FOREIGN HOSPITAL PRACTICE.

ANEURISM FROM VENESECTION.

By PROFESSOR HORNER of Philadelphia.

Miss B., of Georgia, ætat. 8 years, being exceedingly ill in March, 1837, was bled by a physician in the left arm at its bend. Nothing unusual at the time was perceived, but in a week afterwards she felt a small pulsating tumor, the size of a pea; it continued to increase, and she was brought by her parents to Philadelphia, and placed under the charge of Dr. J. Randolph, who called me into consultation.

At this time, September 27th, 1837, the tumor is about the size of a large filbert; has a strong pulsating motion which may be felt vertically, laterally, and also when the arm is bent, and the tumor pulled up from it. Pressure diminishes its size to one half; it then remains hard and unyielding. Pressure on the brachial artery arrests its pulsation. There is no thrill or purring noise as in varicose aneurism; the vein which was opened at the point of bleeding, is not visible.

On the 29th of September, an operation was performed by Dr. Randolph, the course of the blood being regulated by a tourniquet on the arm. The skin was slit up for two or three inches in front of the tumor, which exposed the tumor beneath the fascia of the arm and the aponeurosis of the biceps: these being dissected through, the tumor was laid bare by continuing the dissection over its service, so as to exhibit the brachial artery and vein both above and below it. A ligature common to the two vessels was then carried under them, above the aneurismal tumor; it, upon trial, was found to control the pulsation of the tumor; it was then fixed, and the aneurismal tumor cut open. Upon slacking the tourniquet, blood issued from the tumor freely; a ligature was then fixed upon the artery and vein below the tumor; upon loosening the tourniquet again, blood flowed from the tumor, but not so freely. The tumor was now detached still more from its bed; a knife-handle passed under its middle, and along it, one ligature conveyed above, and another below; these ligatures were directed in such a way as to insulate the tumor completely, by being tied above it and below it; the one below being drawn first was found to restrain the bleeding completely, but to make everything secure, and to put the disease beyond any possibility of recurrence, the upper ligature was also fixed.

The vein which probably was the one that had been bled was seen in front of the sac adhering closely to it; it appeared to be almost obliterated below, and was very small above. There was nothing like a varicose state perceptible in it; so that if it had really been punctured, the wound had healed.

The sides of the tumor were very thick, and indurated, which will account for its not being entirely flattened or collapsed by pressure before the operation, and there was no coagulated blood. Whether it was formed by a dilatation of the artery, or by a cyst on its side, was not ascertained, from the obscurity of parts during the operation.

The tumor sloughed off kindly in this case,

and the wound healed by the 20th of October, the recovery being perfect.—*American Journal of Medical Science*, Jan. 1841.

CONTRACTION OF THE FINGERS AFTER BLEEDING, CURED BY ELECTRICITY.

C. LECLERC, servant, 19 years of age, was admitted into the Hôtel-Dieu, on the 5th June, 1838 for a burn on the leg. She was ordered to be bled; the *externe* made two incisions, having failed to obtain blood the first time; the patient immediately complained of numbness of the arm, which rapidly increased, and at the same time the fingers became so firmly contracted that the dresser had great difficulty in withdrawing the rooler which the patient held in her hand. M. Breschet was sent for at once, but thought lightly of the matter: the contraction of the fingers, however, continued in so great a degree, that it was found necessary to place something in the palm of the hand to prevent the nails from wounding it. Every means were used to overcome this contraction of the flexor muscles, without avail: a splint was tried for fourteen days, but as soon as it was removed, the fingers resumed at once their old position; in a word, various remedies were tried for six months, but everything failed. At length M. Breschet resolved on trying the galvanic battery. On the 20th of December a needle was passed into the extensor muscles near the elbow, and another into the back of the wrist; twenty-five and thirty pair of plates were employed, but without effect; the contraction seemed even worse. The needles were now withdrawn and placed, one near the origin of the flexors, the other in the palmar surface of the annular ligament of the wrist; the same strength of pile was used, and to the great surprise of all present, the fingers were gradually extended under the influence of the galvanic shocks; the thumb alone remained flexed. Galvanism was regularly employed every day; on the fourth, the woman could use her index and middle finger freely; on the seventh, the ring-finger became free. Unfortunately the woman now left the hospital, and nothing more was heard of her until she came, of her own accord, in the month of July, 1839, to announce that she was quite well. She informed us that for a short time after her departure from the hospital she had the use of her fingers, but the contraction soon returned again. She consulted a medical man, and told him the means from which she received so much benefit before. He tried galvanism also, and after the twelfth application a perfect cure was obtained. She has not suffered any relapse since that time.—*Journal des Con. Med.*

There are two remarkable points in the history of this case; the sudden appearance of contraction after a wound made by the lancet; and the curious fact that galvanism, instead of increasing the muscular action, had a contrary effect.