scrophula, or is consequent to some disease of the constitution." But from whatever cause these symptoms arise, the disease is not the less formidable, nor the remedy less important.

Sir Benjamin Brodie places no reliance upon the iodide of potassium for the cure of true syphilis. In his last lecture at St. George's Hospital, as published in the *Lancet* of the 17th of February in the present year, he says—"It is now very much the custom to administer the latter (iodide of potassium) in cases of syphilis. No doubt it is an excellent remedy in some cases, and comes in extremely well, when you have reasons for not giving mercury. But if you ask me whether you can rely upon the iodide of potassium—I say no. You may remove slight symptoms by giving it for a time, and severe symptoms by exhibiting large doses; but in the latter cases, so far as I have seen, it does not make a permanent cure, for the symptoms return again. As a prophylactic it is not to be compared with mercury."

This opinion I believe to be correct. I do not think it acts as an *antidote to a poison*; but for the cure of that assemblage of symptoms above related—phagedænic ulceration, or periosteal disease with a cachectic habit—in my own conviction it stands unrivalled by any other medicine whatever. That the disease will return is true—give what you please, it will *often* return; but, I have always observed, that as often as I had occasion to put the same patient under a course of the iodide of potassium for a return of the symptoms, it has rapidly improved the appetite, and imparted more and more vigour to the constitution, till it completely triumphed over the disease, although it had existed for many years, as was the fact in the 1st, 2nd, 4th, and 5th cases of periosteal disease.

It appears to me that to this power of invigorating the habit its salutary effects are to be principally ascribed. A cachectic condition of the system, in whatever diseases it result, so long as those diseases be not *organic*, is in fact the true object of its curative agency; and this would best explain its success in the three last diseases related—dyspepsia, apyrexial asthma, and chorea Sancti Viti, all of which were at least associated with, and probably derived from a morbid atonicity of the nervous functions involved. I have occasionally given four or five grains of blue pill every other night during the exhibition of the iodide, and I think it sometimes forwards its success.

The period necessary for a course of the iodide of potassium in "cachexia syphiloidea" is at least two months. In other cases the time must depend on the effects of the medicine. I have not had occasion in any case to give a larger dose than five grains, which has ever proved sufficient to accomplish the object in view, where the disease has been curable by this medicine. This dose has never produced any adverse effect; but in some instances, as in the first rheumatic case, it has thrown out an eruption peculiar to this remedy; and in others it has caused a bitter lupuline taste to rise up into the back of the fauces, which has annoyed the patient, and obliged me to suspend the iodide for a few days, or reduce the dose. What deleterious effects may result from large doses I must leave to be described by those who give them.

The iodide of potassium is always inadmissible where

there is any febrile disturbance, or where the tongue is much coated. I have ever found it to disagree in such cases.

Southampton, March 27, 1844.

CASE OF ANEURISM OF THE EXTERNAL ILIAC ARTERY. LIGATURE OF THE COMMON ILIAC.

By RICHARD HEY, ESQ., Surgeon to the County Hospital, York.

Mr. Taylor, aged 41, residing at Acomb, near York, seen in consultation with Mr. Nelson, surgeon, and Mr. Ellis, on the 22nd November, 1843. I received the following history of his case:—

On the 10th of this month Mr. Taylor perceived a stiffness and uneasiness in the left groin, and on examination found a small hard tumour immediately above Poupart's ligament, midway between the anterior superior spinous process of the ilium and the tuber of the pubis. Having been occasionally subject to scrofulous tumours, ending in supuration, he supposed this to be an enlarged gland, and therefore at first took but little notice of it; he showed it, however, to his medical attendant, who prescribed suitable remedies for its removal. On the 13th he was suddenly attacked with severe pain in the tumour, and on the following morning it was found to be much increased in size; and now, for the first time, a decided pulsation was observed in it; pulse 90. From this time until the 22nd the tumour made perceptible advances in size daily, accompanied with pain along the course of the anterior crural nerve.

