

the popliteal space, opposite to the upper border of the patella, and ends below, on a level with the tubercle of the tibia. The tumor is round, and about the size of a turkey's egg: it pulsates strongly, and presents, on auscultation, a strong bruit. The chest, on careful exploration, does not yield any evidence of thoracic aneurism. The tumour feels yielding and elastic, and the hand placed upon it receives a sensation as if the vessel were dilated more towards the inner than the outer side.

Mr. Cock, after considering all the symptoms of the case, and giving due regard to the constitution, health, temper, &c., of the patient, resolved to give compression a fair trial, and used a clamp lately modified by Mr. Bigg, to which the latter has given the name of "Bigg's Aneurismal Compressor." The instrument may be described as follows:—

Semicircle of steel, with anterior and posterior moveable arms, the anterior containing the screw and pad to the rest of the artery, the posterior holding the hinged cushion or splint, on which the limb is placed. When the instrument is applied, the pad is screwed down so as to gently compress the artery. The center screw is then turned to direct the pad inwards, and fix the artery between it and the bone. The lower screw placed beneath the cushion raises the outer edge of the splint, and prevents the instrument moving in the slightest degree. The advantage of this instrument seemed to us to consist principally in giving the pad a direction inwards towards the bone, and in completely securing the limb by a good broad splint, which may, by a screw placed beneath it, be brought in closer contact with the thigh.

Mr. Cock expressed himself greatly pleased with the manner in which this clamp acted all through the case.

The compression was begun Nov. 24th, and regularly continued to Dec. 10th, making just sixteen days. The pulsation ceased five days before the apparatus was completely let off: but it was thought advisable to continue the pressure, so as to ensure the due establishment of the collateral circulation. The tumour was on the day of the patient's discharge (Dec. 22, 1852, thirty-seven days after admission) just half its original bulk, and presenting a great degree of hardness. The pressure was kept up with great regularity and patience, during the whole of the above-mentioned period; the weight at the groin being substituted for the clamps when the latter were getting too irksome. The patient slept very little for a whole week; he was anxious to keep up the pressure in the most exact manner; and he was fully rewarded for his close adherence to Mr. Cock's directions, by the speedy solidification of the sac and the obliteration of the artery.

When the apparatus had been completely removed, the leg was tightly and evenly secured by a roller; and when the patient first attempted to walk he felt the leg rather weak, but all pain in the limb had quite disappeared. He finally left the hospital Dec. 22, 1852, with the tumour quite cured, and the complete obliteration of the artery.

This is certainly a most satisfactory result of compression in the treatment of aneurism, and likely to make a lasting impression on all those surgeons who saw the case.

The operation of tying the main artery and compressing it for the cure of aneurism are, in fact, identically the same in principle. Some surgeons, like Mr. Syme, prefer the old method. We must say, however, that the compression, as used in Dublin and London, seems equally successful, if not more so. It may be sometimes more tedious, but certainly more safe. In these operations the current of blood in the sac is not prevented entirely. A ligature may stop the current in the main artery, but not in the collateral circulation. Therefore in both cases the blood, in fact, is only impeded in its passage. In the case of aneurism—the previous momentum is checked, and the blood passing slowly, lines the parts with fibrinous deposits; and if it be suddenly stopped in the main artery by a ligature, the sac rapidly becomes solidified into a coagulum. Eventually, however, both processes are more or less successful.—*Lancet*, Jan. 8, 1853, p. 31.