thus leaving no doubt as to the true nature of the case,—that it was, in fact, a circumscribed false aneurism, arising from the adhesive matter that had united the wound of the artery giving way, allowing the blood to escape into the cellular sheath of the vessel which formed the aneurismal sac.

I recommended the patient to desist for a season from using her arm; at the same time that a roller, with moderate compression, was employed; but as the demands of her family required her constant exertions, my advice was but imperfectly attended to, and the tumour slowly but regularly increased in size, until it attained the magnitude of a walnut. She now made up her mind strictly to follow any treatment I might propose for her relief.

On reflecting on all the circumstances, I thought it a favourable case for trying the effect of decided pressure, which after making a plaster of Paris cast of the arm, I applied in the following manner:—The hand and lower arm were carefully encircled by a calico roller; a linen compress, of considerable thickness, enclosing a piece of sheet lead, was applied over the aneurismal tumour, and another long, but narrow, firm and thick compress was placed over the course of the brachial artery from the bend of the elbow to the axilla; strips of adhesive plaster applied at intervals, served to prevent the slipping of the compresses; over these a roller was carefully placed, the arm being extended. The whole of the apparatus was applied as efficiently as possible, with the object of compressing the brachial artery and aneurismal sac, so as to check the flow of blood into the latter, and ultimately to lead to its contraction and obliteration; at the same time interfering as little as possible with the general circulation in the limb. The roller was for a time kept wet by an evaporating lotion.

The patient was put upon low diet, and recommended to use but little exertion. The compresses and bandages were adjusted from time to time, as they became loose, or in any way displaced. To the best of my recollection, their employment was persevered in for about the space of six months, with the effect of gradually lessening the size of the aneurismal swelling. When they were left off, a small hard knot, which had ceased to pulsate, could alone be felt, and this was not obvious to the eye unless particularly looked for.

After the space of six years, the patient again came under my care, in the last stage of phthisis pulmonalis, of which disease she died, on the 28th of July, 1827.

Being desirous of ascertaining the state of the artery, I obtained leave to examine the body, and removed a considerable portion of the brachial artery, with about two inches of the ulnar and radial attached. The remnant of the contracted aneurismal sac, about the size of a small horse-bean, was found connected with the brachial artery, somewhat less than an inch above its bifurcation into the ulnar and radial. On splitting up the artery opposite to this part, an aperture leading into the sac, about two lines in length, in the direction of the axis of the artery, was found to exist; the edges of the aperture were rounded and smooth, and lined by the inner coat of the vessel, in close apposition, unless forcibly separated, and seemingly so placed as to have allowed the current of blood

to flow over them without entering the aneurismal sac. The sac was empty, its cavity very small, and apparently it had not admitted blood into it for a considerable time.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF DYSENTERY.

(Reported by Mr. JOHN ELLIOTT WOOD, late Clinical Clerk in the Hospital.)

Sarah Ann Padley, aged 28, married, was admitted under the care of Dr. A. T. Thomson, July 5th, 1845. She is rather tall, and of stout conformation, bilious temperament, and dark complexion. She has been a dress-maker for the last twelve years, and has followed this occupation without interruption from sickness or other causes. She has been married about twelve months, but has no children. Her habits have been regular, and her mode of living comfortable, but she is frequently low spirited and anxious. She is a native of Oxfordshire, and came to London a fortnight before her admission into the hospital, in order to join her husband, who works as a plasterer in this city. She imagines that she took cold during her journey, for on the day following she was attacked with pain in the upper part of the head, relieved by pressure; she had also much spinal tenderness, her appetite

left her, and she perspired very much. A week afterwards she was violently purged, and the whole surface of the abdomen became tender, the pain in the head disappeared, but that in the back remained. She vomited a considerable quantity of green sour matter; she had also constant tenesmus, accompanied by a twisting sensation about the umbilicus. These symptoms increased in intensity, and she was admitted into the hospital on July 5th, a fortnight after the commencement of the attack.

On examination at this time, the following symptoms were discovered. There is constant diarrhoea and tenesmus, the evacuations being green or yellow, and occasionally black. She has pain over the surface of the abdomen, increased on firm pressure, not augmented by deep respiration, and not felt on pinching the skin merely; the pain is most acute at the umbilicus, and is accompanied by a twisting sensation; it is increased by cold, and slightly by tepid, but not by hot drink. She cannot take solid food; she has no rigors while she remains in bed, but whenever she gets up, shivering ensues, and she perspires much afterwards; there is some increased heat of surface; the colour of the skin is natural, and there is no eruption; she has been getting thinner for the last three months; the abdomen feels hotter than the rest of the body; it is also somewhat swollen. She has slight spinal tenderness; the countenance is anxious; she has no cough nor dyspnoea; the pulse is not quick, and compressible; the tongue is dry, red in the centre, and furred at the edges; she has much thirst; she has frequent vomiting; the urine is small in quantity and high-coloured; there is no dysuria. The menstrual secretion has appeared three times within the last three weeks, but on each occasion small in quantity and unnatural in quality.

