THE

MEDICAL CHRONICLE.

VOL. I.] MONTREAL, JUNE, 1853. [No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Diffused Popliteal Aneurysm, cured by Compression.* By JAMES CRAWFORD, M.D., Lecturer on Clinical Medicine, McGill College, &c.

Aneurysm is a disease of extremely rare occurrence in Canada; at least I have reason to conclude that it is so, from having only seen two cases in Montreal during twenty years, and having heard of only three others. Having been successful, lately, in treating a case of diffuse popliteal aneurysm by compression, I would beg leave to record it in your journal. This mechanical mode of treatment, from its safety, simplicity and efficacy, bids fair to supplant, on most occasions, the more brilliant and scientific surgical plan of ligature of the vessel; and while it disarms the disease of much of its dangers and terrors, almost places the cure in the hands of the patient.

In the end of December, 1852, I was called to see F. R., the subject of the present case—a healthy, muscular man, aged about 36, by trade an ironfounder. In the previous November his attention had been drawn to his right thigh, by a painful sensation at the inner edge of rectus femoris, about four inches above the knee, which was accompanied by a slight swelling of that part, and which he supposed was a bruise; caused by hammering bricks in his hand, supported between his knees, while shaping them for the object of lining his furnace, during which operation he was obliged to sit in a very constrained, crouching posture, within the furnace, and which, in all probability, explains the cause of the accident. The tumor rapidly increased, and is said to have attained the size it presented when I first saw it in about a week. It was all along supposed to be an abscess, and treated accordingly. The pain, inconvenience and tedious nature of the disease, induced him to send for me. At the time I first saw him, the tumor extended from the knee upwards for about seven inches, spreading along the front and inner side of the thigh, and also occupying the popliteal space, (but not prominently.) It was flat, hard and firm, except at one part, about the size of half a dollar, four inches above the inner condyle of the femur, where fluid could be dis-