the double compress well, he has been supplied with two instruments, with which pressure is made in the groin and in the middle of the thigh alternately. Appetite good; bowels costive; pulse natural.

18th.—Impatient and irritable; functions disturbed; looks pale and anxious; numbness in leg and foot; pulsations in the tumour weaker, and deposit going on.

26th.—Although the deposit seems to have become pretty thick and firm on the depending portion of the tumour, yet, on removing the tourniquet, the impetus of the current of blood is felt very strongly, especially laterally, where the walls are thin and bulging. There appears to be a little effusion into the knee-joint, and the œdematous condition of the limb is increased. The patient is very irritable and impatient, and it is pretty evident that, for the last few days at least, he has been in the habit of loosening the tourniquet almost directly after it has been applied; taking these facts into consideration, it was agreed, at a consultation to-day, that ligature of the artery under the circumstances was advisable.

27th.—Quarter to two P.M.: The patient being placed under the influence of chloroform, Mr. Ure proceeded to tie the artery in the usual manner. With a small scalpel he made a linear incision of about three inches and a half in length, commencing about two inches and a half below the middle of Poupart's ligament, cutting in the axis of the limb, and keeping to the inner side of the sartorius muscle. Having made the incision through the skin and superficial fascia, he then divided the fascia lata on a director to nearly the same extent, exposing the femoral sheath; a portion of this was taken up with a pair of forceps and divided for about three-eighths of an inch so as to admit the aneurism needle, which was then carried round the artery from the inner to the outer side, and the vessel firmly secured. The edges of the wound were now brought together with strips of plaster, the whole limb enveloped in a flannel roller, and the patient put to bed.—Five P.M.: Is very comfortable; has very little pain down the leg; pulse 100, full.

28th.—Eleven A.M.: Has had a pretty good night, and complains only of an occasional jumping pain in the thigh; there is a little oozing from the wound; no perceptible difference in the temperature of the two limbs.

Dec. 1st.—Wound has healed by first intention; there is a slight exudation of healthy-looking pus from the point where the ligature emerges; no pain.

10th.—The tumour is smaller and softer, and quite free from pain; there is still a little discharge from the neighbourhood of the ligature, which appears firm.

13th (seventeenth day).—Ligature came away this morning.

19th.—No sensation in the toes; faint but distinct on the dorsum of the foot. Limb to be encased in cotton-wool.

Jan. 7th.—He gets about very well with the aid of crutches, and is able to put his foot to the ground. The sensation in the toes is gradually increasing.

22nd.—Left the hospital cured. The tumour in the ham is quite firm and hard, and the collateral circulation fully established. His health is first-rate.

It may be remarked that the numbness of the leg, which was somewhat troublesome during his recovery, was attributed by Mr. Ure to the pressure of the over-distended neurilemmal vessels of the sciatic nerve, which were necessarily increased in size during the establishment of the collateral circulation.

LONDON HOSPITAL.

ANEURISM OF THE POPLITEAL ARTERY IN AN OLD MAN WITH AN ARCUS SENILIS; TREATMENT BY COMPRESSION; CURE.

(Under the care of Mr. ADAMS.)

THE notes of the following case were taken by Mr. D. H. Dyte:—

Wm. G—, aged sixty-seven, by occupation a storekeeper, was admitted on December 21st, 1860. This patient, a tall and thin man, of florid complexion, in whom the "arcus senilis" was well marked, stated that he had always enjoyed good health; but that ten days previous to admission, whilst walking, he suddenly felt a severe pain in his left ham, which was followed by numbness, extending down the leg of the same side. Thinking he had sprained his knee, he applied warm fomentations, soap liniment, &c.; but at the end of three days, not finding any relief from this treatment, and noticing a swell-

ing at the seat of pain, which began to increase in size, he consulted his medical attendant, who informed him of the serious nature of his disease, and recommended his immediate removal to the hospital.

Dec. 21st.—On admission, the symptoms above described were complained of, and there was found upon examination a violently pulsating tumour, of the size of a small orange, occupying the lower part of the popliteal space. This tumour could be rendered empty and flaccid by pressure upon the femoral artery, and upon removal of the pressure it would rapidly re-fill, and pulsate as before. The patient was closely questioned, but he emphatically stated that he had never received any injury at the part, and that he had not felt any pain nor inconvenience, nor had he observed any swelling, before ten days prior to admission. He was placed on full diet, and ordered to remain perfectly at rest.

28th.—The tumour had not increased; the pain and numbness continued as before. A bladder containing snow, which was afterwards exchanged for ice, was applied to the tumour, and an attempt was made to effect pressure upon the femoral artery against the pubis by means of a weight. This was found to be ineffectual on account of the man's restlessness, and was consequently abandoned.

Jan 1st, 1861.—The patient still complains of numbness in the leg; but the pain is not so great as hitherto. After some considerable trouble, a Signoroni's tourniquet was applied to the artery, about an inch below Poupart's ligament, and perfect control over the aneurism was thus obtained. The instrument could not be applied at any other part of the thigh, as the man would not bear the pain caused by it. The application of the ice was now discontinued.

8th.—The pain and numbness not so much to-day. The tumour has very slightly decreased in size.

15th.—The tumour has become somewhat harder and firmer, is rather smaller than hitherto, and pulsates less violently. The artery above the point of pressure is a little enlarged, and has assumed the appearance and character of a small fusiform aneurism.

22nd.—About this time the patient suffered from a severe attack of catarrh and bronchitis, for which suitable remedies were administered, and the application of the tourniquet was ordered to be discontinued.

31st.—On the re-application of the tourniquet, the aneurism was found to have attained its original size. In the course of a few days, however, it had again diminished.

Feb. 11th.—The tumour is gradually becoming smaller and harder, the pulsation less distinct, and on some days could not be felt at all. The patient feels quite well, and does not complain of any pain.

26th.—The tumour is now the size of a large walnut, is hard and firm, and scarcely any pulsation can be felt in it. There is a small artery (sural?) running across it, which pulsates distinctly.

March 26th.—The aneurism has not diminished in size; but is much harder and firmer than hitherto. Not the slightest pulsation has been felt in it for the last fortnight. The patient, however, has complained of great pain and numbness in the ham, and down the leg, the superficial veins of which are much distended. Strapping and bandaging was ordered; but this, having irritated the skin, was discontinued, and an elastic cotton bandage was applied instead. He experienced great relief from it; and is able to sit up, and walk about the ward with the aid of a stick.

April 12th.—The patient does not complain of any pain or numbness, and walks about without inconvenience. The tumour continues to diminish in size, and is very hard and firm.

19th.—He is now quite convalescent, the tumour being about as large as a walnut and not causing any inconvenience. There being no reason for the patient remaining in the hospital, he was discharged, cured.

The man's heart had been examined, but no sign of disease could be detected.

ST. THOMAS'S HOSPITAL.

ANEURISM OF THE FEMORAL ARTERY; COMPRESSION; LIGATURE OF THE VESSEL; SECONDARY HÆMORRHAGE; LIGATURE OF THE EXTERNAL ILIAC ARTERY; FATAL RESULT.

(Under the care of Mr. SOLLY and Mr. SYDNEY JONES.)

E. C—, a groom, aged thirty-three, was admitted into Abraham ward, under the care of Mr. Solly, Nov. 14th, 1860. He was a very robust, healthy-looking man, and said he was