November 22. The tumour is now the size of a pretty large orange; the impulse very strong. It was, however, easily emptied by moderate and continued pressure, instantly filling again when the pressure was removed. Pressure on the aorta had the same effect, but in a lesser degree. When the base was grasped, the fingers at every pulsation were forcibly separated, and equally so on every side. There was clearly aneurism of the external iliac artery.

November 28. The tumour rapidly increasing in size; and as there seemed to be no alternative but placing a ligature upon the common iliac artery, or speedy death, I thought it my duty no longer to delay acquainting him fully with the state of the case; he was not prepared, however, at present, to decide upon the subject.

November 30. The tumour now, from having a round and uniform surface, had become conical, like the pointing of a large abscess, the skin also much thinner, red, and shining. We therefore urged upon our patient the necessity of a speedy determination; and, at his request, my brother, Mr. William Hey, of Leeds, was requested to meet us in consultation.

December 2. We met this day, and found the tumour within the last 48 hours had so much increased as to render any further delay of the operation extremely hazardous; and as Mr. William Hey concurred with us in the propriety of attempting to save our patient's life by the means already proposed, and as he was now quite willing to submit to it, we determined to wait no longer than the following morning.

Sunday, December 3. I proceeded to place a

ligature on the common iliac artery. It seemed out of the question to attempt tying the external iliac, because from the very large size and extent of the sac, it was evident that there would not be room for a ligature between that and the bifurcation of the external and internal iliacs; and in addition to this, the probable state of that artery made it unwise to run such a risk, even if it had been practicable.

There were present at the operation Messrs. Nelson and Ellis, Mr. William Hey, and Mr. Teale, of Leeds; Mr. Dodsworth and Mr. Reed, of York; to whose kind and very able assistance I feel deeply indebted.

The tumour now occupied the whole of the left iliac fossa, its base projecting considerably below Poupart's ligament inferiorly, and superiorly extending to within less than an inch and a half from the navel, being six inches across from above to below, and six inches and a half from side to side; projecting also from the plane of the abdomen fully three inches.

The patient was placed on his back on a mattress, his shoulders moderately raised. The incision was commenced two inches and three-quarters above the navel, and exactly three inches to the left of the median line. This was carried down moderately curved to the base of the tumour about six inches, and was afterwards enlarged by an angular continuation, one inch and a half in length. The fibres of the external and internal oblique muscles and transversalis being successively divided, the transversalis fascia was readily raised by means of a director, and carefully opened out through the whole length of the incision. The peritoneum now protruded in some measure; it was, however, kept down without much difficulty; and being gently drawn towards the opposite side, I was enabled slowly to insinuate my fingers behind the peritoneum, gradually separating it from its cellular attachment to the parts beneath. The common iliac artery was easily reached, and upon compressing it with the fingers, the pulsation in the tumour ceased at once. A little time was occupied in scratching through the sheath of the artery with the point of the aneurism needle; this being accomplished, the needle was passed under the artery from within outwards, armed with a double ligature of staymaker's silk, waxed. By holding aside the peritoneum and viscera, we now obtained for a moment a view of the artery, and ascertained that nothing else was included in the ligature; this being tied with the fingers close down upon the artery, all pulsation in the sac entirely ceased, and never afterwards returned in the slightest degree. The exact position of the ligature was, I believe, an inch below the bifurcation of the common iliacs. The wound was closed with six sutures and strips of adhesive plaster; and over the whole a coating of lint dipped in strong mucilage. Time, 25 minutes. The patient was now a good deal exhausted, although so little blood had been lost that it had not been necessary to take up a single bleeding vessel; he vomited also some brandy and water which had been given to him during the operation. He took, however, a cup of boiled milk, which was retained.

Evening.—Patient had been very restless and uneasy after the operation for some hours. A camphor draught, with 25 drops of Battley's sedative, had had the effect of composing him. There was now moderate reaction, pulse 90. The wound continued still very uneasy.

