covered, and where the surface appeared inflamed and red. The circumference of the limb over the tumor measured 3¼ inches more than that of the sound limb, and the calf of the leg of this side measured 2¼ inches more than the left one. The foot was slightly œdematous; there was a good deal of pain in the limb, and the knee was semiflexed, and could not be straightened. No pulsation could be discovered. The tumor appeared either to be an abscess, or bloody tumor, accompanied with inflammation and formation of matter. After a short observation, an exploration was made, and a small quantity of dark blood issued, which suggested that a more searching examination should be made with the stethoscope, which, after some trials, detected a slight *bruit de soufflet*, and a slight pulsation *could be observed*, by the motion of the applied instrument, although it could not be heard, nor felt by the finger, and was evidently synchronous with the systole of the heart. Strong pressure over the artery in the groin, stopped the pulsation and bruit, but did not affect the size of the swelling.

Having ascertained that it was an aneurysm, although first having appeared in such an unusual situation, and notwithstanding the extent and diffused character of the tumor, I decided on attempting to effect its cure by compression, providing I could have a suitable instrument contrived for the purpose. After an unsuccessful attempt with wooden cramps, I got two iron rings made, with compressing screws and pads, which were found effectual in controlling the circulation in the vessel, one of which was applied about three inches below the pubes, the other between two and three inches lower, which placed the lower one a short distance from the margin of the tumor. At this time the bruit and pulsation had become much more distinct, and the *soft* part of the tumor appeared more thinned. The pain was generally severe at night, interrupting sleep. He was ordered to take an anodyne each night, if he found it necessary.

The application of the pressure commenced on the 15th January, 1853, and gave considerable pain at first, so much so, that he could not bear it for any time; but he soon could continue it for a half or three quarters of an hour. He was entrusted with the charge of the instrument, and maintained the pressure constantly by relieving the instrument occasionally. By this means he kept up a pressure sufficient to remove the bruit while the pulsation remained; besides his feelings as a guide to determine the amount of pressure, he kept a measure of the extent to which the screw required to be pressed. In about ten days from the first application of the cramp, the bruit had disappeared, except slightly in the popliteal space.

On the 17th day, he was suddenly seized with an agonizing, indescribable pain of the leg, throughout its whole length. It was of a thrill-