

and that the ribs rise by one origin from it, and then divaricate to form a separate thorax to each child. The children were each as large as many are from single births of nine months, but not so large singly as the former children of the same woman had been.

York,
September 8th, 1792.

VIII. *A Case of Varicose Aneurism. By Mr. H. Park, Surgeon to the Liverpool Infirmary.*

JOHAN HARTLEY, a youth about twenty years of age, presented himself at the Liverpool Infirmary in May, 1791. His account of himself was, that he had been bled in the right arm in the preceding January; that he had more than usual pain at the time, and thought he had been pricked too deep; that he continued his work (that of a wheelwright) for a week after the operation, and then perceived a small hard tumor immediately under the orifice, which had

had gradually increased to its present size, which was somewhat larger than a walnut. It was then as soft as aneurismal tumors generally are; had an evident pulsation, and on pressure, or on holding up the arm, disappeared in a considerable degree, but not entirely; from which it was evident, that the whole of the blood contained in the tumor was not in a state of fluidity, but that some coagulum was formed. The peculiar thrilling sensation, so accurately described by Doctors Hunter and Cleghorn, was very plainly perceptible more than half way up to the axilla, and the basilic vein was a good deal distended, but not in the degree which they describe in their cases* of varicose aneurism, the tumor being still on the increase, though slowly. On the whole, though there was no room to doubt that some part of the blood that was thrown out from the trunk of the artery was received, and did return, by the trunk of the vein, yet there was reason to fear that this did not take place in a sufficient degree to secure the patient from the necessity of undergoing an operation at no very distant period; and therefore a guarded opinion was given him, with

* See Medical Obs. and Inq. Vol. II. and III.

directions

directions to refrain from any laborious employment, and to let us see him again if any material change should take place. He called again at the Infirmary a few months afterwards, when it was evident that the tumor was still increasing faster than the distention of the vein.

On the 21st of January following he came into the Infirmary in considerable pain, from a high inflammation upon the arm, with evident marks of suppuration having taken place, and of the tumor being on the point of bursting; this he attributed to accidental cold; but it was probably owing to the sudden increase of the tumor, which had grown rather rapidly during the last month, and was now larger than an ordinary man's hand. An emollient poultice was applied, and a tourniquet was put loosely round the arm, with directions that he should be closely watched day and night. The next morning the skin opened, a small quantity of pus was discharged, the tumor subsided a little, and the patient became considerably easier.

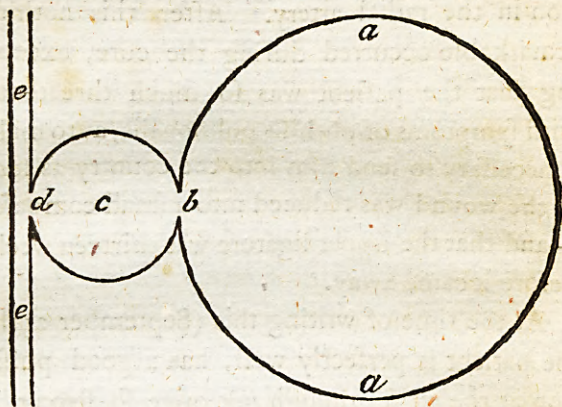
On the 24th in the evening the blood burst forth with considerable force, the tourniquet was tightened, and the Surgeons were called as soon as possible; some time, however, was unavoidably lost. On opening the sac, and re-

moving the coagulum, of which there was a considerable quantity, an orifice was discovered at the bottom of the cavity, not larger than is usually made in venesection, from which arterial blood flowed on loosening the tourniquet. A probe introduced into this orifice sunk nearly an inch deep, but would not pass much more than half an inch upwards or downwards, therefore we did not choose to venture a ligature till we were more sure of the artery; believing there must be an inner cyst. This orifice was cautiously enlarged with the scissars, and was found to lead into a deeper cavity, large enough to contain a moderate sized nutmeg; in this there was not any coagulum, but at the bottom of it was discovered another orifice, of about the same size as the former; and a probe, introduced into this, passed readily upwards and downwards in the cavity of the artery. Directed by this probe, a ligature was passed underneath the artery, above the orifice, and tied. On loosening the tourniquet the blood flowed out as freely as before; another ligature was passed in the same manner below the orifice, and tied; and on loosening the tourniquet now, no farther hæmorrhage appeared.

I should

I should have mentioned that early in the operation an external branch of the artery bled freely, and was tied.

A section of these cysts would exhibit some such appearance as this :



a a, the first or outer cyst, *b*, the orifice leading into the second or deeper cyst, *c*, at the bottom of which was seen the orifice *d*, leading into the cavity of the artery marked *e e*.

We kept the wound open more than half an hour, (waiting to see if any more hæmorrhage would take place) and then it was closed up as easily as possible, by merely bringing the edges together by means of long slips of adhesive plaster.

The next day the œdematous swelling that had taken place in consequence of the long

continuance of the tourniquet, in the space of time between the bursting out of the blood and the conclusion of the operation, was considerably diminished; there was comfortable warmth and feeling in the fore arm, and a faint pulsation in the radial artery. After this nothing remarkable occurred during the cure, excepting that the patient was so much threatened with symptoms of phthisis pulmonalis, as to make it necessary to send him into the country as soon as the wound was reduced into a small compass;—and that the upper ligature was thirteen weeks before it came away.

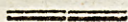
At the time of writing this (September 29th) the patient is perfectly well, has a good pulsation at the wrist, though not quite so strong as in the other, but the arm is equally strong and muscular, and has perfect motion; and he follows the trade of a ship carpenter, to which he has lately bound himself.

It will probably be asked, if this was really in any degree a case of varicose aneurism, where was the vein? and, if it was situated between the outer and inner cysts, why was it not discovered? and possibly I might be critic enough to ask these questions myself, had this operation been performed by any other person; but I
 must

must beg leave to submit the following considerations to experienced and unprejudiced practitioners. First, the inflammation and suppuration had contributed to occasion some degree of confusion of parts. Secondly, the outer cyst was so thick as to prevent any vessels from being visible that might run underneath it. Thirdly, the two sides of the vein, when it was empty, might very readily be so closely pressed together as to admit of a probe passing through its very center into the inner cyst without the cavity of the vein being ever discovered; and if such was the situation of the vein, it is, perhaps, happy for the patient it was not discovered; as there might have been some danger of its misleading us to tie it instead of the artery. I must beg it may be farther considered, that the patient had been distressed by having the tourniquet unavoidably kept on the arm a considerable time before the operation could be begun; that it was obliged to be performed by candle light, and proved very tedious and perplexing; and that the patient was very much exhausted: under which circumstances, I conceive, I shall stand perfectly excusable in attending only to the main object of my pursuit, viz. to discover and secure the wound in the

artery, and so terminate my patient's sufferings with as much expedition as could be consistent with perfect safety

As Dr. Hunter judiciously and humanely published his cases with a view to prevent patients being unnecessarily exposed to a severe operation, so I think it incumbent on me to state the above, as a caution to inexperienced practitioners, whenever they meet with such appearances as the Doctor has described, but in a less degree, to be well assured that the veins will really dilate sufficiently to take off the whole of the blood poured out by the artery, before they give such a prognostic as may lull the patient into a delusive and dangerous security.



IX. *An Account of the good Effects of Opium, administered in Clysters, in Cases of Menorrhagia. By Mr. Peter Copland, Surgeon at Swayfield, near Colsterworth, in Lincolnshire.*

CASE I.

A woman at Colsterworth aged thirty-two years, and who had had four children, was at-
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