the artery for some days previously, but was detained in the wound by the granulations (a).

The following circumstances in this rare and interesting case are worthy of attention:—First, the mode of formation of the tumour. Secondly, the suddenness of its increase. Thirdly, the depth of parts which had to be divided in the operation. Fourthly, the protrusion of the pleura. Fifthly, the absence of all inconvenience after the application of the ligature. Sixthly, the instantaneous and permanent cessation of all pulsation.

Case of Pulsating Veins. By Sir H. Marsh, Bart. Reported by Dr. Freke.

Merrion-square, September 30, 1846.

Dear Sir,—I send you the particulars of a case which was admitted some time ago into Steevens' Hospital. For the opportunity of observing and treating this case I am indebted to the kindness of Mr. Kirby, who requested me to see the patient at his own house, and subsequently to have her admitted into hospital. The disease is one of rare occurrence and great interest. The enclosed statement, for the truth and accuracy of which I can vouch, has been furnished by Dr. Freke.

I remain, Sir, &c.,

H. Marsh.

To the Editor of the Dublin Quarterly Journal of Medical Science.

Catherine Duffy, aged 28, was admitted into Steevens' Hospital under Sir Henry Marsh, 13th May, 1846, presenting the following appearance:—

All the superficial veins of the right arm and hand are greatly dilated; those on the back of the fore-arm, above its middle, being much convoluted as well as swollen. The veins on the back of the hand are much contorted, and in various places varicose. On the little and ring fingers the veins present, in a well-marked manner, the appearance of aneurism by anastomosis, whereby these fingers are irregularly swollen to fully double their natural thickness.

A little before the axillary artery becomes brachial, or just above the lower edge of the tendon of the latissimus dorsi, the vessel becomes abruptly dilated to fully four times its natural diameter. The dilatation is of the entire circumference, and extends about two inches along the brachial artery; its calibre is tolerably uniform or cylindrical, except that on its anterior and internal surface it assumes a form somewhat irregular or nodulated. Above this dilatation, as far back as can be traced by the finger, the ves-

(a) This case was taken by Dr. Hunter of Belfast, when Clinical Clerk in Steevens' Hospital.
gel, though not considerably dilated, feels larger than is natural, or than its corresponding portion on the opposite side. About two inches below the commencement of this dilatation, the artery as abruptly contracts. The contraction is such as to convey the idea of a cord having been tied tightly around the vessel. Immediately below this contraction the vessel appears again to dilate, but not in its entire circumference; a pouch or sack, somewhat of the size and form of a split hazel-nut, occupies its anterior and internal surface. Between this sack and the vessel there is an obvious communication, the former being readily emptied by pressure. Below this last described tumour, till pretty near its bifurcation, the artery is of uniform calibre. It is somewhat, but inconsiderably, larger than the corresponding portion in the opposite extremity. From just above the internal condyle to its bifurcation, the vessel is again uniformly dilated to fully double its natural dimensions. The radial and ulnar arteries are distended to pretty nearly twice their natural size, uniformly throughout their entire extent.

On the posterior and internal portion of the forearm, corresponding to about the middle of the ulna, is a soft, compressible tumour, slightly pulsating, and in size somewhat about that of half an ordinary sized walnut. In the palm of the hand, immediately beneath the pisiform bone, is an ill-defined pulsating swelling, which resembles an aneurism by anastomosis; beneath this, and corresponding to the cleft between the middle and index finger, is a tumour of a similar nature, somewhat less in size, and less distinctly pulsating.

Pulsation is visible immediately above the sternum, along the brachial, the radial, and the ulnar arteries; in the tumour on the back of the fore-arm, and in those in the palm of the hand. Pulsation is not visible in the carotids, nor in the tumours on the little and ring fingers.

By pressure applied to the axillary artery all pulsation in the tumour is arrested. Fremitus is well marked along the brachial, less distinctly along the radial and ulnar arteries. On taking the patient by the hand, and using gentle pressure, a tremulous purring sensation is communicated by the tumours in the palm.

On applying the stethoscope immediately beneath the acromial end of the clavicle, there is heard an intensely loud continuous murmure. This sound becomes somewhat augmented at every ventricular systole. As the stethoscope is moved towards the sternum, the murmur becomes less and less audible. At no part of the sternum can this murmur be heard. The heart's sounds appear perfectly normal. A bruit de soufflet is audible along the entire course of the brachial, radial, and ulnar arteries. A murmur exactly resembling the placental soufflet is heard in the various pulsating tumours. Nothing abnormal can be recognised in any of the other vessels in the body.

The pulse at both wrists is 72, and regular; being, however,