

disturbance took place in the bulb of the nerve. He believed this disturbance of the bulb to be a reality although in life stretching the nerve gave rise to no trouble of a bulbous origin. So he hesitates about doing this operation, and in M. Schwartz' case would only have performed the resection.—*Progrès Medical*, Nov. 20, 1886.

L. MARK (London).

II. The State of the Femoral Artery after Ligature for Popliteal Aneurism. By MR. SAVORY (London). The paper consisted of an analysis of twenty-six cases in the museums of the London hospitals in which the femoral artery had been tied in Scarpa's triangle for the cure of popliteal aneurism. Of these specimens seventeen were complete. Of these seventeen cases, the artery was pervious throughout in thirteen, and partially closed in four. In none was the artery pervious throughout. Of the seventeen specimens thirteen were cured. In these the artery was pervious in over eleven, and partially closed in four. In two the operation had failed to cure, and the artery remained pervious in both. Mr. Savory gave details of cases in his own practice. In one case a man aged 37, a hawker, with popliteal aneurism, the pulsation in which could be controlled by pressure on the femoral, there was a three months' history. In February the artery was tied in Scarpa's triangle. A slight return of pulsation took place on the third day. One year after the aneurism had returned with slight pulsation, and a bigger tumour. It was treated with rest and elastic bandages without much effect, for six months later it was in the same condition. The patient was then anæsthetized, and the leg bandaged with Esmarch's bandage; the popliteal artery was then tied in its first portion. This operation was perfectly successful. In another case the femoral artery was first ligatured in Scarpa's triangle, next in Hunter's canal, and finally a third time in the upper part of the popliteal space. The question of ligaturing the popliteal artery for popliteal aneurism ought to be reconsidered. Mr. Savory was disposed to think that this method would prove most useful, and he said he should generally prefer to adopt it in the future. Mr. John Wood said that the practice would be practically a return to Anel's method,

but then Anel had not the advantage of the present antiseptic methods of treatment by which inflammation was prevented. Mr. T. Smith had tied the popliteal artery for popliteal aneurism several times with success and should recommend the operation.—*Lancet*, December 18, 1886.

• H. H. TAYLOR (London).

III. Diffused Traumatic Aneurism of the Anterior Tibial Artery of Ten Weeks' Duration; Attempted Ligature; Amputation. By Mr. PAGE (New Castle-on-Tyne Infirmary, from notes by F. P. Maynard). The patient, *æt.* 16, was admitted with the following history. About nine weeks ago he was stabbed with a pen-knife (blade two inches long) in the left leg, at the junction of the middle with the lower third, about half an inch outside the crest of the tibia, in a direction backwards and inwards. It bled freely, spouting out dark blood. The leg swelled. Under rest and treatment with poultices the wound healed; the swelling, however, remaining. The day after his return home great pain came on, and the swelling again increased. It was poulticed, and 14 days afterwards was opened and exit given to much blood clot and a few drops of fetid blood. The bleeding was stopped by pressure. The hæmorrhage continued, at intervals, in spite of treatment until the day before admission—when free bleeding occurred. On admission the boy was very anæmic and emaciated, poor pulse, and bad appetite. The lower and half of the middle third of the leg were occupied by a swelling about eight inches in length, uniformly fluctuating and soft; and situated about its middle was a small wound, from which blood was oozing a drop at a time. This swelling communicated distinctly with a similar but smaller one behind the inner side of the tibia. Both were without pulsation. Pulsation was absent in the anterior tibial artery below, but present in the posterior tibial. The foot was œdematous. Pressure was applied and the oozing stopped. Hæmorrhage again occurring three days afterwards, the swelling was laid open—a pound of blood clot evacuated—a tourniquet being on the femoral. The anterior tibial artery could not be found; two or three bleeding venous points were tied,