Monday, December 4, 9½ a.m. Has passed a tolerable night, having had sleep at intervals without any further opiate. Pulse 95, rather irritable; bowels not moved, but distended with flatus; hiccup; no pain. Two grains and a half of calomel, and a quarter of a grain of opium, to be taken immediately, and in two hours time half an ounce of castor oil in peppermint water. Farinaceous diet.

7½ p.m.—Patient looking very ill; countenance anxious and sunken. No action of the bowels; a second dose of the oil had been rejected; hiccup increased; body very tympanitic and uneasy. The bandage round the body was slackened, with some relief. Great thirst, and difficulty in making water. Pulse 98. An enema consisting of gruel, with two scruples of gum assafetida, immediately; small doses of liquor ammoniæ acetatis, occasionally.

Tuesday, December 5, 10 a.m. Had intervals of light but refreshing sleep during the night. Enema had produced one good evacuation with much relief. No tenderness on pressing the abdomen; pulse 98. Patient upon the whole in a satisfactory state.

Vespere. Not quite so well; rather more feverish; pulse had risen during the day to 104, now 100, and not so soft; tongue dry. No evacuation from the bowels; urine high coloured. Restless.

Calomel 1 grain.

Compound ipecacuanha powder . 2 grains.

To be taken every three hours, with an effervescing saline draught. A common enema in the morning.

Wednesday, December 6, 9½ a.m. Had passed a tranquil night; refreshing sleep. Enema had acted well; body soft and flaccid; pulse 89, soft. Dressed the wound, which showed a great disposition to heal; discharge very moderate. Omit the calomel; continue the saline draughts and farinaceous diet.

December 7. Nothing material; all going on well; pulse 80. Bowels moved three or four times yesterday. Patient allowed some beef tea and arrow-root, mixed. During the last day or two the tumour had looked very threatening and ready to suppurate.

December 8. Dressed the wound, which upon the whole was going on well. Body distended; but little pain. On this day the tumour seemed to be slightly diminished in size; the skin a little paler and shrunk.

December 9. Going on well in every respect. Hard lumps discharged from the bowels; appetite good. Ordered a mutton chop and half-an-ounce of wine, in addition to arrow-root, with beef tea.

December 10. Wound looking well, though the edges not quite so united; discharge very moderate; bodily health and strength better than before the operation; enjoyed his chop and wine yesterday; pulse 80. Discovered this day for the first time an artery on the dorsum of the foot, pulsating, (the anterior tibial). Tumour decidedly diminished. From this time nothing particular occurred during the progress of the case. It was found necessary to give a small dose of morphia every night, without which he had little or no sleep. He also suffered much from violent spasm of the bowels, and tenesmus whenever they were moved, in consequence of which he had medicine only on alternate days. As the motions were abundant in quantity it did not seem very evident from what this distressing symptom arose; the spasm, however, could not be quieted without the aid of an opiate injection.

December 23. Tumour has diminished more than one half, but the ligature quite fast; appetite good.

December 30. On removing the dressings this day the ligature seemed to be lying somewhat further out of the wound than usual, and on gently drawing it, I found it quite loose, and it came away without the slightest pain or difficulty. The length of the ligature from the knot to the surface was nearly five inches.

