throat to a greater extent than those in Hartford. The greater proximity to the sea-shore of the former place may explain this.

It is probable that a large proportion of deaf-mutes, in both congenital and acquired cases, are annoyed by the subjective symptoms of inflammation of the middle ear. We made inquiry of the inmates at the New York institution as to this, and we should judge that about one-half of these are victims to the various phases of *tinnitus aurium*.

Our information as to the parentage of the mutes is not very complete, since the friends do not readily admit or speak of intermarriages. Yet a few striking cases were observed. A certain district in Massachusetts, where the inhabitants are shut out from the world, and where intermarriage is the rule, furnishes every year a certain number of pupils to the Hartford Asylum.

Scarlet fever is the assigned cause, and undoubtedly the real one in nearly one-half the acquired causes. The existence of hereditary predisposition to deaf-mutism was observed in about 1 in 12 of the 225 Hartford cases.

After some study of our statistics, perhaps we are justified in concluding—

I. *By far the greater number of the cases of congenital deaf-mutism, as here observed, had their origin in inflammation of the middle ear, occurring in intra-uterine life.*

(Perhaps some of the cases classed as congenital occurred from the same cause in early infancy.)

II. *If physicians generally were properly instructed as to the pathology, diagnosis, and treatment of the diseases of the ear, there is little doubt but that very many of the cases of acquired deaf-mutism could be prevented, or that they could be greatly modified in their character.*

III. *A great majority of those affected with inflamed fauces and ulcerating ears, could be relieved by treatment from some of the distressing and dangerous symptoms. We believe that every deaf and dumb institution should have attached to it a physician who is competent and willing to look after the ears as well as the other organs of the inmates.*

ART. IX.—*Aneurism of the Common Carotid Artery; Compression; Cure.* By JOHN G. KERR, M. D., Canton, China.

A CHINESE soldier, aged 32 years, was shot in the left side of the neck in June, 1865, the bullet lodging there. The patient was admitted into the hospital of the Medical Missionary Society on the 27th of Jan. 1866. At that time there was a tumour on the left side of the neck about the size of a man's fist, which extended from the angle of the jaw almost

to the clavicle. The pulsation and bellows sound indicated clearly its character.

The only chance for ligature was at the inferior triangle. I had not seen any report of an aneurism of the carotid treated by compression, and the most recent works on surgery do not recommend it in this locality. Prof. Gross, in his invaluable work on surgery, says: "It is obvious, from the relations of the vessels and nerves of the neck to the tumour, that compression, now so much employed in the treatment of aneurism of the lower extremity, cannot be brought in play here, the parts being intolerant of the requisite manipulation, to say nothing of the obstruction which it would occasion to the return of the blood in the internal jugular vein," &c. *A priori*, these obvious objections would seem conclusive. The case here reported has, I hope, established the fact that aneurism of the carotid is amenable to the use of compression, and that a dangerous and difficult operation may be replaced by a mild and successful application of surgical art.

It was after much deliberation and hesitation that it was decided to try compression in the present case, and it was only an experiment at the beginning. The Chinese pupils in the hospital were taught to apply pressure with the thumb. At first they took turns of an hour each, but afterwards the time was limited to half an hour.

At the commencement of the treatment, the pressure caused in eight or ten hours such a degree of pain that it was necessary to desist. After an interval of a few days the repetition of the experiment was followed by excruciating pain which extended to the whole side of the head.

Doubts as to the propriety of continuing the treatment arose, but it was found that after a few days' rest the pain subsided, and gradually a tolerance of pressure was established. In the course of a few weeks the patient was able to bear continuous pressure day and night. It was not until this had been attained that the aneurism began to show any signs of yielding. Even then it was necessary to give periods of rest every three or four days. During the latter part of the treatment it was found that a less amount of pressure controlled the pulsation, and it was only kept up during the daytime, or from 6 o'clock A. M. to 10 o'clock P. M.

No record was kept of the exact length of time during which compression was applied, but it was not less than twenty days. The patient was discharged April 20, so that the treatment extended over a period of eighty-two days. At the time he left the hospital the pulsation and bellows sound had entirely ceased and the tumour had sensibly diminished in size. The patient was seen again May the 14th, when the tumour had diminished in size fully one-third.

The following inferences may be drawn from the above case.

1st. That a tolerance of compression may be established in the treatment of aneurism, even where important nerves are connected with the artery.

2d. That when severe and even excruciating pain prevents continuous compression, it is important to keep up, at intervals and with great caution, such amount of pressure as can be borne.

3d. That a powerful remedy, such as compression is proved to be, may often be successful in the most hopeless cases, if applied with perseverance through a sufficient length of time.