

Academy to accept them with due reserve. I must add, that the practitioners who have tried *ergotine* or the *ergot of rye* have as yet derived nothing conclusive from its use. When, in *uterine hemorrhage*, the *ergot* proves useful, it does so by inducing contraction of the uterus, and not by any special action it exerts on the blood or on the arteries. Thus we see the question of surgical hæmostatics is at once a very complex and a delicate one; and we should not receive facts concerning it without a certain degree of distrust; and only give them a very limited publicity, until they have been tested by a more mature examination."—*Med. Chirurg. Rev.*, Oct., from *Comptes Rendus*, 6th July, 1846.

PHOSPHORESCENCE OF THE HUMAN BODY.

The subject of this case was a male infant sixteen months old. The child had suffered from teething, and had been casually seen by Dr. H. McCormack, of Belfast. An emetic was administered, and an irritating liniment rubbed on the breast. The nurse, in raising the child in bed at night, observed a phosphorescent light about the hips, both before and after the candle had been lighted. The legs were also observed to be luminous for a short time. From what Dr. McCormack could learn, the appearances very much resembled that produced by phosphorized oil, but none of this had been employed. The phenomenon occurred only once. The mother had, however, observed, that on one occasion a spark (electrical) had flown to her hand from the infant's body. Cases of human phosphorescence in the living body are rare, and the fact recorded by Dr. McCormack is, therefore, interesting.—*Med. Gaz.*

SURGERY.

CASE OF CAROTID ANEURISM.

In which Galvanism was applied to the Blood in the Sac by means of Acupuncture.

By JOHN HAMILTON, M. R. I. A., Surgeon to the Richmond Hospital.

The relation of the following case may prove serviceable to those who may try the galvano-puncture in cases of aneurism. In the first trials of a new remedy, every case should be faithfully narrated, the unsuccessful as well as the successful, that the causes of failure in the first may be clearly recognised and avoided.

James Holmes, aged 43, admitted into the Richmond Hospital, March 26, 1846. He had formerly served as a soldier in the East Indies, and was, at the end of eleven years, sent home on account of bad health. When admitted he presented the appearance of a man whose constitution had been completely broken down (as, in fact, it was) by climate, drinking, and the effects of the syphilitic poison. He had two soft nodes, one on the sternum, the other over one of the ribs. There was strumous enlargement of the lymphatic glands on the left side of the neck, with two or three fistulous openings from which thin pus flowed. He had diarrhœa, cough, headache, and restless nights; but the most distressing symptom of all was nearly constant vomiting of a greenish-yellow fluid, and of almost every thing he took. His complexion was of a pale straw colour, and he was so weak that he could scarcely stand. He had formerly been twice in hospital under my care, once for a large abscess in the buttock; and once for a suppurating node on the parietal bone, a large portion of the outer table of which had exfoliated and been removed.

Examination of the chest detected chronic bronchitis, and on the right side, where he complained of pain, there was evidence of circumscribed effusion to a small extent, with dullness on percussion, and absence of respiration, not influenced by change of position. No enlargement of the liver was discovered, nor did sufficient evidence of organic disease present itself elsewhere, but the existence of Bright's disease of the kidneys was suspected. He had occasionally slight

œdema of the face, about the eye-lids. Under treatment, the nodes disappeared, the diarrhœa ceased, the pain and effusion in the right side of the chest were removed, and his general aspect improved, but all the usual remedies failed in permanently checking the vomiting: creosote seemed to have some influence, but only temporary. It was very hard to point out the cause of this obstinate vomiting; there was no sign of disease of the brain; it had not the character of that attending scirrhus of the pylorus, nor was there pain or tenderness in the epigastrium. About a month after admission the lymphatic glands in the neck increased in size, and were painful. His voice, before of natural strength and tone, became weak and husky; but it was not until he had been in hospital six weeks that he was discovered to have an aneurism of the carotid artery.

May 7th. He complained of having suffered from great throbbing in the glandular swelling in the left side of the neck. Beside the most superficial glandular enlargement with its fistulous openings, a deeper-seated tumour could be felt, soft, and containing fluid, but having a well-marked diastolic pulsation: it was partly on the inside of, and partly covered by, the sterno-mastoid muscle. Pressure on it impeded respiration; pressure on the carotid below it could not be borne, both on account of the pain and its inducing vomiting; it could not, therefore, be tried long enough to empty the sac. There was no *bruit de soufflet*. The existence of the aneurism had not been observed before, probably, on account of its having been, while small, masked by the suppurating glandular enlargement over it; besides, he usually kept a poultice on the part, and, making no complaint, the whole attention was absorbed in the other more obtrusive and serious complaints. As the aneurism got larger, the glands got less, from both which causes its existence became more apparent. It was not painful or tender, but the pulsation distressed him, and the pressure on the side of the larynx produced cough of a wheezing, laryngeal character, and reduced the voice nearly to a whisper.

This man, with such a constitution, was obviously no subject for any operation with the knife; in this my colleagues and myself fully agreed: the cure by pressure was, in such a situation, of course, out of the question. Some months previously I had seen in one of the French journals an account of the application of galvanism and acupuncture in curing an aneurism, by coagulating the blood in the sac. I thought the plan sufficiently feasible to determine me to try in the first eligible case.

The present case, cut off from the usual resources of art, was clearly one in which even a doubtful remedy might be fairly tried. I began to form the opinion, too, that, in the absence of any more obvious cause, the pressure of the aneurism on the par vagum might account for the obstinate vomiting.

May 15th. In the presence of my colleagues, Drs. Hutton, Macdonnell, and Macdowell, and Mr. Stapleton, of Jervis-street Hospital, I proceeded to apply the galvanism to the tumour. The state of the aneurism previous to the operation was as follows: it was about the size of a hen's egg; but rather flat, of somewhat irregular shape, with a round, smooth projection on the inside, where the walls of the sac appeared thinnest. The centre of the tumour was on a level with the cricoid cartilage, the sterno-mastoid muscle was stretched over it; the pulsation was strong; but no *bruit de soufflet* was audible.

I passed a thin gold needle into the outside of the sac, till it had penetrated to about an inch: the same was then done on the inside, the thin projecting part of the aneurism being avoided; the needles could be made to touch in the centre. I used needles of gold, as better coagulators of blood than those of steel; by the advice of Mr. Fagan, the electrician to the hospital, who was kind enough to regulate the galvanic battery for me, they were isolated every where, ex-