sideration of the great interest which the exhibition of it appears to have excited at the late Anniversary Meeting of the Association at Sheffield. But I was not fortunate enough to find an instrument sufficiently forward in its make to enable me to form an opinion of it. What I did see certainly seemed to be extremely ingenious, and the only idea which occurred to my mind, as being at all unfavourable to it, was its costliness. This will probably retard its general introduction into Hospitals, where such apparatus is especially required. I am, consequently, induced to mention a little improvement which I adopted some months ago, in the mode of using the common double pulleys, which gives them great power, easily regulated, and as easily sustained for any length of time; and which, moreover, has the advantage of costing only a few shillings.

The extension of the pulleys has always been effected in this Hospital by manual strength, and no small exertion is often required in pulling the rope, and keeping it steady, during the (sometimes long) process of accomplishing the reduction of a dislocated hip. There are many objections to this mode of proceeding, yet I am inclined to believe it is that which is very generally adopted. I mentioned my suggestion to Mr. Weiss, (or his representative,) who approved of it, and was not aware of any Hospital where it is made use of. I am alluding merely to a little wheel, (the whitesmiths call it click-wheel, the same which is used for winding up the water-tin in an old-fashioned shower bath,) fixed in the wall, on the side of the room where you make your extension. The rope properly arranged round the double pulleys is attached to this wheel, instead of being pulled by the hand, and the utmost degree of force may be easily obtained. The little catch or stop, which is an important part of the instrument, keeps up the stretch, and by a close arrangement of the notches round the circumference of the wheel, a gradual and regular increase of extension, even down to so little as the sixth or eighth of an inch at a time may be made. The advantage of this little contrivance has been seen at this Hospital in several instances; in one especially, a dislocation of the hip of some standing, where we had failed in the bath-room the preceding night, after thoroughly tiring several pupils in making extension, the wheel in the operating room the next morning was immediately successful. One hand turning the wheel, will do more than six or eight pulling the rope.

In speaking of the wheel as a fixture, I may remark, that it need not necessarily be so. A moveable one would be available if there were any thing in the room strong enough to attach it to. The apparatus, and fixing it in our operating room, cost sixteen shillings, and it is a thing which every whitesmith is familiar with.

I avail myself of the opportunity to report the following case:—Various cases have from time to time been published, of foreign bodies lodged in the throat, and the very interesting account about two years ago, recorded by Sir Benjamin Brodie, of a half-sovereign in the bronchial tube of Mr. Brunel, is probably fresh in the memory of every surgeon, the anatomical and

physiological ingenuity of the means successfully adopted for its removal, having excited general admiration, and rivetted recollection. In the *Medical Gazette*, of the 17th ult., among the "Selections from Journals," is a case reported at a meeting of the Surgical Society of Ireland, by Dr. Locke, where a fish-bone was lodged in the œsophagus of a girl, aged 15. She was brought to Dr. Locke, at the Dispensary, saying that she felt a bone stick across her throat. He attempted to force it down, but failed. He then tried an emetic in the following manner:—After giving a full strong dose, he made the patient drink very large quantities of warm water, so that the stomach became greatly distended, and when the vomiting began a great gush of fluid was thrown up, by which the œsophagus was distended, and the bone dislodged and ejected. Dr. Benson, at the Society, commenting upon the case, said, that he considered the plan of filling the stomach and washing up the bone in the torrent very ingenious and scientific. My case is as follows:—

A child, a year and a half old, was brought to the Northampton Hospital as an out-patient, on the 13th of September last, the mother stating that it had swallowed a thimble, fourteen weeks ago. Medical advice had been sought, and treatment adopted, to no purpose. The child was restless and uneasy, and having already emaciated a good deal, a fatal issue was apprehended. On looking into the throat there was considerable redness of the posterior fauces, and some degree of fulness or swelling. Seeing this, I was induced to examine it with my finger, when a hardness as well as the swelling was perceptible, and continuing the examination, I shortly felt the edge of a foreign body at the aperture of the posterior nares. It was evident that the thimble was there, and having requested my colleagues who were in the house at the time, as well as the pupils, to see the case, I made use of a pair of forceps and very easily extracted the long lost thimble. The child has been occasionally at the Hospital since, and is now quite well.

H. TERRY.

Northampton, November 5, 1845.

CIRCUMSCRIBED ANEURISM OF THE BRACHIAL ARTERY, CURED BY PRESSURE.

By THOMAS SALTER, Esq., F.R.C.S., Poole.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The communications which have recently appeared in the Journal on the subject of the treatment of aneurism by compression, have brought to my recollection, a successful case, which occurred in my own practice many years ago. Should you think it of sufficient importance to merit a place in our weekly periodical, you will perhaps do me the favour to insert it.

