examination can prove, is free from all disease; so that the failing of the circulation so completely may fairly be attributed to the effects of the cannabis. There is one point particularly worthy of note,—viz., the length of time that the symptoms came on after the administration of the medicine; and I would ask, had she remained quiet in the recumbent position, would the more violent symptoms have been avoided? Upon all those points which appear of interest, and upon the effects which others have observed to follow the exhibition of the cannabis, I am most anxious to learn their experience; and in order to gain such information, I have been induced to lay thus at length before the readers of the *Provincial Journal*, the foregoing case and observations; and feeling, moreover, as I do, most strongly, that it is the duty of every man to give to his professional brethren the advantage of his experience, which important object this Journal is so well calculated to carry out.

Clifton, February, 1847.

CASE OF POPLITEAL ANEURISM TREATED BY COMPRESSION.

By ALBERT NAPPER, Esq., Surgeon, Guildford.

Mr. M—k, aged 70 years, a healthy looking man, of tall spare frame and temperate habits, consulted me on the 23rd of August, 1846, for a swelling in the left ham. On examination, I discovered a tumour about the size of a hen's egg, soft and yielding in the flexed position of the limb, but tense and elastic when in an extended state, and projecting considerably beyond the level of the flexor tendons. He had first noticed it about six weeks before, when it was the size of a walnut, and it had gradually increased to the present size. The land which he farms is in some parts very steep, and he attributes the injury to the strain on the limbs in climbing the hills. By careful examination, a distinct pulsation can be felt in the tumour, which becomes flaccid on compressing the femoral artery. No bellows-murmur can be detected, and the pulsation in the lower part of the femoral artery is very weak.

25th. Applied a moderately thick piece of sole leather, previously softened in hot water, over the popliteal space, extending about six inches above and below the joint, and four inches wide, and a similar piece on each side, so as to envelope the limb, with the exception of a narrow space on the upper surface, over which a bandage, sufficiently tight to obtain an exact mould of the inclosed parts. Is not to be confined, but directed to abstain from much exercise.

27th. Removed the leathers, which were well adapted to the joint; but as that covering the tumour did not appear to possess sufficient resistance, it was lined with several layers of lint, steeped in a mixture of white of egg and flour, and over that a thin piece of leather, softened in hot water, and again adjusted as before.

30th. Removed the splints; the lower one is now firm and resisting as a board, and has a complete mould of the tumour.

Sept. 1st. The splints were again removed, and the tumour found in much the same state.

6th. Finding no alteration, I determined on trying the effect of direct pressure on the tumour; I therefore placed upon the swelling several layers of lint, steeped in white of egg and flour, to the thickness of half an inch or more, and again applied the splints firmly. Up to this time he has continued to ride on horseback, but is now to be confined to the house.

8th. Tightened the bandage without removing the splints.

12th. Finding, on removal of the splints, that the compress had only had the effect of flattening the tumour, in which the pulsation is still to be felt, I determined on applying a more effectual compress. I therefore placed the half of a wine cork, split longitudinally, just above the depression in the splint, corresponding with the tumour, and covered it with lint steeped as before, in white of egg and flour, so as to obtain a direct pressure on the artery, immediately above the sack. The splints were then adjusted as before, but with the addition of three or four broad tapes with buckles, firmly stitched to the lower splint to prevent any displacement, and which I afterwards found to be much more effectual than the bandage alone. Assuming that, from the pressure already applied for the space of seventeen days, during which time the patient had not been restricted from exercise of the limb, the collateral circulation was somewhat established, I applied the splints by means of the tape straps, sufficiently tight to nearly or quite obstruct the circulation through the sac, but before leaving my patient, who resides at some distance from me, I gave instructions to his wife as to the management, in the case of the limb assuming a state of venous turgescence. He is now directed to keep the recumbent posture.

15th. Appears to be doing well. His wife informed me that within an hour after I left him on the 12th, the leg became exceedingly turgid and of a deep purple hue, accompanied with numbness and loss of temperature, but through her judicious treatment, this was subdued by slightly loosening the lower strap, and applying friction with warm fomentations. From this time no alteration was made except an occasional tightening of the straps, until—

Oct. 3rd. Removed the splints; tumour much diminished and flaccid, but no pulsation to be detected; a small vessel is felt pulsating over its surface. The ends of the cork, from being left too sharp, have produced slight excoriations of the skin. This was rectified, and the compress adjusted as before.

11th. Removed the splints; tumour much diminished; compress re-applied as before.

15th. The cork compress was now replaced with one made of tow wrapped in lint; the tumour scarcely to be felt.

18th. Continues to improve; he now walks out every day.

Nov. 27th. The leather splints producing but little inconvenience, have been worn to the present time, though I believe for the last month they have been quite unnecessary. They are now removed, and a simple bandage applied. The artery can be felt as a hard cord in the recent situation of the tumour, and the

small vessel above alluded to, pulsating immediately over it.

