life. He still continued to follow the directions I had given him to introduce the bougie once a week; which, on former occasions he had neglected. Nevertheless, we know practically that, owing perhaps to the inattention of the patient, the bougie often fails to afford more than temporary relief, and that, in hospital practice particularly, the real cures bear but a small proportion to the cases treated.

I think that Mr. Syme has conferred a great boon upon the public by forcing this operation upon the notice of the profession, and believe that its merits will ensure its more general adoption.

In conclusion, I cannot forbear just directing attention to a fact of extreme practical importance in Case 1. It is this: although the retention was most urgent and agonising, and would probably have proved fatal, there was no evidence of distension of the bladder, and less than a pint of fluid escaped when that viscus was opened. I have met with the same thing in other similar cases, when the bladder was thickened and inflamed, and, consequently, did not admit of dilatation.

BRISTOL ROYAL INFIRMARY.

CASE OF MELANOTIC DEPOSIT IN THE LUNGS, WITH PURPURIC SPOTS UPON THE PART, AND MALIGNANT DISEASE.

By F. BRITTAN, M.D., Physician to the Infirmary.

CASE. J. G., aged 32, a potter by trade, was admitted Nov. 5th. He was a slightly formed man, with debilitated appearance; pale and feeble, with large head and prominent features. Had been working in a room heated to a high temperature, and exposed much to draught. His breathing has been somewhat shorter than usual for three months, so that he has been unable to walk fast, or run. Three weeks since, his illness began with cough, soreness over the sternum, and stitches in different parts of the thorax. After lasting three days thus, the pains increased in severity, "catching" him suddenly in the back; and he had a white frothy expectoration. His cough is now, he says, the same, but the expectoration is yellow. The pains in the chest have decreased; that in the back is worse.

On examination, small crepitation is heard over the posterior part of the right thorax, larger on the corresponding part of the left. The left side is somewhat bulged; there is also rough breathing and crepitation over the front of thorax, and especially in right pectoral region. His bowels are costive; tongue slightly coated; pulse 85. Urine 1033; no albumen, but copious red deposit.

There was nothing peculiar in the progress of the case, which was at first regarded as an obscure form of pneumonia. After two or three days, however, his general condition led me to think it more probably a case of phthisis, with extensive deposit diffused throughout the lungs. He was allowed generous diet and stimulants, but progressively sunk, without any alteration of symptoms; and died on the 23rd.

POST MORTEM EXAMINATION, twenty-six hours after death. Body generally very pale. Blood quite fluid throughout the body. Brain excessively anæmic, with slight serous effusion at the base. Vessels healthy. On removing the parietes of the chest, malignant disease was found at the seat of pain in the sternum, and about an inch of the seventh rib was similarly diseased; the entire texture having given place to soft cancer. The lungs, both slightly adherent, had a peculiar black mottled appearance, caused by black spots, generally with a small clear spot in the centre, about one-eighth to one-fourth of an inch in diameter, mostly running into each other, so as to cause patches of considerable size, and occupying two-thirds of the surface. Between these patches and spots were to be seen here and there white irregular lines, just as if the blood-vessels had been filled with soft white paint. On cutting into the lungs, the internal aspect was found to

accord with the external, and to be studded with solid hard aggregations of black matter, surrounded by lung condensed by exudation. Microscopic examination showed these black nodules to consist of small dark granules, with peculiar molecular motion, like pigment granules, which no doubt they were. Bronchial glands enlarged and black, but no cancer. There was no effusion into the pleural cavity: there was slight effusion into the pericardium; not, however, much more than usual. The heart, natural in every other respect, had the appearance exactly as if it had been sprinkled with carmine, so thickly was it covered with bright red spots and patches. The pericardium was not similarly mottled. The blood-vessels on the surface of the heart had a peculiar sodden and flaccid empty appearance. The heart, examined microscopically, was found to be undergoing fatty degeneration of the muscular fibres; in many fibres, with complete destruction of structure. The intestine was healthy, as also all the other abdominal viscera, except the pancreas, which was somewhat indurated at its duodenal extremity, in connexion with a gland about the size of a walnut, filled with soft cancer, and possessing the same microscopic characters as that of the diseased portion of the rib and sternum; viz., that of a mass of cells and granules, with glomeruli; the cells being about four times the size of the blood-discs, and enclosing two or three large nuclei, with contained nucleoli.

