, Pike, and Madeley, and my colleague Mr. W. Mark Atkinson.

The chief points of interest in this case appear to me to be—

1. *The Rarity.*—I have not been able to get at the statistics of such cases; but, considering that the external iliac has only been tied about a hundred and fifty times during the last twenty years, very few of those operations must have been for a double aneurism, but generally for aneurism of the femoral artery.

2. That a man, in so short a duration of time, should undergo two capital operations with no subsequent symptoms of danger to life.

Of course, you have observed, at every stage of the progress of the case, points of great interest, yet it appears to me that the two I have mentioned are the greatest. The number of dangers which surround a patient when a large artery is exposed and tied are very numerous; in this case, after the ligature, the femoral aneurism was consolidated, and the wound healed without a bad symptom; but, for the gangrene of the foot and subsequent amputation of the thigh, I have no doubt but that the cure of the popliteal aneurism would have been as perfect as that of the femoral is. The specimen on the table is not half the size that it was originally, which is proof that, in less than four weeks after the ligature of the external iliac, it was rapidly approaching a perfect cure. I think, without my taking up your time further to explain the reasons why I amputated above the knee, they will appear to you obvious.

TUBERCULAR MENINGITIS IN AN ADULT IDIOT: NO TUBERCLE FOUND IN LUNGS.

By OSCAR T. WOODS, M.B. Dublin,
Senior Assistant Medical Officer, Warwick County Asylum.

EMMA DAFFORN, aged 16, a congenital idiot, was admitted September 3rd, 1870. She had little knowledge of time or place; said she was six months old; that her sister (aged 4), was 19. Her mother stated that for the past nine years she had gradually been becoming more vicious, and was now exceedingly troublesome, biting and beating the other inmates of the house. Of late she could not be taught to do anything, but in early childhood was not looked upon as very stupid. She went to school, learned her alphabet, and improved, but had at length to be taken away, as she beat the other children. If displeased, she tore her clothes. She could sew, but broke her needles when she fancied she had done enough. There was no consanguinity of parents. Her brother died of phthisis. She was a low-sized strumous-looking girl, with low forehead, bad cranial development, highly arched palate, and little facial expression. She said she was six months old; that she had five fingers altogether. She could count up to ten; did not know the days of the week.

While a patient in the asylum, she was always exceedingly emotional, jumping up at times while sitting quietly, and striking those about her without any cause; was occasionally ill-tempered and vicious. She attended school, and improved a good deal. The following note was made on March 16th, 1873. "Attends school, and is improving; works well with her needle; is an useful ward-helper. Health very good."

September 17th. She had been complaining for the last day or two of not feeling well. To-day, she was confined to bed, and complained of headache, lassitude, diarrhoea, and vomiting. The pulse was 120, and weak; and the countenance flushed and anxious.

September 20th. Vomiting and diarrhoea had now subsided. The patient lay in bed, not caring to speak. She complained of pain in the head at the least noise, but said she was better. She was much annoyed by the light, and ground her teeth when dozing, and frequently started up frightened. Pulse irregular, 60.

September 24th. The symptoms were very well marked. She was now drowsy, but, when questioned, brightened up, and expressed herself as better. The skin was hot, and the bowels constipated. She complained of great pain in the head. There were marked internal strabismus of both eyes, and twitching of the muscles of the upper eyelid. Pulse feeble, 80.

September 26th. Her rest was much disturbed; she started at the least noise, and was delirious at times, but, when collected, knew those about her. Her memory was much confused. There was a good deal of twitching of the muscles of the face, both sides being equally affected. Strabismus continued well marked. The pulse had to-day risen to 120.

September 28th. She had had two slight convulsive seizures, princi-

pally affecting the muscles on the left side of the face and left upper extremity. She could not be roused. Pulse 126, very feeble.

