From October 4th to the 1st of January, a bag of ice was applied to the upper tumour; this rendered the swelling harder, but enlarged the lower one. At this period, a compressing instrument was applied a little above the lower tumour. It consists of a broad, well-padded belt, encircling the posterior portion of the pelvis from one hip to the other. An ordinary clamp is fixed to this resisting belt, and rises on the outer side of the limb, at right angles with it, and then forms another right angle with a horizontal rod, to which are fixed two plates firmly attached with a wire. The compressing screw passes through the latter, and is held by a cup-and-ball joint, which is regulated by another screw at the side. The former acts from above downwards; the clamp forms a vertical line rising from the bed, and by means of the two plates the direction of the screws may be altered.

The compression was begun on Jan. 1st, 1853, and continued night and day for a week, the patient now and then giving himself a little ease. At the expiration of this period, the tumour was certainly diminished in size, and felt somewhat harder; the compression was therefore continued, but the patient soon began to complain of severe pain; the effects of the treatment were at the same time so slight as regarded the size and consistence of the tumour, that it was thought advisable not to subject the patient any longer to constraint and pain, especially as he was suffering from attacks of gout and from very obstinate bronchitis. He was therefore discharged, toward the end of January, with the hope that the tumours would remain *in statu quo*.

We saw this patient in the hospital a few weeks afterwards, on the occasion of his paying a visit to his friends in the ward. He walked with great ease, and seemed in very good health; but we have since been informed that he died, after considerable pain and œdema of the limb.

We cannot leave the subject which we have treated in this and the preceding "Mirror" without expressing a wish that the method illustrated by the cases which we have brought forward may continue to be employed, with all the care and attention to details which it deserves, as surgeons possess, by this mode of treatment, means of combating a very serious disease, without endangering the patient's life. We venture to conclude, from the cases which have come under our cognizance, that one of the main points is the nice adaptation of the instruments, which should allow of being accurately fitted to the part. Next in importance come the advisability of using two screws, to be alternately tightened, the preparation of the parts to be compressed, the arrangement of the bed, gentle depleting and sedative medicines addressed to the system at large, and, finally, anxious and careful watching of the patient, with very strict supervision if the slightest neglect or inattention be remarked.

ON

GALVANISM AS AN OBSTETRIC AGENT.

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HAVING been the first to recommend and practically to employ galvanism as an obstetric agent in this country, and having been the first who ever adapted its use to arrest uterine hæmorrhage, I confess I was highly gratified to read the very excellent remarks of Dr. Robert Barnes in the number of THE LANCET for November 5th and 12th, which so fully agree with the observations I had formerly made.

I was first led to its use during and after parturition by the successful treatment of a case of atony of the urinary bladder, which occurred after a difficult labour. — Vide *Provincial Medical and Surgical Journal*, 1844, vol. viii., p. 604.

Those who are unacquainted with my opinions on this subject might conclude from Dr. Barnes's statement, (THE LANCET, p. 457,)—which I am sure he does not mean to be understood,—that I have only employed galvanism in cases of "post-partum hæmorrhages." This, however, is not so. In my first case it was employed, during the first, second, and third stages of the labour. I will now briefly state the kind of cases in which it has been successfully employed by me.

1st.—In cases of tedious labour arising from uterine inertia.

2nd.—In cases of accidental hæmorrhage, either before or after the rupture of the membranes, and especially when exhaustion from loss of blood exists.

3rd.—In cases of "placenta prævia," in which the practice

of detaching the placenta is adopted, and the vital powers are greatly depressed.

4th.—In cases of internal flooding before or during labour.

5th.—In cases of post-partum floodings.

6th.—In cases of hour-glass or irregular contraction of the uterus.

7th.—To originate, *de novo*, uterine action, or in cases in which it is desired to induce premature labour.

8th.—In cases of abortion, when the indications show the necessity, or justify the expulsion of the ovum.

9th.—In cases of asphyxia in infants.

Galvanism is especially advantageous as a general stimulant in all those cases in which the vital powers are extremely depressed from loss of blood. Its beneficial effects are to be observed in the change of the countenance, restoring an animated expression; in its influence on the heart and arteries; in changing the character of respiration; and its warming influence on the general surface. I have several times observed, in cases in which other powerful stimulants have failed to produce any beneficial effects, the most decided advantage accrue after its application.

I have never observed that the child, in utero, has been injured by its use, which gives it a great advantage over the administration of secale cornutum, which, in many cases, is destructive of it. "This drug is liable to great deterioration; its operation is not always certain, its failure depending sometimes, perhaps, on its inert qualities, but frequently on a constitutional idiosyncrasy which resists its powers. There are organic states which forbid its use: when the os uteri is undilated or undilatable, the child being still alive, it ought not to be administered. If in such a case it induces powerful tonic contraction of the uterus, it destroys the child. We cannot control or confine its action, and therefore it is totally unsuitable to cases in which we only want a limited effect. Again, if exhaustion is an element in the case, it is wholly inapplicable, as we ought not to adopt any means which tend further to depress the vital powers. The powerful and sanitary influence of galvanism was most decidedly obtained in the preceding case," (referring to a case to which these remarks were appended,) "and the great advantage of this agent is, that its effects may be carried to any degree, from first only exciting the uterus so to contract that its diameters are lessened, and that its tissue comes to be applied to the body of the child. These, however, may be at pleasure increased, so as to accomplish the expulsion of the child and placenta. The gradual changes produced upon the uterine tissue were admirably seen in the foregoing case, and also its great power developed by its continued application—to arrest the discharge, expel the child and the placenta, and leave the organ safe from the occurrence of post-partum flooding."—*Extracted from a case detailed in the proceedings of the local branch of the Provincial Medical and Surgical Association, 1847.*

In the above-named case I used the poles externally, and have before this, and ever since adopted this mode of application.

CASES ILLUSTRATING THE EFFECTS AND MANNER OF ACTION OF PARTICULAR REMEDIES.

By W. R. BASHAM, M.D.,

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IODIDE OF POTASSIUM IN SOME FORMS OF CHRONIC PERIOSTEAL RHEUMATISM.

(Concluded from p. 479.)

THE third case is a very expressive example of the effects of mercury in predisposing certain constitutions to a form of rheumatism and periosteal subacute inflammation, identical in character with the syphilitic variety, and which the experience of this and many similar cases has impressed me with the belief that they are specially amenable to the agency of the iodide of potassium.

William C—, aged forty-nine, a footman, was admitted Oct. 3, 1849, suffering from severe rheumatic pains in all his limbs, of near eight months' duration, increasing slowly in intensity to the present time. The general aspect of the patient is unhealthy; there is no emaciation. The functions of excretion appear pretty regular; tongue not unnatural; pulse moderate in force and frequency; there is anorexia; no thirst; considerable bodily debility and exhaustion; the heart sounds natural, somewhat feeble; no pulmonary disorder; the surface of the skin is everywhere natural; but on both tibia there are