of this organ of a most fatal tendency, in which they are absent, while some, in which they loudly present themselves, are not so; hence, in what follows, it will be seen that other actions, vital and mechanical, must necessarily be duly considered, so that, while pointing out the diagnostic value of the sounds and murmurs, as regards disease and its consequences, it will also be necessary to show that in themselves and without the aid of other concomitant symptoms, they cannot be relied on as the sure and certain indicators of the precise condition of diseased structure, or of its relative gravity and fatality.

[To be continued.]

ANEURISM OF THE BRACHIAL ARTERY CURED BY MANIPULATION.

By F. POOLE LANSDOWN, Esq.,
Surgeon to the Bristol General Hospital.

J. D., aged 45, an insurance agent, living at Newport, came under my care at the Bristol General Hospital on the 30th of January, 1866. He was a tall spare man, with only one leg, his left thigh having been amputated twenty-four years previously for inflammation of the knee-joint. It was removed rather high up, so that he had used a crutch ever since. He first noticed the swelling in his left arm about a month ago. When getting out of bed one morning, his attention was called to it by the pulsation; it gave him no pain. He at once consulted a surgeon, who applied a bandage over it, and advised him to go up to Bristol.

The tumour was fusiform, of about the size of a duck's egg, soft and pulsating, expanding in all directions; it was situated about two inches below the posterior fold of the axilla, in the course of the brachial artery. On the current of blood being stopped, it was easily emptied, gradually refilling when the pressure was removed. A loud *bruit* was to be heard over the tumour.

As he had to return home on business, he did not come into the house until February 2nd, when, on examining the aneurism, I was at once struck with its hardness and want of pulsation. On questioning the patient, he told me that he noticed the change in the swelling on the day after his visit to the hospital. The pulse at the wrist could just be felt, though very feeble. There was not the least pulsation in the tumour, nor was any *bruit* to be heard. The left hand was a little cooler than the right. I ordered him to remain in the horizontal position, on a simple diet.

Feb. 5th. The tumour was sensibly smaller; and the radial artery was more easily felt at the wrist.

Feb. 7th. The circumference of the arm over the tumour was less by half an inch than on the 5th. The radial pulsation was stronger. A branch of the superior profunda along the outer side of the arm, apparently nearly as large as the radial artery, was seen pulsating.

Feb. 19th. The circumference of the arm was one inch less than when first measured, showing how much the tumour had subsided. He was made an out-patient to-day.

July 31st. The patient presented himself to-day, quite well, and free from any inconvenience. A fibrous cord was all that remained of the aneurism.

REMARKS. It appears to me that the above is an interesting case, both from the rarity of its situation and the rapidity with which the aneurism was cured. The constant use of the crutch was the apparent cause of the disease; and I attribute the cure to the

detachment of a portion of clot during the examination at our first interview. I handled it rather more freely than I should otherwise have done, in order to show the students the diagnostic signs of aneurism.

Reports

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

MIDDLESEX HOSPITAL.

CLINICAL REMARKS ON FEVER.

I.—CASE OF TYPHUS FEVER, TERMINATING IN DEATH
FROM CARDITIS IN THE FOURTH WEEK
OF THE DISEASE: AUTOPSY.

(Under the care of Dr. MURCHISON.)

The subject of this case was a middle-aged woman, who had for some time been lying in one of the surgical wards at the top of the house, on account of a tumour in the pelvis. As she was far away from the medical wards, in which there had lately been two or three cases of typhus, it could not at first be made out how she had caught the infection; but, on investigation, it was ascertained that one of the nurses who attended to the fever cases was in the habit of visiting a patient occupying the bed next to this woman. This was the only mode of propagation of the fever-poison that could be made out. This circumstance, however, did not come to light till afterwards; and for the first few days the diagnosis was regarded as doubtful between continued fever and some cerebral affection; for, during the first week, very severe headache was complained of, and there was distressing vomiting, the patient bringing up everything that she took, even water. At the end of the first week, albumen was detected in the urine; and, on auscultation, a double friction-sound, clearly pericardial, was heard over the base of the heart. The appearance of the characteristic typhus-rash on the eighth day, which was unusually late, settled all doubt as to the nature of the case. The eruption consisted of red blotches, which gradually became brown, and then petechial in the centre. About the end of the second-week, signs of amendment began to show themselves; the pulse came down to 124, and kept on falling; the temperature also fell; and for five or six days the patient went on improving; her appetite returned, and she could eat even meat. On the twenty-first day of her illness, however, she was not so well again; she was restless, fidgety; the pulse and temperature had gone up again, the latter being even higher than it had been before any amendment took place.

There never being any relapse in typhus, as there sometimes is in typhoid, Dr. Murchison suspected that the sudden aggravation of the symptoms was due to some visceral complication, probably pulmonary congestion or inflammation, which are generally apt to be set up in such cases. On careful examination of the lungs, however, nothing could be detected in them which could account for the patient's dyspnoea, the rise in the temperature, and the increase in the number of pulsations at the wrist. But, when the heart came to be examined, the source of the mischief appeared to be made out. A systolic endocardial murmur was heard