REMARKS. I have reported this case as offering many points of interest, both as regards its semeiology and pathology. It will be observed that there was no external manifestation of any purpuric condition, nothing to suggest the state of the internal organs. I did fancy he might have inhaled some noxious matters in the course of his labour, and made inquiries of him, but learnt no more than that he occasionally used lead.

In regard to the pathology of the case, I am satisfied the black matter was not of extraneous origin: and the question arises, What was its nature? Was it tubercle, attended by pigmentary deposit; or malignant disease; or simple pneumonia, with pigmentary deposit? The nearest description of such a condition I remember to have seen is by Dr. C. J. B. Williams, in his article "Malignant Growths in the Lungs," in the *Library of Medicine*. He there states: "We have met with several cases of *melanosis* or *black tubercle* affecting the lungs." Although, however, Dr. Williams thus treats of melanosis of the lung under the head of malignant growths, he is clearly of opinion, with Andral and with Dr. Handfield Jones (in his excellent *Manual of Pathological Anatomy*), that the melanotic deposit is only a modification of the colouring matter of the blood; and, as such, a mere accident, whether occurring in connexion with malignant disease or tubercle, etc. Fully concurring in this opinion, I regard the presence of malignant disease in other organs as a coincidence only, and discard the idea of the affection of the lungs being malignant at all. Falling back, then, upon the tubercular or pneumonic origin of the disease, the discrimination must be one of great difficulty; for the history of the case, with the three months shortness of breathing, will apply to either. I am led, however, by the microscopic characters of the lung, and the general circumstances, to prefer the latter view, and suppose that the purpuric deposit, which had been taking place for three months before his admission, then began to cause pneumonia by its presence, probably in conjunction with some other accidental circumstances. At all events, the nature of the deposit, and the view that such deposit is derived from the blood, receives the strongest confirmation from the condition of the blood itself and the purpuric state of the heart.

I may mention, as bearing upon the same view, that I have now in the same ward a patient suffering from pyrosis in a very severe form, for which, some months since, he was ordered to rub in a stimulating liniment, and apply a blister. The space covered by the blister is now a large dark patch in the epigastrium, like the skin of a negro; whilst the side where the liniment was employed is covered with black spots, a quarter of an inch in diameter, with

white spots in the centre, exactly corresponding with those described in the lung of J. G. Such a state is not rare, but I have never before observed it so intense.

If I have not already too far trespassed upon your space, I will add a few particulars of a case of malposition of the heart.

L. W., aged 22, was admitted an out-patient in October. She complained of much palpitation and shortness of breath. Is a tall girl, with dark hair and eyes, sallow; changes colour often, and is very subject to throbbing headache and giddiness, with pain in the eyes. Catamenia regular; never swells in abdomen or limbs; sleeps well, but starts and dreams much. On examination, I found the chest slightly bulged on the right side. The heart's impulse visible under the second, third, fourth, and fifth ribs, on the right side of the sternum. There was a loud bruit under the left sterno-clavicular articulation, with dulness over the front and back of the right chest. She first noticed "the beating" on the right side three years ago; it became excessive twelve months since, when she was treated and relieved by Dr. W. Budd in the infirmary. It is now becoming, however, as bad as ever. She is unable to afford any further particulars, and is now under treatment, but so far relieved as to be free from uneasiness, unless after sudden exertion.

TAUNTON AND SOMERSET HOSPITAL.

CASE OF ANEURISM OF THE COMMON FEMORAL ARTERY TREATED SUCCESSFULLY BY COMPRESSION: WITH REMARKS.

By AUGUSTIN PRICHARD, Esq., Bristol.

In the Annual Address on the Progress of Surgery, which I read before the Provincial Association at its meeting at Swansea in 1853, in alluding to the subject of aneurism, I briefly introduced a most interesting case of that disease, and its successful treatment by pressure, which Mr. Alford, of the Taunton and Somerset Hospital, under whose careful and skilful treatment the patient was, kindly permitted me to make use of. I send it for publication now, because it is a case which ought to see the light, and because it will illustrate a similar one reported in the *Medical Times and Gazette* for Dec. 8th, p. 567, where an opposite line of treatment was taken, but without the like success.