September 30th. Convulsive attacks were more frequent, but not more severe. The twitching of the muscles of the face was now continuous. She could not articulate, but kept muttering. She lay in a comatose state, passing her urine and feces under her. The pulse could not be counted.

October 1st. She died at 1 A.M.

NECROPSY, thirty-three hours after death.—The body was well nourished. Rigor mortis was present. The bones of the skull were thin and diaphanous. The dura mater was adherent to the calvaria along the longitudinal groove. The arachnoid, at the base and over the cerebellum, was opaque, thickened, and of a dirty green colour; there was some subarachnoidal effusion. A flaky deposit of lymph covered the circle of Willis and the pons. The pia mater lining the sides of the fissures of Sylvius was adherent, and studded with minute granular bodies. The course of the middle cerebral artery on the right side was marked by thickening of the arachnoid, and the vessel itself was surrounded by an effusion of yellow lymph. This condition was not present on the left side. The substance of the brain generally was somewhat softened; the grey matter of the convolution was very pale. The ventricles contained about an ounce of clear fluid. The velum interpositum and fornix were of pulpy, almost creamy consistence. On section of the corpus striatum and optic thalamus on the right side, six or seven tubercles, some as large as peas, were seen; they were hard, and slipped from under the knife. A pale flaky deposit covered the right optic thalamus. There were no tubercles on the left side. Two-and-a-half ounces of fluid escaped during the section and removal of the brain. The brain weighed 40 ounces. Both lungs were healthy and free from tubercle. The heart weighed 5½ ounces; the valves were competent. The peritoneum was free from tubercle. The other organs of the body were healthy.

REMARKS.—The above case seems to me to be interesting, owing to the unfrequency of tubercular meningitis occurring at this age without tubercle in other organs, the well marked symptoms during life, and, lastly, the characteristic appearances found after death.

GONORRHOEA; ENDOMETRITIS; OOPHORITIS; OVARIAN NEURALGIA; LATERAL FLEXION.

By T. EDWARD WILLIAMS, M.R.C.S., Talgarth.

EARLY in February 1873, Dr. Holt, at that time acting as my *locum tenens*, was requested to visit E. D., aged 15, whom he found suffering from acute gonorrhoea. A fortnight later, on my return home from London, I found symptoms of endometritis and ovarian congestion added; and, shortly following, there was severe ovarian neuralgia, coming on early in a morning, and lasting six or eight hours. The pain was relieved by hypodermic injections of morphia, and the paroxysms gradually occurred later in a morning and with diminished severity. The acute gonorrhoeal and inflammatory uterine and ovarian symptoms had, on April 18th, subsided; but the girl complained of great pain down the left leg, a sense of numbness in it, and inability to sit upright for any time. She was wretchedly thin, and there still was some yellow-coloured discharge. The parents, respectable people, refusing to allow me to make a vaginal examination, I threw up the case, and the girl went as an in-patient into the Brecon Infirmary.

July 8th. I was again begged to see the girl, as she had come out of the Infirmary, and had since become very ill. I acquiesced, provided I was allowed to treat the case my own way—a condition now readily acceded to by the parents, who were alarmed and almost hopeless about the state of their daughter. I found the patient in bed, worn and emaciated, suffering excruciating pain around the posterior aspect of the left ilium, extending down the left thigh and leg. There was almost complete inability to lift the left leg when walking, necessitating its being dragged after the right. She found it impossible to sit upright, and, when out of bed, was obliged to be, as she described it, "in her doubles". The bowels were constipated. The bladder was rather irritable. There was a copious vaginal discharge, though not nearly so yellow as when I last attended her. Her appetite was bad; her nights were restless. On examining the abdomen, there was complete dullness on percussion in the left iliac region, together with pain and tenderness. On examination *per vaginam*, the os uteri was found to be directed slightly towards the left of the median line; and to the left of the os, and continuous with it, was found an ovoid swelling.

I diagnosed latero-flexion; but, owing to my failure in attempting to