white spots in the centre, exactly corresponding with those described in the lung of J. G. Such a state is not rare, but I have never before observed it so intense.

If I have not already too far trespassed upon your space, I will add a few particulars of a case of malposition of the heart.

L. W., aged 22, was admitted an out-patient in October. She complained of much palpitation and shortness of breath. Is a tall girl, with dark hair and eyes, sallow; changes colour often, and is very subject to throbbing headache and giddiness, with pain in the eyes. Catamenia regular; never swells in abdomen or limbs; sleeps well, but starts and dreams much. On examination, I found the chest slightly bulged on the right side. The heart's impulse visible under the second, third, fourth, and fifth ribs, on the right side of the sternum. There was a loud bruit under the left sterno-clavicular articulation, with dulness over the front and back of the right chest. She first noticed "the beating" on the right side three years ago; it became excessive twelve months since, when she was treated and relieved by Dr. W. Budd in the infirmary. It is now becoming, however, as bad as ever. She is unable to afford any further particulars, and is now under treatment, but so far relieved as to be free from uneasiness, unless after sudden exertion.

TAUNTON AND SOMERSET HOSPITAL.

CASE OF ANEURISM OF THE COMMON FEMORAL ARTERY TREATED SUCCESSFULLY BY COMPRESSION: WITH REMARKS.

By AUGUSTIN PRICHARD, Esq., Bristol.

In the Annual Address on the Progress of Surgery, which I read before the Provincial Association at its meeting at Swansea in 1853, in alluding to the subject of aneurism, I briefly introduced a most interesting case of that disease, and its successful treatment by pressure, which Mr. Alford, of the Taunton and Somerset Hospital, under whose careful and skilful treatment the patient was, kindly permitted me to make use of. I send it for publication now, because it is a case which ought to see the light, and because it will illustrate a similar one reported in the *Medical Times and Gazette* for Dec. 8th, p. 567, where an opposite line of treatment was taken, but without the like success.

The patient was sixteen years of age when he was admitted into the Taunton and Somerset Hospital, under the care of Mr. Alford. He was a wheelwright's apprentice, and had perceived a swelling in the upper part of his thigh for about a month. The aneurism was as large as an orange immediately below Poupart's ligament, and was accompanied with pain and numbness about the knee, with considerable difficulty in walking. He had suffered from acute rheumatism some years before, and again in a slight degree a few months before his admission. The examination of the heart disclosed a friction and a bellows murmur connected with the second stroke, and heard most distinctly at the base. The pulse was soft, but full and jerking; and he was rather anæmic.

After resting quietly in bed for some weeks, pressure was applied moderately on the artery as it passed under Poupart's ligament, for a few hours daily; and this sensibly affected the pulsation of the tumour. This pressure was kept up constantly, varying, however, its force, to make it tolerable to the patient; and at the same time another instrument for creating pressure was placed upon the vessel below the aneurism. The pulsation in the tumour became fainter and fainter, and the tumour itself solid and incompressible; and, at the end of seven weeks, when the pressure was entirely removed, no pulsation could be felt or heard, although the tumour was not much lessened in size. He still complained of pain and numbness in the leg and foot. The whole leg was kept bandaged for five weeks after the

removal of the pressure, and the patient was ultimately discharged, cured of the aneurism of the thigh, but with the heart symptoms much the same as when he was admitted.

The report above alluded to, published in the *Medical Times and Gazette*, states that the tumour was of the size of an orange, and encroached so nearly on Poupart's ligament that it was quite out of the question to apply pressure. The external iliac artery was tied high up, and with difficulty, in consequence of some peculiarities of the case; and the man died.

It is not easy to form a judgment of a case simply from its description, and it is rash to differ in opinion from a surgeon living in that magic circle round the General Post Office in London, where surgical ability is believed especially to abide; but, judging from the reports, the two cases were similar in many respects; the disease was situated in a similar position, the same vessel being diseased; and it had attained a similar size. Pressure upon the external iliac can doubtless be applied more easily on a young subject than in an adult; but we know that the current need not be completely stopped: and the hardened tissues round the vessel in the case at King's College, which gave the distinguished operator so much trouble during the proceedings necessary to tie the artery, and which were found after death to surround the vessel, would probably render the case not at all less suitable for pressure.

The application of the tourniquet below the tumour was undoubtedly a very important adjunct in Mr. Alford's treatment.

A fair trial of pressure above and below an aneurism, in any way that it can be used so as to arrest the flow of blood, or, at any rate, to retard its progress through the vessel, ought to be made in all such cases before the dangers of a capital operation are incurred; and, although it may fail in some, yet the failure does not preclude us from trying the ligature or some other mode, whereas a failure with the ligature is fatal.

I cannot forbear quoting a remark made by Mr. Syme in his paper on the improvements introduced into the practice of surgery in the last thirty years, published in the *Edinburgh Monthly Journal of Medical Science* for April 1853. In allusion to the treatment of aneurism by compression, he says: "Indeed, recent times have afforded no greater boon to the members of the profession than they have done here to those who aspire only to mediocrity. I think it cannot be doubted that the ligature, when properly applied, is the simplest, safest, and most effectual remedy. But pressure is certainly preferable to an imperfectly performed operation; and, as many of our brethren can accomplish the former, who are scarcely equal to the latter; it is plain that the treatment of this disease may now be practised with safety much more generally than was wont to be."

This is one of the eccentric sentences the Edinburgh operator seems privileged to deliver, the gist of them being a reflection upon some of his professional brethren. But, whilst applying the caustic thus freely to his neighbours, the professor renders its application almost inert by the way in which he contradicts himself; for he begins by declaring the ligature to be the safest, and ends with a similar statement about pressure.

Original Communications.

CASE OF COMPLICATED LABOUR.

By HENRY G. TREND, Esq., Eye, near Peterborough.

THE recent case of uterine hæmorrhage in Holbeach Marsh, and the different opinions which seem to have been entertained respecting the correct mode of treatment, have naturally directed the attention of the profession to the subject. I had only just laid down the *JOURNAL*, containing an account of that unfortunate case, and was about to retire