sources of irritation and of injury ought, therefore, to be most carefully avoided.

In conclusion, let me say emphatically that, when peritonitis is threatened or actually present, whether the result of perforation of the bowel or of the ulcerative process extending deeply into the tissues, our main reliance is upon absolute rest, light hot fomentations over the abdomen, and opium in full and frequent doses. I have seen cases apparently the most desperate recover under this plan of treatment; one case in particular, that of a girl, eleven years of age, in whom all the symptoms of perforation of the bowel were present. In such a case, when recovery takes place, however sudden and severe may have been the onset of the peritoneal symptoms, it must of course remain doubtful whether perforation of the bowel had actually occurred.

A CASE OF

ANEURISM OF THE COMMON FEMORAL ARTERY IN A BOY TWELVE YEARS OF AGE.*

By THOMAS SMITH, F.R.C.S.,

Assistant-Surgeon to St. Bartholomew's and the Children's Hospitals.

THE earlier years of life may be said to be as a general rule exempt from the occurrence of spontaneous aneurism. No case has yet been observed at the Hospital for Sick Children, in London, during the fourteen years of its existence; though more than twelve thousand children come under observation annually at that institution.

I have collected the only instances that I can find recorded of the existence of aneurism in patients under the age of 21; they are as follows:—

Popliteal aneurism in a boy, aged 7—Mr. Syme.
Carotid aneurism in a girl, aged 10—Mr. Hodgson.
Anterior tibial aneurism in a boy, aged 11—Sir A. Cooper.

Carotid aneurism in a girl, aged 18—Dr. Sykes.
Aneurism (situation not mentioned) in a girl, aged 13—Lisfranc.

The same author also, in his table of 120 cases of aneurism, mentions three cases occurring between the ages of fifteen and twenty—in all, eight cases.

I believe the following to be the only recorded case of an inguinal aneurism occurring at the age of twelve.

William Harvey, aged 12, was admitted under me into St. Bartholomew's Hospital, June 18th, 1856. He was a delicate-looking, fair haired, country lad, a native of Monmouthshire. The following was the account of the origin of his malady. Three months previously, while running after some horses in a field, he felt something crack in his groin, while at the same time he experienced a sudden pain; four days later, he noticed a pulsating swelling in the groin, which has gradually increased up to the time of his admission. There was then in the right thigh, just below Poupart's ligament, an aneurism of the common femoral artery, of about the size and shape of a small hen's-egg. It was distinctly defined in its boundaries. Above, it extended as far as, though not beyond, Poupart's ligament. Pressure on the external iliac easily controlled the pulsation (which ordinarily was very forcible), and allowed the sac to be emptied of blood. There was a loud *bruit* to be heard over the swelling. The boy complained of no pain in the recumbent position, but walking gave

him discomfort. The right lower limb was just perceptibly larger than the opposite one, though the local circulation did not seem to be materially impeded. There was a rough systolic murmur to be heard over the base of the heart, and up the course of the aorta; the area of cardiac dulness was unusually large; and there was pulsation to be felt deep in the suprasternal notch. The cutaneous veins of the thorax were rather more prominent than natural.

June 27th. I tied the external iliac about an inch and a quarter above Poupart's ligament. The vessel appeared quite healthy; the only structure in connection with the artery that came into view, was the genito-crural nerve. The wound, which was parallel with the crural arch, was left open, and covered with wet lint.

Next day, the boy was very well, with a pulse of 80; the aneurism had much diminished in size, and was becoming harder. From this time he suffered no sort of inconvenience from the operation; it was, however, noticed that occasionally his pulse was intermittent, a peculiarity that day by day became less frequent, and finally disappeared a month after the operation.

On the seventh day after the application of the ligature, the discharge from the wound was slightly tinged with blood, and next day the ligature came away.

He was discharged on August 18th cured. His health was much improved; there was no trace of the aneurism; nor any pulsation to be felt in the arteries of the limb, though its circulation was efficiently maintained. He could walk well and confidently.

THE RESPONSIBILITY OF LUNATICS. The *Solicitor's Journal* refers to the article which we recently published on this subject, thus:—"The constantly increasing—and, in our opinion, most pernicious—tendency both of juries and home secretaries to treat as irresponsible lunatics all persons guilty of aggravated crimes, if not solely on account of such crimes themselves, at any rate whenever the accused is subject to any peculiarities or eccentricities of character, however little such eccentricities may have to do with the particular crime of which he has been guilty, render it necessary, in our opinion, that some steps should be taken—and that promptly—to check a practice of so dangerous example. The fatal facility with which certain eminent physicians see a lunatic (and therefore an irresponsible being) in every victim of some harmless delusion or monomania, and the absurd readiness of the public to accept the dogma as to 'irresistible impulses,' which, if pushed to its fair conclusions, would negative all responsibility for crime, render it doubly important that all those who feel that 'society is greater than the individual,' and that consciousness of wrong, not perfect balance of character, is the true test of responsibility, should come forward to prevent the total subversion of these principles by the operation of the vicious tendency we have mentioned. Under these circumstances we are especially glad to be able to call attention to a paper on this subject published in the *BRITISH MEDICAL JOURNAL*, which we give in another column. It will be found to contain a masterly exposition of the true principles on which we should act in the treatment of criminals alleged to be lunatic, in conformity with the celebrated decision in *McNaghten's case*, now too little known or acted upon. We hope that public attention will somehow be attracted to this subject, and that we may thus be saved from the morbid susceptibilities of monomaniac doctors and sympathising juries."

* Read at the annual meeting of the Shropshire Scientific Branch of the British Medical Association, October 24th, 1866.