January 4. I must now allude more particularly to the distressing feature which has already been mentioned, and which threatened, if not overcome, to render our patient's life miserable, viz., the spasm of the bowels. Thinking that it might arise from some obstruction in the rectum, I had recommended Mr. Nelson to pass a bougie and explore the lower bowel: this he did, without however any result. In the meantime the spasm became more and more urgent whenever the bowels were moved. However copious the evacuation, he always felt as though there was something left which could not be expelled. On this day matters assumed a very serious aspect, the bowels were completely obstructed, the spasm dreadful; at length he became quite exhausted, and seemed to be falling into a state of coma, body very tympanitic. On passing the catheter to ascertain if the bladder were distended, Mr. Nelson found considerable obstruction. This led him again to examine the rectum, which he now found to be enormously distended with a hardened mass of fæces. It felt, he said, more like a child's head presenting than anything else he could compare it to. It was thoroughly dry like bran. Here then was the cause of these formidable symptoms. It appears that the pressure of the increasing tumour had caused a gradual accumulation of fæces in the colon; and although considerable evacuations were obtained by means of aperient medicines and injections, yet there never was a complete clearance, owing to the growing pressure of the sac. As this however became gradually diminished by absorption, it permitted the fæcal matter slowly to advance, and at last completely to block up the rectum in the manner already described. That this was not discovered when Mr. Nelson first explored the rectum was no fault of his, but arose, I doubt not, from the circumstance that it had not descended within reach of an ordinary bougie.

Mr. Nelson happily succeeded in breaking down this extraordinary accumulation, and our patient in a few hours so far revived as to relieve us from our gloomy anticipations. Nothing has since occurred to retard his complete recovery.

It now only remains to notice one point, viz., the temperature of the limb after the operation. Perhaps this ought sooner to have been alluded to, but in truth there is little to say on this part of the case. We kept an accurate account, but after the first few days the temperature of the two limbs was so nearly equal that the difference did not amount to half a degree. The limb was simply wrapped in fine flannel. The temperature at first fell not quite so much as three degrees below that of the sound limb; in 48 hours it had risen two degrees *above* the opposite; this soon subsided, and in four days after the operation the two limbs were equal (89°) and continued so.

Two or three weeks after I had taken my leave, Mr. Nelson informed me that the sinus, made by the

ligature, was not healed. It appeared that the sac had ulcerated and discharged its remaining contents, grumous blood mixed with pus; by this means what remained of the tumour was entirely dispersed, and the sinus healed. We thought it advisable to apply a belt afterwards, in order to support the weakened parietes of the abdomen; and to the most prominent part, also, a kind of truss, with a four-inch pad, which the patient found very comfortable.

A remarkable feature in this case was the extreme and unusual rapidity of its progress, after its first commencement, only three weeks having elapsed from its first appearance of the size of a hazel nut, before it had attained the formidable size which has been described.

[The foregoing important case is, we believe, the only instance in which the common iliac artery has been successfully tied *for aneurism* in this country; and we beg to draw attention especially to the situation of the incision. This is a point of great consequence, as in the case before us the operator was relieved from all chance of embarrassment from the chord, &c., a source of trouble which has been complained of by some who have performed this operation. It may also be observed, that in any case in which it might be necessary or advisable to take the chance of tying the aorta, this mode of doing it will be found in every respect far more safe and facile than that adopted by Sir Astley Cooper.]

CASE OF FRACTURED PELVIS, WITH LACERATION OF THE BLADDER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Should you deem the details of the following fatal accident of sufficient interest to appear in the pages of the *Journal*, you are welcome to insert them.

Yours respectfully,

MATTHEW HALL, M.R.C.S.L., &c.

Wortley, Leeds, April 10, 1844.

On Saturday last I was summoned, at nine p.m., to a case on the Churwell road, at the distance of about a mile from my house, but being engaged with another patient, my assistant proceeded forthwith to attend for me. On his arrival, he found a stout man at the inn, laid on a bench, having been recently run over by a heavily laden waggon. A slight examination discovered injuries of a very severe character, and no time was lost in placing him cautiously in bed. Some hæmorrhage had taken place from the penis, and it was evident that the bones of the leg were extensively fractured, the tibia nearly projecting through the skin, with some loose portions of bone.

No time was lost in communicating with me, and on my arrival, which took place about half an hour afterwards, I found the man in a state of extreme collapse, with a pulse hardly perceptible, and to all appearance we thought he would not survive many minutes. On the slightest motion he complained of much pain in the back, and thought the wheel had passed trans-