The patient was sixteen years of age when he was admitted into the Taunton and Somerset Hospital, under the care of Mr. Alford. He was a wheelwright's apprentice, and had perceived a swelling in the upper part of his thigh for about a month. The aneurism was as large as an orange immediately below Poupart's ligament, and was accompanied with pain and numbness about the knee, with considerable difficulty in walking. He had suffered from acute rheumatism some years before, and again in a slight degree a few months before his admission. The examination of the heart disclosed a friction and a bellows murmur connected with the second stroke, and heard most distinctly at the base. The pulse was soft, but full and jerking; and he was rather anæmic.

After resting quietly in bed for some weeks, pressure was applied moderately on the artery as it passed under Poupart's ligament, for a few hours daily; and this sensibly affected the pulsation of the tumour. This pressure was kept up constantly, varying, however, its force, to make it tolerable to the patient; and at the same time another instrument for creating pressure was placed upon the vessel below the aneurism. The pulsation in the tumour became fainter and fainter, and the tumour itself solid and incompressible; and, at the end of seven weeks, when the pressure was entirely removed, no pulsation could be felt or heard, although the tumour was not much lessened in size. He still complained of pain and numbness in the leg and foot. The whole leg was kept bandaged for five weeks after the

removal of the pressure, and the patient was ultimately discharged, cured of the aneurism of the thigh, but with the heart symptoms much the same as when he was admitted.

The report above alluded to, published in the *Medical Times and Gazette*, states that the tumour was of the size of an orange, and encroached so nearly on Poupart's ligament that it was quite out of the question to apply pressure. The external iliac artery was tied high up, and with difficulty, in consequence of some peculiarities of the case; and the man died.

It is not easy to form a judgment of a case simply from its description, and it is rash to differ in opinion from a surgeon living in that magic circle round the General Post Office in London, where surgical ability is believed especially to abide; but, judging from the reports, the two cases were similar in many respects; the disease was situated in a similar position, the same vessel being diseased; and it had attained a similar size. Pressure upon the external iliac can doubtless be applied more easily on a young subject than in an adult; but we know that the current need not be completely stopped: and the hardened tissues round the vessel in the case at King's College, which gave the distinguished operator so much trouble during the proceedings necessary to tie the artery, and which were found after death to surround the vessel, would probably render the case not at all less suitable for pressure.

The application of the tourniquet below the tumour was undoubtedly a very important adjunct in Mr. Alford's treatment.

A fair trial of pressure above and below an aneurism, in any way that it can be used so as to arrest the flow of blood, or, at any rate, to retard its progress through the vessel, ought to be made in all such cases before the dangers of a capital operation are incurred; and, although it may fail in some, yet the failure does not preclude us from trying the ligature or some other mode, whereas a failure with the ligature is fatal.

I cannot forbear quoting a remark made by Mr. Syme in his paper on the improvements introduced into the practice of surgery in the last thirty years, published in the *Edinburgh Monthly Journal of Medical Science* for April 1853. In allusion to the treatment of aneurism by compression, he says: "Indeed, recent times have afforded no greater boon to the members of the profession than they have done here to those who aspire only to mediocrity. I think it cannot be doubted that the ligature, when properly applied, is the simplest, safest, and most effectual remedy. But pressure is certainly preferable to an imperfectly performed operation; and, as many of our brethren can accomplish the former, who are scarcely equal to the latter; it is plain that the treatment of this disease may now be practised with safety much more generally than was wont to be."

This is one of the eccentric sentences the Edinburgh operator seems privileged to deliver, the gist of them being a reflection upon some of his professional brethren. But, whilst applying the caustic thus freely to his neighbours, the professor renders its application almost inert by the way in which he contradicts himself; for he begins by declaring the ligature to be the safest, and ends with a similar statement about pressure.

Original Communications.

CASE OF COMPLICATED LABOUR.

By HENRY G. TREND, Esq., Eye, near Peterborough.

THE recent case of uterine hæmorrhage in Holbeach Marsh, and the different opinions which seem to have been entertained respecting the correct mode of treatment, have naturally directed the attention of the profession to the subject. I had only just laid down the *JOURNAL*, containing an account of that unfortunate case, and was about to retire