The case was read at one of the meetings of the

Royal Medical and Chirurgical Society, and noticed in the journals of the day; my notes of it, have however, by some accident been mislaid, and I am obliged now to furnish the particulars in a condensed form from memory; but the circumstances have made so strong an impression on my mind, that I feel assured, the narrative in all essentials, is not the less correct on that account. The accompanying illustrative sketch was made by my son, a few days since, from the preparation, which is still preserved in my collection.

I have not reverted to this case for the purpose of depriving Mr. Liston of the honour which Mr. Jolley, (in his very interesting and valuable communication,) assigns to him, as the founder of a "new era in surgery," as it must be well known to many of your readers, that the cure of aneurism by compression is an old practice. M. Royer relates a successful case, which occurred to him in the year 1665, and the Abbé Bourdelot cured himself of an aneurism at the bend of the arm, by compression.* This mode of treatment was, however, subsequently recommended in a more formal manner by Guattani, who indeed has the credit of introducing it. He has recorded four successful cases. Scarpa advised its employment under favourable circumstances for the operation. Dubois is said by Mr. Travers to have cured an aneurism of the thigh, "by steady pressure upon the vessel, continued for twenty-four hours."† Pelletan and Dupuytren adopted the method in some cases with success. Mr. Freer also gives some fortunate examples of the treatment. Sir William Blizard contrived an instrument to compress the artery, so as not to interfere with the general circulation in the limb, but failed in consequence of the patient being unable to bear the pressure.

I fear the cases of aneurism will yet be few, in which it will be thought expedient to adopt the plan of compression, in preference to the ligature. When aided however, by great quietude, and the partial enforcement of the constitutional treatment of Albertini and Valsalva, it may in some appropriate instances, be the most judicious mode of treatment.

The issue of the following case resembles some of the spontaneous cures of aneurism which have been recorded, in which the integrity of the canal of the artery has been preserved; but in this instance the means of cure operated from without, and were artificial, whilst in those the sacs had been naturally and gradually filled with coagula, and ultimately contracted and absorbed.

I am Sir,

Your obedient Servant,

THOS. SALTER.

Poole, October 23, 1845.

Ruth Goffe, 24 years of age, a poor woman, the wife of a shoemaker, about eight o'clock in the evening, in the year 1821, slipped on the pavement, and fell forwards against a shop-window, her left arm passing

through one of the panes; on withdrawing it, a copious flow of blood issued from the wound, which had been inflicted by the broken glass, so copious indeed as not only to arrest the attention, but even to alarm the persons passing in the street. A young man, who witnessed the accident, with great promptitude and presence of mind, took his neckerchief and tied it tightly around the arm, over the situation of the wound, and assisted in conveying her to her house, which was very near to the spot where the accident happened. Being immediately sent for, and having but a little distance to go, I arrived at her residence in a very short space of time. The blood was then flowing freely to the ground from the two ends of the neckerchief. I immediately made pressure upon the brachial artery, about the middle of the arm, and arrested the hæmorrhage. A tourniquet was sent for and applied.

Being relieved from the act of compressing the artery, I proceeded to remove the neckerchief, and exposed a clean cut wound, rather more than an inch in length, passing longitudinally, but somewhat obliquely over the site of the brachial artery, just above the bend of the elbow. The screw of the tourniquet being loosened, I was surprised to observe that there was no escape of blood, but as the patient was pale and faint, I waited her recovery from that state, in the confident belief that I should witness the hæmorrhage from the brachial artery; but, contrary to my expectation, there was still no bleeding. Thinking it important to ascertain at once if the artery were really wounded, I directed her to drink a glass of warm brandy and water; notwithstanding this, however, and the return of the circulation to its normal condition, the hæmorrhage did not recur. The lips of the wound were then carefully brought together by strips of adhesive plaster, a thick compress of lint put over the situation of the wound, and a roller applied from the hand to the axilla. The patient was placed in bed, with the tourniquet loosely on the upper arm, to be tightened by the person who was to remain with her during the night, if hæmorrhage came on.

Feeling assured that a wound of the brachial artery existed, I retired to rest with a full conviction that I should be called to the patient before the morning, I accordingly made the necessary preparations for tying the vessel if required to do so. Contrary to my expectation, however, no bleeding occurred, and the night was passed comfortably.

The dressings were not disturbed, and nothing was done, besides the enjoining of quiet, and the exhibition of a little aperient medicine. At the end of a week, or a little more, the dressings were removed, and the wound found to be healed, but I still thought it prudent to continue the roller and compress, and the patient was advised to keep her arm in a sling for some time.

As no further ill consequence appeared to result from the injury, the patient returned to her former occupations in the family, &c.; but at no very long period after this, a small pulsating tumour, tolerably circumscribed, appeared at the site of the wound; the pulsations were synchronous with those of the radial artery at the wrist, and the swelling disappeared on compression of the brachial artery at the middle of the arm,

* *Journal des Nouvelles Découvertes*. Paris, 1681.

† *Medico-Chirurgical Transactions*, Vol. iv. page 437.

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