Ten leeches to the epigastrium, and a turpentine liniment to the abdomen. To take Pulv. Ipecac. Co., gr. vi.; Mist. Amygd. Amar., dr. xij. every four hours. R. Pulv. Ipecac., scr. j.; Extr. Gent., dr. ss.; Dec. Avenæ, oz. viij. for an enema, night and morning. Demulcent diet.

July 4th. The medicine has made her very sick; the following was therefore substituted:—R. Acid. Hydrocyan. dil., m. iv.; Sodæ Sesqui-Carb., scr. ss.; Aquæ, oz. j. To be taken every three hours.

8th. The evacuations from the bowels consist almost entirely of bile; they are less frequent than formerly, and the twisting sensation at the umbilicus is relieved; the tenesmus remains; she still vomits frequently.

R. Cupri Sulph., gr. j.; Extr. Opii, gr. iv.; Mica Panis, gr. vj. Fiant pilulæ vj. To take one every six hours.

10th. She feels better and has not been purged to-day; the abdominal pain is less; there is no twisting at the navel; the tongue is improved.

11th. The vomiting is returned, and she attributes it to the pills; (it appears, however, that she has great difficulty in taking pills of any kind;) there is an increase of abdominal tenderness; the skin is very hot and pungent; the temperature of the abdomen 99° , that of the chest 100° ; the diarrhoea has returned.

12th. The purging has again diminished in frequency; the tongue is very red and adhesive; pulse soft and compressible.

Omit the medicines. R. Zinci Oxidi, gr. ij.

Sacchari Purif., gr. xij. Divide into four powders; to take one every six hours, and in the intervals, Dec. Simaroubæ, oz. iss. Continue the enemata.

15th. She is better; and has only been once purged to-day; she has no pain or tenderness in the abdomen; there is no tenesmus; the pulse is soft; the skin cooler; tongue less dry and adhesive; the appetite is slightly improved.

18th. There is a slight relapse to-day; more purging, with tenesmus, and increased heat of surface. All medicines to be omitted.

22nd. She had three or four motions in the twenty-four hours, but without pain; the tongue is dry and red; the pulse small, tremulous, and variable; she can get no sleep; the cutaneous sensibility of the lower part of the body is increased, especially on exposure to cold.

R. Cupri Sulph., gr. j.; Extr. Opii, gr. v. Divide into ten pills. To take one every four hours, and in the intervals, Dec. Simaroubæ, oz. iss. To have beef tea.

This treatment was pursued for a week with decided benefit to the patient; at first, however, she again complained that the pills increased the disposition to sickness and vomiting, but by perseverance this was subdued, and the beneficial effects of the remedy were at once apparent. The purging ceased, the abdominal tenderness disappeared, and her appetite returned, so that she was enabled to take solid food and to sit up for some hours during the day. Owing, however, to incautious exposure to cold, she was now, (August 5th,) troubled with a slight cough, and pain in the left side of the chest, on deep inspiration, with sibilant and sonorous rhonchi over the left side, both before and behind. Both sides are duller than natural, but the left more so than the right.

She was ordered Dec. Cetrariæ, dr. xj.; Syr. Tolu, dr. j.; Tinct. Opii, m. x.; Acid Sulph. dil., m. x. To be taken three times a day.

August 7th. The cough is relieved, and the physical signs indicate a diminution in the bronchitis; there has been no return of the dysentery. She continued weak for some days, but gradually gained strength, and was discharged cured on the 14th of August.

Remarks.—The practice of giving ipecacuanha, combined with extract of gentian, in dysentery, is one which deserves a trial by the profession. The ipecacuanha appears to act as an astringent in checking the morbid and frequent discharges from the intestines, while the gentian counteracts its emetic property, but does not prevent it from determining to the surface and acting generally as a diaphoretic. In an extended trial in this hospital, this plan of treatment has been found eminently successful, though the present case is not one in which its beneficial effects are particularly well-marked.

CASE OF PLACENTA PRÆVIA.

By WILLIAM WEAVER JONES, Esq., Surgeon,
Cleobury Mortimer.

Sarah Jordan, aged 30, residing at the Clee Hill, consulted me on the 15th of June last. She stated that she was nearly six months advanced in pregnancy with her fifth child, and that she had not been free from slight uterine hæmorrhage for the last nine or ten days. I expressed my opinion that the placenta