Greatrex had treated his case the collateral circulation was not interfered with, and that therefore we might expect a better result than in Mr. Cooper's case, where pressure was differently applied. In the case of popliteal aneurism it was not necessary to obstruct the circulation through the femoral artery completely, as arrest of the circulation through the tumour to a certain extent, effected the formation of a coagulum in the aneurism. At present, we have no evidence of the state of the artery, by examination, after cure by pressure. He should expect, however, to find a firm coagulum in the sac, with freedom of circulation through the vessel.

Mr. Shaw related a case which appeared to bear somwehat on the subject of discussion, as it illustrated the possibility of a coagulum being formed in the sac, though the channel of the blood was not entirely obstructed.]—*Lancet Jan. 25th*, 1845.

[The following case of popliteal aneurism treated by compression of the femoral artery is by F. Newcombe, Esq. The patient, a gentleman, 26 years of age, had been thrown from his horse whilst hunting last season, and received a slight contusion in the lower part of the left thigh, where a large aneurism subsequently formed.]

On the 20th of September last he took a long walk, and shortly after, perceived a tumour in the inside of the thigh, which has rapidly increased up to the present time. The tumour now occupies the entire of the upper part of the popliteal space, which it fills, so that the edges of the hamstring muscles cannot be felt; it is prolonged thence along the inner side of the thigh, as far as the internal condyle of the femur. The tumour may, in fact, be considered as consisting of two portions—that occupying the upper part of the ham, comparatively firm and resisting—and that extending along the inner side of the thigh, considerably the larger of the two, soft, yielding, and compressible, evidently containing fluid blood, and its parietes so thin, that great apprehensions are entertained lest they may give way. There is general œdema of the limb; its greatest circumference at the affected part exceeds that of the opposite one, 5½ inches. It is unnecessary to state in minute details the general characters of aneurism presented by the tumour; but it is necessary to mention that the pulsation is much stronger in the larger portion of the tumour than in that which occupies the ham, and though pressure on the femoral artery caused complete cessation of the pulsation, it produced no diminution in the size of the tumour. It is remarkable, however, that the pain, which was very severe in the tumour, and also in the course of the saphena nerve, ceased completely when pressure was made on the femoral artery in the groin. Seeing that the greater portion of the aneurismal sac was so very thin, and its contents perfectly fluid, it was thought prudent by Mr. Cusack to apply pressure on the femoral artery during the removal of the patient to Dublin; and for this purpose I was furnished with a press artère, with which Mr. Cusack had previously effected a cure in a case of popliteal aneurism, and which is described and figured in the Medical Press, vol. IX, p. 279. Pulse 120. Previous to the commencement of our journey, this instrument was applied, the pressure being made on the artery as it crosses the pubes; the pulsation in the tumour was easily commanded. The pain in the limb was at the same time completely removed. The instrument was kept on until our arrival in Dublin, being, however, now and then slightly relaxed, when its presence caused uneasiness.

[On arriving in Dublin, whence he was brought from the country, the patient was seen by Sir P. Crampton, who agreed with Mr. Cusack, that pressure of the main artery above the tumour should be tried, a night's rest being allowed to recruit the patient.]

It having been determined to use two instruments similar to those described by Dr Bellingham, in the Medical Press for Aug. 28, 1844, and in the same manner as he had employed them in a case of the same kind, I proceeded to apply the pressure in the following manner, in the presence of Mr. Cusack and Sir P. Crampton:—One clamp was applied to the femoral artery at the lower part of Scarpa's space, sufficiently tight to greatly diminish, without completely arresting the flow of blood through the vessel, and nearly to stop the pulsation in the tumour; the other clamp was applied higher up upon the limb, but not tightened. When the pressure from the first clamp became inconvenient, the second was tightened, and the other was relaxed. By thus alternating the action of the instruments (which it was found necessary to do at intervals, varying from half an hour to an hour, and by shifting them, as occasion required, to various points, ranging from the pubes to the edge of the tumour), permanent pressure was enabled to be maintained. It would have been easy to have stopped the current through the artery, but when pressure was carried to this extent, the patient complained of palpitation of the heart, which, however, ceased when the instrument was slightly relaxed. It may be well to observe, that the nature of the disease, and the principle of the treatment proposed, had been explained to the patient, who materially aided in the management of the case. No bandage was applied to the limb, or over the tumour.

Low diet was enjoined, and digitalis was administered with an opiate at night.

No pulsation can be felt in popliteal or tibial arteries.

[Pulsation soon ceased in the tumour, and the sac began to thicken. The pulse, which on the second day was 120, fell next day to 80, at which it remained. Pressure, which at first could only be borne a few minutes in one place, gradually gave less and less pain; the tumour diminished slightly in size, its hardness meantime increasing; and on the 7th day the use of digitalis was discontinued. Fifteen days after the commencement of this treatment, the circumference of the affected limb was less than an inch more than that of the sound limb, and the anterior and posterior tibial arteries had apparently resumed their natural size; and in about three weeks after this, the patient was wearing merely an elastic bandage, and was permitted to remove from his bed to a sofa, and in a few days subsequently was allowed the use of crutches, the foot being supported by a sling.]

During the entire course of this treatment there was no perceptible difference in the temperature of the two feet.—*Dublin Journal of Medical Science, March*, 1845, *p.* 155.

MIDWIFERY.

OBSERVATIONS IN MIDWIFERY.

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ON THE TREATMENT OF PUERPERAL CONVULSIONS.

Remarks on some of the more important remedies of centric spinal action.

In treating of the pathology of puerperal convulsions, I have endeavoured to show that this disease must always depend on one of two causes,—either on direct irritation of the spinal marrow, or on some irritation of excitor spinal nerves. If there be any truth in this view, it is evident that remedies also should be divided into those which allay irritation of the spinal centre, and those which remove irritation from the incident excitor nerves, or diminish their excitability. A large and important class of diseases are referrible to the spinal system, and every branch of this new department of pathology calls for some therapeutic division of this kind. Medicines must be studied with reference to their effects on the different divisions of the nervous system. Unless the spinal marrow be dissevered, therapeutically, as well as physiologically, from the other nervous centres, the anomaly presents itself, of remedies which act as stimulants to the spinal marrow, but as sedatives to the brain, and vice versâ. Indeed, on looking to the three great divisions of neurology—the brain, the spinal marrow, and the ganglionic system—remarkable instances at once present themselves of therapeutic agents which affect them severally in the most opposite modes. Thus the ergot of rye increases the contractions of the uterus, an organ chiefly under the control of the spinal marrow, but it depresses the action of the heart, which is under the control of ganglionic nerves; strychnia affects the purely spinal actions to an intense degree, leaving the functions of the brain perfectly intact; while conium on the other hand, affects, in poisonous doses, both the spinal marrow and the brain, producing at once delirium and convulsions.

The spinal system being that which is chiefly involved in puerperal convulsions, all remedies resorted to in this disease must be studied with especial reference to spinal physiology and pathology.

Remedies affecting the spinal system very naturally divide themselves into those which act on the central organ, the spinal marrow, and those which affect the extremities of incident spinal