PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY DR. HENNIS GREEN AND DR. STREETEN.

No. 7. Vol. I.] LONDON, SATURDAY, NOVEMBER 14, 1840. [PRICE SIXPENCE. BRITTON SEVERATED EDITION SEVERATED

-	PAGE
MR. BRANSBY COOPER'S CLINICAL LECTURE ON ANEURISM	113
M. Velpeau on the Radical Cure of Hernia	116
Removal of a Fibrous Tumor from the Uterus	ib.
Uterine Injections	118
IRISH GUARDIANS OF THE POOR	119 120
REVIEW OF WORKS- Mr. Ingleby on Obstetric Medicine	121
Dr. Barnes on the Physiology of Man	ib.
BRITISH MEDICAL ASSOCIATION - Proceedings of Council	ib.

CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION AT GUY'S HOSPITAL.

BY BRANSBY B. COOPER, ESQ. F.R.S.

(Published with Permission of the Lecturer.)

SATURDAY, Nov. 7, 1840.

LECT. II.—On Popliteal Aneurism; with Cases.

GENTLEMEN,—As one of the chief objects of a clinical lecture is to make you acquainted with the various diseases which fall under your observation in this hospital, and with the peculiarities of particular cases of those diseases; and as we have lately had several cases of popliteal aneurism, I think I cannot do better than draw your attention to day to that disease, and the surgical treatment employed for its cure.

Now, if asked for a definition of the term aneurism, I should say a hollow pulsating tumor communicating with the interior of an artery, and containing coagulated blood. This, you will see, is something more than the common definition, inasmuch as I add the presence of coagulated blood; for a mere general dilatation of the arterial coats, shough it forms a pulsating tumor, is not an aneurism. In the various kinds of aneurism the dilatation of the coats of the artery occurs only in one part of the circumference, and the cavity so formed contains coagulated blood in a number of laminæ. You know that the arteries are composed of three coats: the inner, a fine serous membrane, which is continued throughout the whole vascular system; the middle, elastic and fibrous, approaching the muscular tissue in some of its properties; and the outer, a firm in-vestment of condensed cellular tissue. Now, when an aneurism is not the result of accident, its commencement is usually preceded by some thickening of the inner coat, and a deposit of a pultaceous or atheromatous matter either on the free surface of this coat, or into the fine cellular tissue which connects it to the middle coat. At the spot where this deposition takes place, the artery loses its proper and natural contractibility, and, gradually dilating, forms a sort of pouch, which of course communicates with the interior of the artery; and the blood being impeded in its progress, and losing the vital influence of the internal coat, it is deposited in a coagulated state in successive layers. The aneurism enlarges, and the coats become thinner; but to prevent danger of rupture, and in other words to strengthen the dilated and weakened coats, not only does the blood within the sac become firm and fibrinous, but the cellular tissue of the surrounding parts is infiltrated with albuminous matter, and forms a firm adhering investment to the

	PAG
ACADEMY OF SCIENCES- M. Guérin on Strabismus Accidental Division of Anterior Column of Spinal Marrow NEWCATLE-ON-THE LUFIEMARY-	12
Lithotomy and Hydrocele	id 12 12
Colouring Matter of the Skin	12
Miscellaneous Intelligence	12 ib

aneurism. But the disease still continues to increase, and all the parts between the artery and the surface of the body are gradually and successively absorbed. Even bone is no exception to this rule, for you see in this preparation on the table that the ribs have yielded before the progress of a thoracic aneurism. Well at length the skin becomes distended, and then you have a visible tumor, with pulsation evident to the touch, and this pulsation is so peculiar that any one who had once felt it would be inclined to say that he could never mistake it again. But there are cases where you will see experienced men entertain great doubts as to the existence of aneurism; and the source of this difficulty is, that a solid tumor attached to any artery of a certain size, receives and communicates the pulsations of that artery. Thus a swollen gland in the groin, or the neck, will occasionally receive the pulsations of the femoral or carotid arteries, in such a manner that it becomes a problem to decide whether femoral or carotid aneurism does not really exist. The same difficulty will arise in the abdomen from an enlarged mesenteric gland being connected to the aorta by bands of adhesion from coagulated lymph effused from the peritoneum under the irritation of the diseased gland. How, then, would you make your diagnosis? How would you determine whether your patient suffered from aneurism, a disease endangering life, if not treated by operation; or merely had some glandular enlargement, or other solid tumor? In the first place, if an aneurism be not very large, and not entirely filled with coagulum, when you press the artery above, it becomes smaller and flaccid, and on applying pressure it may be readily emptied ; then, on removing the pressure from the artery, the blood returns into the aneurism with a sort of thrill or vibration, which is quite characteristic, as of course nothing of the sort can occur in case of a solid The pulsation of the latter will be stopped by tumor. pressure on the artery, equally with the aneurism, as both derive it from the artery; but in the case of the solid tumor, its size remains unaltered by pressure. Then, in many cases, you will be able to raise the solid tumor from the artery when it loses its pulsation. It pulsates strongly one minute, and then, on pushing it to one side, the pulsation ceases. This is a sign of great value in judging of the doubtful cases of abdominal tumors. You suspect anenrism of the aorta; the patient lies on his back, and the tumor has a strong pulsation; you then make him lean forward on his hands and knees, by which the tumor gravitates from the artery, and its nature is at once detected. Again, the pulsation of an aneurism is perfectly equal in every part of its circumference, while in case of a solid tumor the impulse is most intense in the part corresponding to the artery, diminishing, and sometimes becoming