cataract in both eyes, and is within a few months of completing her century. She took a fortnight to consider my proposal, and then, exercising the undoubted prerogative of her sex, and perhaps, also, at such an exceptionally advanced age, a wise discretion, declined it.

In three of the four cases I have mentioned I had performed a preliminary iridectomy some months before the removal of the cataracts, and I shall in future, if opportunity favour me, adopt a similar precaution in operating upon patients of advanced age, as I am convinced that by so doing a higher average of success is achieved. Mr. Higgins, not long ago, published a series of cataract-operations on old people in which he had obtained very excellent results, and I hope that his experience and my own may encourage others to attempt the storming of these ancient citadels, for the gift of sight is none the less prized and gratefully welcomed by the aged, because it comes to them in the sunset of their life.

A CASE OF VARICOSE ANEURYSM OF THE FEMORAL ARTERY AND VEIN.¹

By BRIGADE-SURGEON C. H. Y. GODWIN, M.S.,
Assistant Professor of Military Surgery, Royal Victoria Hospital, Netley.

A SERGEANT, aged 29, on March 21st, 1886, in a rush upon a stockade in Burmah, was wounded by a pointed bamboo stake which had been purposely fastened into the ground. The point entered the right thigh one inch and a half above the patella, and passed upwards and inwards for about two inches. Its withdrawal was followed by a gush of arterial blood. A comrade bound it up with a handkerchief, which he tightened by twisting it round with a sword. Upon reaching a surgeon some time after, the bandage was removed, when free bleeding again ensued, but the blood was dark in colour, and did not come in gushes as before. The bleeding was quite controlled by a bandage. The wound healed up in a fortnight, but the limb was greatly discoloured from blood infiltration.

On April 11th he noticed a swelling on the inner side of the middle third of the thigh, and subsequently a second swelling of a more diffused character lower down, and upon the anterior and inner surface of the thigh. The tumours gave all the indications of an aneurysm, and they were treated by digital pressure of the artery by relays of men for fourteen hours a day for a considerable time. Under this treatment the tumours are said to have become smaller. He arrived at Netley on December 8th, 1886, in good health, and was able to move about with great facility and without pain or inconvenience. He had a scar an inch and a half above the right patella. About six inches above the knee a distinct swelling was plainly visible, ovoid in form; and higher up, but more on the inner aspect of the leg, another tumour was apparent, but not so distinct in outline as the lower one. They both gave evidence of a distinct pulsation, with an impulse given to both swellings; in either swelling a thrill was perceptible to the hand. A loud, rasping, harsh, and continuous *bruit* could be heard, which was completely silenced by pressure upon the femoral artery. The sounds in the upper tumour were of the same character as those in the lower one, but not so intense.

REMARKS.—No doubt both artery and vein were wounded. Were the swellings distinct, or were they connected? Distinct swellings could be accounted for by the lower and anterior tumour being a traumatic aneurysm connected with the wound in the anterior wall of the artery, and the upper and inner one a varicose aneurysm connected with the wound of the artery and vein. As the tumours were quite stationary, or, as the man thought, were getting smaller, and as there was no swelling of the leg or other inconvenience, it was not thought advisable to interfere surgically in this case.

A CASE OF ANGIOMA OF THE PHARYNX.

By R. NORRIS WOLFENDEN, M.D. CANTAB.,
Senior Physician to the Throat Hospital, Golden Square.

THIS case, apparently unique, seems worthy of record. The patient, a young girl, aged 25, of good general health, occupied as a nursery governess, was sent to me on October 25th, 1886, for advice as to the condition of her throat. What had attracted the attention of a suburban practitioner was a swelling in the front of the neck on the right side, about the level of the hyoid bone, and of the size of a hen's egg. This, however, gave rise to no inconvenience. It was soft, and was thought by us to be of lymphatic nature. Coursing through it could be felt some hard cordy vessels. On the back of the neck, chiefly

on the right side and at the level of the pharyngeal tumour to be mentioned presently, there was a collection of hard, superficial, varicose veins. The back of the pharynx presented the most curious aspect. On illuminating the throat, a large angioma was seen to occupy the whole of the right side of the posterior wall of the pharynx, in the pharyngo-oral region. It appeared to spring from the posterior and lateral wall of the pharynx, behind the posterior faucial pillar, was considerably raised above the surface, and extended as far as the middle line of the pharynx. It was knotty, dense, and of purple colour. A small portion extended over to the left of the median line. Above, it reached to a little higher than the level of the soft palate, when raised on phonation; below, the mass extended to the level of the base of the tongue, and, as far as could be seen, some varicose veins extended down towards the œsophagus. The tumour was thus of considerable size, and of remarkable appearance. The tonsils being very small, it was visible on simply opening the mouth. Some tortuous varicose vessels coursed along the right anterior faucial pillar and along the right side of the uvula. The most remarkable feature of this curious condition was that the patient had never suffered the slightest inconvenience from it. Just occasionally she had felt a "lump in the throat" when she had taken cold. Though the tumour encroached upon the lumen of the pharynx, there was no interference with swallowing. The patient was apparently unaware of the fact that she possessed this angioma, and the only history to be obtained was that the soft (? lymphatic) tumour in the front of the neck was first noticed when she was seven years old. My colleague, Dr. Morell Mackenzie, to whom I showed the patient, informs me that he has never seen a similar case.

Small angiomata, particularly about the base of the tongue and the larynx, are not infrequently met with. I cannot find any such case as this, however, recorded, and the condition is probably quite unique. As the vascular tumour gave rise to no inconvenience, it was judged expedient, from its size and extent, to leave it untouched. I append a drawing of the pharynx, reproduced from one kindly made for me by Mr. P. S. Hutchinson, resident medical officer at the Throat Hospital.

In the *Annales des Maladies de l'Oreille, du Larynx, etc.*, of February, 1887, is an interesting contribution from Farlow, of Boston,¹ giving details of five cases of voluminous arteries (pulsatile and visible to the naked eye) of the posterior pharyngeal wall. It is concluded that the vessels implicated in these cases were the ascending pharyngeal branches of the external carotid arteries. Pulsating

¹ "Cinq cas d'artères volumineuses, visibles à l'œil nu, et pulsátiles de la paroi postérieure du pharynx, avec remarques," p. 59. See also *Boston Medical and Surgical Journal*, March 31st, 1887.

¹ Read before the Southampton Branch of the British Medical Association.