lectures; also to Dr. Balding and Mr. David Hepburn for their drawings.

In conclusion, I beg to thank you, sir, and my audience generally, for the kind encouragement you have given me in attending lectures on a subject which must, of necessity, be uninteresting to the great mass of our profession in this country.

ANEURISM OF THE LEFT FEMORAL ARTERY: INSTRUMENTAL AND DIGITAL COM- PRESSION: RECOVERY.

By A. B. R. MYERS, ESQ.,
Surgeon in the Coldstream Guards.

So numerous have been the cases of late years of successful treatment of aneurism by compression, that it seems almost unnecessary to add to the number; but, as there were in this case a few points of special interest, I think it as well to bring it before the notice of the profession.

Serjeant S., aged 39, twenty years in the service, was admitted into hospital on May 23rd, 1872, for a pulsating tumour about the size of an orange, situated on the inner side of the front of the thigh immediately over Hunter's canal, and extending slightly also into the popliteal space. The patient stated that the swelling first appeared three

months before his admission, after running up and down stairs a great deal on duty; but he did not take any particular notice of it until very recently, when, after a fortnight's duty at Aldershot, which involved much marching, the pain in the tumour and along the front of the leg became so great that he was obliged to report himself sick. He was of slight build, and nervous temperament, but a healthy man and of steady habits.

The following day, a double femoral compressor was put on the thigh, and the pulsation of the aneurism was readily arrested. From that date to July 2nd (nearly six weeks) this instrument was constantly applied without any beneficial result, beyond, perhaps, developing the

collateral circulation. For a portion of this time partial compression by one or other pad was tried; but, this not succeeding, it was made complete. Owing, however, to the pain thus produced, and the consequent restlessness of the patient, it was very difficult to keep the instrument in one position, and consequently the circulation was never completely arrested for more than two or three hours consecutively. It was then determined to try the improved femoral compressor of Messrs. Blaise and Co., and with this instrument the femoral artery was compressed with great facility against the os pubis, and with much greater comfort to the patient; it also had the advantage of being much less liable to get out of position than the other one. Unfortunately, the patient could not bear the pressure to be continued for more than a few hours at a time, and after a week's trial it had not apparently produced any beneficial effect upon the aneurism.

Digital compression over the pubes was then (July 9th) commenced (this mode of treatment not having been previously adopted, owing to the difficulty of getting proper assistance), and continued without the slightest intermission for twelve hours. On slightly relaxing it, the pulsation of the aneurism returned; then, as digital compression could not be well continued any longer by hourly relays, I replaced Messrs. Blaise's instrument, and for the following twelve hours it was kept most carefully in position; occasionally, when the patient found it unbearable, it was relaxed by one nurse whilst digital pressure was kept up by another. On again examining the aneurism as before, pulsation had evidently diminished, and the sac felt more solid.

Mechanical pressure was now partially reapplied, and on the 13th pulsation had entirely ceased. From this time nothing untoward occurred, and the patient was discharged from hospital, on August 15th.

The chief points in this case to which I wish to draw attention are the unusual situation of the aneurism; the length of time mechanical pressure was applied without avail; the ultimate satisfactory result of combining mechanical with digital pressure; and the great value of Messrs. Blaise's instrument in the treatment of this disease.

THE SANITARY STATE OF ROME.

By LAUCLAN AITKEN, M.D., Rome.

[Concluded from page 312 of last number.]

ALLUSION has already been made to the probable causes of the prevalence and fatality of pernicious intermittent fevers among the unacclimatised labourers who have flocked to Rome from all parts of Italy. The Municipal Council has now seriously turned its attention to the subject, and it is to be hoped that before long better and cheaper accommodation may be provided for the working classes, a small beginning having already been made by the mayor, who recently signed an agreement with a building society, according to which 6,000 rooms for the poorer classes are to be finished within thirty months. For the present, too, the fear of further inundations from the Tiber has disappeared; and, as the government is engaged in examining the different projects for the avoidance of such disasters in future, and is prepared to take action so soon as a feasible plan is selected, it may be confidently anticipated that this oft-recurring cause of increased sickness and mortality among the poverty-stricken inhabitants of the low-lying districts of the city will soon be remembered only as a danger of the past. It is certain that the terrible flood of 1870, which submerged the streets in a great part of Rome, has been highly instrumental in causing the increased death-rate of the last two years.

There is, however, another important factor to be taken into account in explaining the increased mortality of late years from pernicious intermittents. It is well known that the shepherds and farm-labourers of the Campagna—men whose lot in life is a most miserable one—are the classes who mainly suffer from virulent types of ague, and who, when attacked, are usually brought into the hospitals of Rome in many cases only to swell their death-returns. It appears from the census taken at the beginning of last year, that the combined number of agricultural labourers and shepherds in the Agro Romano is now over 20,000, while in 1853 there were only 3,700 of the same classes of the population; and as the condition of the Campagna has undergone but little change during the intervening years, there must now be a larger proportion of cases of intermittent fever admitted into the hospitals from the country round Rome. It is possible that this marked addition to the population of the Agro Romano may be in part fictitious, and due to the season of the year in which the last census was taken: that of 1853, ordered by Pope Pius IX, extended over a prolonged period, while the census of 1872 was begun and ended in a single day in midwinter, when the population of the Agro Romano is at its maximum. But even granting a possible error from this cause,