sembling croup; but not (it would appear) leading to the formation of the false membrane, so peculiarly characteristic of that disease. Had the foreign body been even coughed up, the resulting inflammation might still render the case subject for operation, like those instances in which croupy symptoms are induced by the inflammation of the larynx or upper part of the trachea, consequent on the irritation caused by the swallowing of vitriolic acid, or boiling water: and it is in such cases, before the inflammation has extended downwards, that bronchotomy is so serviceable, by affording the means of respiration, until the inflammation that obstructed the natural passage has subsided, or been subdued. Under such circumstances, relief is afforded by timely opening of the trachea, even though the foreign body, when such is the cause, be not removed, but this we may at least suppose capable of escaping or being removed from the opening several days after it has been made.

Whether such a result is to be looked for, or may be attempted to be brought about by instruments, when the foreign body is situated lower down in one of the bronchi, is a question of great importance, but of ulterior research, which I do not now venture to enter upon. It has already received attention from Dr. Brown, in an elaborate essay published by him in the Edinburgh Medical and Surgical Journal; and I doubt not will derive farther illustration from the pen of Dr. Houston, in the very curious and interesting case, contained in this number.

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**Art. VI.—Two Cases of Popliteal Aneurism.** By **Maurice Collis, A.M.,** one of the Surgeons to the Meath Hospital.

**Case I.—Double Popliteal Aneurism, of fifteen years' standing. The right Aneurism becoming diffuse from injury. Ligature of both Femoral Arteries. Recovery.**

November 1, 1833. James Brady, aet. 38 years, a strong, healthy man; formerly an infantry soldier, and consequently
Mr. Collis' *Cases of Popliteal Aneurism.*

exposed at times to violent and fatiguing exercise. In the year 1818 (without having received any injury of which he was aware) he felt a pain in both hams, and soon after perceived a tumour in each popliteal space. These became somewhat larger when exposed to fatigue or cold; from the commencement a throbbing was felt in the tumours, but the patient was never prevented from attending to the duties of his occupation. These tumours continued stationary until August, 1833, when his right leg was much and severely bruised between two cows, (he was at this time employed as a cattle driver). The tumour, in this limb, shortly after increased and became painful; the throbbing augmented. The leg and thigh became swollen, and the foot numb and cold.

He came to the Meath Hospital in this state about six weeks ago, and as he refused to remain in the house at that time, I directed a cold evaporating lotion to be kept on for some time, and subsequently a moderately tight roller; under this plan the swelling diminished and the pain abated. He shortly after resumed his labours, and exercised his limbs considerably, and in consequence, the tumour began again to increase. His leg and foot became swollen and œdematous, and he complained of numbness, and a want of sensibility in the limb. The tumour in the ham became more diffused; and the pain, and an uneasy sense of constriction in the limb deprived him totally of rest. At this period there was no alteration in the aneurism of the left limb. In this state he was admitted into the hospital; the veins upon the surface of the limb were very distinct, and the saphena particularly prominent. There was a slight erysipelasous blush over the inside of the knee. Pulsation much diffused over the tumour. Pulse 90, rather hard; tongue clean; bowels regular. His general health was but little affected. There was not the slightest evidence of other disease in the remainder of the arterial system. He never suffered from palpitation of the heart, or difficulty of