I confess that I am myself in favour of a mixture of equal parts of chloroform and spirit of wine for producing anæsthesia, and, therefore, it is the comparative safety of this fluid I purpose testing against the ether. This mixture is best administered with either a piece of lint, a handkerchief, or with Skinner's apparatus, for the following reasons mentioned by Snow:—"Whenever chloroform is administered from a handkerchief or sponge, it should be diluted with one or two parts, by measure, of spirit of wine or eau-de-Cologne. In this way the convenience of the handkerchief or sponge can be taken advantage of without the danger. Very little of the spirit is inhaled, as the greater part remains behind after the chloroform has evaporated; but it acts by lowering the elastic force of the vapour of chloroform, and diminishing the amount of vapour which is given off from the handkerchief or sponge, just as diluting a strong solution of ammonia with additional water diminishes the amount of the volatile alkali, which escapes as gas. One hundred cubic inches of air are capable of taking up fourteen cubic inches of vapour, at 60°, from pure chloroform, and becoming expanded to 114 cubic inches; but when the chloroform is diluted with an equal volume of alcohol, it will only yield eight cubic inches of vapour to 100 of air. In passing over a sponge or handkerchief the air would take up less than this, usually four or five per cent., which is a quantity sufficient to cause insensibility in four or five minutes, without the risk of sudden accident."

I do not recollect that I have seen this mixture produce insensibility in so short a time as Snow mentions.

In conclusion, may I observe, that in the present medico-legal aspect of the relative safety of ether over chloroform for the production of anæsthesia, it would not, perhaps, be injudicious, upon the part of the administrator, to permit the patient to select the anæsthetic.

ART. VII.—*A New Mode of applying Pressure in Popliteal Aneurism.* By HENRY THOMPSON, M.D., Surgeon to the Tyrone Infirmary.

SOME years ago, having had occasion to treat a case of popliteal aneurism, and neither possessing, nor having any means of procuring within the necessary time, the clamps and other appliances hitherto employed for the purpose, I was obliged to devise some

DR. THOMPSON'S Instrument for the Treatment of Popliteal Aneurism.

plan, by which the object could be accomplished by the means that were at my disposal, and, after some little thought, I adopted an apparatus similar in principle to that of which a woodcut accompanies this brief notice. Precluded from the use of the screw, I did not see why another of the mechanical powers, the lever, might not be brought into requisition, particularly as by a simple expedient, well illustrated in the woodcut, it would be easy to adapt to it Carte's principle of elastic pressure.

The plan was found quite successful, as far as its power of controlling the circulation through the femoral artery was concerned, and would certainly have effected a cure, had the other circumstances of the case admitted of it; but the patient had a thoracic aneurism, accompanied with a diseased state of the blood, which prevented coagulation, and of which he ultimately died.

The progress of the external aneurism was, however, so materially checked by the use of the instrument as to prove its power of doing all that was requisite under more favourable conditions.

Within the past two months another case has occurred to me, which has given me an opportunity of verifying my anticipations, by the production of a complete cure of a popliteal aneurism by the use of this instrument alone. I have, therefore, no further hesitation in recommending it to the profession, as possessing some advantages over those hitherto in use: First, It adopts the principle of elastic pressure to the fullest possible extent.

Second, It is easily made by any one who can cut sheet iron; and

Third, It can be watched and managed by the patient himself with the greatest ease and comfort.

As illustrated by the woodcut, the instrument consists of A, a piece of sheet-iron, 14 inches by 10, hollowed and padded to receive the pelvis, and furnished with B, a portion of the same piece of sheet iron turned up perpendicularly, and a slot cut in it to receive the lever. C, another piece of the sheet-iron exactly opposite the slot, turned up and bent down into a hook, to hold a strong elastic ring. H, to form the fulcrum. D, the lever, a thin lath of deal $2\frac{1}{2}$ feet long, $\frac{1}{4}$ inch thick, and $1\frac{1}{2}$ inch wide, with a square mortice cut in it at I, where its thickness should be doubled. This mortice is to receive the stem, which supports the compressing pad E, and the opposite end of the stem is fixed to the sides of the lath by a stout piece of elastic band which passes over the end of the stem and is tacked to the sides of the thick part of the lever. G is a two-pound

weight slung over the free end of the lever, forming the compressing force, which can be increased or diminished by moving the weight out or in. The position of the pad on the vessel can also be changed as required by moving the pelvis an inch or two up or down, which the patient soon learns to do for himself without relaxing the pressure on the artery. With this apparatus I have kept up continuous pressure for 12 hours without interruption.