

was the superficial femoral that had been wounded, and that the opening in the vessel was far enough from the profunda to admit of a good clot forming between my ligature and that branch.

In this belief I determined to cut right through the sac of the aneurism, and place a ligature above and below the bleeding point of the vessel. I did not overlook the possibility of the profunda being given off much lower down than it usually is, and the certainty in such circumstances of fatal secondary hæmorrhage, neither did I overlook the risk incurred in laying open such an immense aneurismal sac and attempting to secure the vessel at the point of injury; but on weighing carefully all the chances I arrived at the conclusion that although ligature of the external iliac would be the easiest, and so far as the operation was concerned, the safest thing to do; still the best chance of saving the man's life was by laying open the sac and tying the superficial femoral. In discussing the case before the class, I took occasion to read from John Bell's "Principles of Surgery," the account of his celebrated case of traumatic gluteal aneurism, and also Syme's similar cases in which I had myself assisted, and from which a good idea could be formed of the great difficulties and dangers which attended this method of operating, as executed by these distinguished surgeons. Mr. Bell, especially, in his own quaint and forcible style, lays down the rule that in such a case nothing is to be gained by caution, that all depends upon the boldness and coolness of the operator. In his case the patient lost so much blood that he was thought at one time to be dead, and it was several hours before he could be removed from the "great operation" table.

In Syme's cases I could myself testify to the terrific nature of the hæmorrhage. In the performance of this operation Syme had the great advantage over Bell of chloroform; and, thanks to Professor Lister, I had besides this another advantage over Syme, viz., Lister's Aortic Compressor.

The operation was performed in presence of the class, all the faculty, and a number of practitioners. Chloroform was used, and I got a clamp made after the pattern of Lister's aortic compressor, with which I hoped to control, to some extent at least the hæmorrhage which, without this modern improvement, would no doubt have been very serious. As soon as the patient was fully under the influence of chloroform, the clamp was screwed down until all pulsation in the tumour, as well as the femoral artery of the other leg, was stopped, and then, with the utmost deliberation, I made an incision from one end of the tumour to the other, turned out the clots, found the opening in the artery, dissected the vessel up to the requisite extent, and placed one ligature above and another below the slit, which was found to be about one inch in length. The clamp was then gradually and carefully unscrewed, and everything was found to be quite secure. The amount of blood lost during the whole operation was not sufficient to saturate a common-sized sponge, and the patient was entirely unconscious of pain.

Mr. Syme used the compressor in his latter

day. — That, was the very first to try it, although the suggestion came from his now celebrated son-in-law; but could John Bell have beheld the execution of this modern procedure, he could not have failed to admit that his favourite art had progressed almost to the extent of revolution since the time when he adorned its ranks. True, he might have thought that a great deal of the "poetry" was taken out of the operation; but when by "poetry" you mean inexpressible agony and extreme danger to the patient, to say nothing of the anxiety and risk to the operator, we may well afford to dispense with the "poetry."

To return to this history. The patient suffered almost no shock. His appetite was good, and all his functions normal for several days after the operation. The large sac suppurated freely, and then granulated and contracted within a week to one-third the original size.

At the end of this time, that is to say, on the ninth day after the operation, he appeared particularly well, so much so that his brother, who acted as interpreter, and on whom he was exceedingly dependent, thought all danger was past, and without a moment's warning left him and returned to his home. Almost immediately after his departure the patient became very restless, and even got up out of bed. Diarrhoea very soon came on, and although every precaution was taken to keep him still, he moved about almost incessantly; and suddenly hæmorrhage appeared in the wound, not rapid, but pretty free oozing, which, however, was arrested before I got to the hospital by my colleague, Prof. Frothingham. On my arrival I proceeded to examine the wound, and at once was relieved to find that the upper ligature was quite firm, and that the hæmorrhage was from the neighborhood of the lower ligature. I immediately applied a ligature to the bleeding points, and no more hæmorrhage occurred.

Although comparatively little blood had been lost, the patient experienced a severe shock, for which his brother's inopportune departure was as much to blame as the hæmorrhage. The diarrhoea became very much worse, and treatment failed to relieve it. The utmost efforts were made to stimulate him, but he obstinately refused all kinds of food, his pulse became gradually but steadily weaker, and he died about twenty-four hours after the departure of his brother.

A post-mortem examination was made next day with the following results. In the first place, the abdominal organs were examined and found free from the slightest appearance of contusion or injury of any kind from the clamp. In the second place, it was seen that the profunda artery was at least two inches above the upper ligature, and that the superficial femoral between that branch and the ligature was completely occluded by a well organized clot. Thirdly, that the hæmorrhage had been due to a small muscular branch which was given off immediately below the lower ligature.

The use of the clamp and the ligature of the femoral in preference to the external iliac were most fully vindicated.

The patient was a poor, spiritless creature, and a very slight shock in addition the desertion of

his brother sufficed to overwhelm him altogether.

As to the aortic compressor, I would just observe, in conclusion, that it is a very simple contrivance, and one that I am sure is calculated to be of immense utility. In all operations about the femoral or pelvic regions, where there is danger of serious hæmorrhage, and especially amputation of the hip-joint, and even in post-partum hæmorrhage, I should not hesitate to use it.

I remain, yours truly,

DONALD MACLEAN.

Kingston, July, 1873.

BARON LIEBIG ON BEEF TEA.

The question as to the nutritive value of extract of meat has again been discussed by Baron Liebig, in a paper in which he carefully reviews the leading objections which have been urged against it. The veteran chemist's vindication of his opinions is of considerable interest, as he there sets forth his views on this subject shortly and precisely, and endeavours to correct the misrepresentations of the doctrine which he really teaches and which he asserts that he taught from the beginning. He wishes it to be well understood that "he never asserted that beef tea and extract of meat contained substances necessary for the formation of albumen in the blood or muscular tissue;" and "that by the addition of extract of meat to our food, we neither economize carbon for the maintenance of the temperature nor nitrogen for the sustenance of the organs of our body; and that, therefore, it cannot be called 'food in the ordinary sense,' but we thereby increase the working capabilities of the body, and its capacity to resist exterior injurious influences, i. e., to maintain health under unfavourable circumstances." Those constituents of meat which are soluble in boiling water take no part in the formation and renovation of the muscular tissues, but by their effect on the nerves they exercise a most decided influence on the muscular work, wherein meat differs from all other animal and vegetable food. He therefore places extract of meat, and with it tea and coffee, under the head of "nervous food," in contradistinction to articles of "common food," which serve for the preservation of the temperature and restoration of the machine. Beef tea and extract of meat are of themselves incapable of supporting nutrition or maintaining life. Liebig, however, with justice, condemns the conclusions of those who, from comparative experiments on the nutritive value of fresh meat and meat-extract, taken *per se*, argue that the latter is not only useless for purposes of nutrition, but positively injurious. It should be clearly understood that beef tea and extract of meat are only to be regarded in the light of auxiliaries to food, rather than independent articles of nutriment.—*London Med. Record*, April 16, 1873.

At Allahabad the 19th Regiment of Foot is suffering from small-pox.

Dr. Bazin, the well known professor of Dermatology at the Hospital of St. Louis, was recently made an Officer of the Legion of Honour on retiring from his hospital office.