January 22nd, 1847. On visiting Mr. M—— to day, I found him as well as before the occurrence of the aneurism. A distinct pulsation can be felt in the anterior and posterior tibial arteries.

The difficulty experienced in all the cases hitherto reported, of keeping the compress on the femoral artery, and the pain produced by its pressure on the saphenus and branches of the crural nerves, induced me to try the above method of compressing the artery on the popliteal space; but had I felt disposed to treat my patient by means of any of the ingenious contrivances invented for the purpose, I should probably have failed, owing to the distance (seven miles,) at which he resides from me. The complete success of the above simple method of treatment I trust will be a sufficient apology for my offering it to the notice of the profession, and though it may not be applicable in every case, I believe in the majority of cases seen in an early stage it will be found successful. I think an improvement might be made by removing a portion of the splint, corresponding with the seat of pressure, just large enough to admit the pad of a tourniquet, by which means any amount of pressure might be applied without a possibility of the least displacement of the compress, and with a little contrivance, aneurisms in other situations might be similarly treated.

It is worthy of remark, that during the whole course of treatment the patient suffered *no pain*, though I now believe the pressure was kept up considerably longer than was necessary. He also during the whole time *walked* every morning into an adjoining room, and back in the evening, and was allowed to vary his position in bed as he felt disposed.

Guildford, January 27, 1847.

CASE OF SUPPLEMENTARY SPLEEN, CAUSING DEATH FROM THE PATIENT BEING PLACED IN THE SUPINE POSITION, IN CONSEQUENCE OF A FRACTURED THIGH.

By W. H. BAINBRIDGE, Esq., F.R.C.S., Surgeon to the Northern Hospital, Liverpool.

May 5th, 1845, James Hughes, aged 53, a groom, of temperate habits, was admitted into the Northern Hospital under my care. While exercising a horse, a short time before his admission, the animal reared, and fell upon him; he was immediately brought to the hospital, and found to have a simple fracture of the left thigh, which was put up in the usual way with the long splint. He went on very well for two or three days, when he complained much of pain in the back, which was relieved by placing a pillow under it. In the evening he complained of swelling of the abdomen, which was tympanitic, but free from pain. The bowels had not been opened since the accident. A turpentine injection, a dose of castor oil, and turpentine fomentations to the abdomen were prescribed. The enema returned without bringing away any fecal matter, but there was a free discharge of flatus.

Next day, May 8th, the tympanitis continued; he had

vomiting and occasional hiccough; no pain or tenderness of the abdomen; countenance depressed; pulse not much accelerated, and of good strength; urine rather diminished in quantity, but not considerably so; tongue moist; thirst. A large quantity of warm water with some turpentine was thrown into the colon with the long tube; it immediately returned without any fecal matter, but occasioned an escape of flatus, which afforded some relief. Afterwards five grains of calomel were given, and repeated in three hours; this allayed the vomiting for a time, but did not produce any evacuation. He says that several years previous he was affected in a similar way, and that the constipation continued for five or six days, the greater part of which time he was obliged to lie on his back in consequence of an injury. A dose of castor oil and turpentine was given, but immediately rejected by the stomach. He continued to get worse; the vomiting and hiccough were incessant. Expressing a desire to be placed on the night-chair, his wish was acceded to, but nothing was passed.

On the morning of the 10th the long tube was again used, it passed up freely, and a very large injection of warm water and turpentine was given. On the injection returning there was a pretty free discharge of dark-coloured fluid feces. The vomiting and hiccough continued, but were temporarily relieved by æther and opium, and the bowels acted pretty freely several times. He became gradually worse, and died on Monday, 12th. For the last two days it was requisite to draw off his urine, which was abundantly secreted. The vomiting, hiccough, and tympanitis, continued to the last, but without pain or tenderness of the abdomen.

Autopsy. Intestines generally distended; no traces of peritonitis. On pushing the small bowels on one side, a tumour about the size of a duck's egg was observed lying on the pelvis, and connected with the great omentum, which it dragged down, and formed a band of cord which passed in front of the large bowel at the commencement of the rectum, pressing it against the posterior part of the brim of the pelvis. When on his back the tumour would necessarily fall into the cavity of the pelvis, and cause the cord of the omentum above described to exert so much pressure on the bowel as to impede its functions. On further examination the tumour was found to be a supplementary spleen, enclosed between the layers of the omentum, and receiving for its supply one of the divisions of the splenic artery, which in fact divided into two branches, one to each spleen.

The above case is chiefly interesting in a physiological point of view. Pathologically regarded, (beyond the circumstance of death being caused by the pressure of the contracted portion of the great omentum,) it possesses no feature of practical interest, as there were no means of ascertaining that this pressure was caused by the position of the patient, and that of the supplementary spleen. It is, however, interesting, as being one fact more added to the list of anomalous cases of the kind on record. Singularly enough accidental change of posture on the part of the patient would have removed the mechanical obstruction, and saved