meanwhile are emptied of their contents, and recovery from every distressing symptom immediately follows.

In all cases of coughs, especially when inflammatory symptoms manifest themselves, as in catarrhal affections in children as well as in adults, I consider the tincture of this plant (or infusion, when the stimulus imparted by the alcohol might be objectionable) far preferable to ipecacuanha or the tartrate of antimony and potassa, being more decisive in its effects than the former, and a better and safer nauseant than the latter, without that fear of irritating the gastro-enteric mucous membrane, the pathological condition of which has been too much overlooked by earlier writers, but which is now claiming deserved attention.

This brings me to the consideration of the lobelia inflata in febrile disorders, incident to every section of country, more or less, in summer and autumn. When it is desirable (as in fact it is always) to lessen vascular action, and as a febrifuge, the "nitrous powders" sink into utter insignificance in comparison with this plant, which is not liable to the same objection as the tartarized antimony used in combination with calomel and the nitrate of potassa by many of the older practitioners, which too frequently increases that tenderness and erethism already existing in the mucous membrane of the stomach and intestines.

In high vascular action, also, with cerebral disturbance, when the application of cups to the nape of the neck, &c., fails in restoring rationality to the sensorium, the most admirable results follow the administration of an enema, largely composed of the lobelia ; or when accompanied with enervation and subsultus tendinum, the efficacy of the enema will be much enhanced by the addition of a portion of pulv. valer. and tinct. capsicum or camphor, which, when thus combined, produces a powerfully revellent action, changes the scene of excitement, and leaves the cerebral functions free.

Finally. In strangulated hernia, or in reducing dislocations of the largest articulations, where great relaxation is necessary, a powerful enema of the plant, or of the bruised seeds, will fully answer the expectation of the medical attendant—attended, too, with equal benefit and much more safety than the tobacco injection used in the former difficulty, and will dispense with venesection, the tartarized antimony, and generally the hot bath, so universally recommended to overcome the rigidity of the muscular fibre.

These are the chief diseases of importance in which I have administered the lobelia inflata with entire satisfaction, and with a relief so prompt and decisive, as at once both astonished and delighted the patient. —*Medical Examiner.*

POPLITEAL ANEURISM SUCCESSFULLY TREATED BY LIGATURE AND BY COMPRESSION.

By Robert Armstrong, M.D., F.L.S., F.R.C.S.E., &c.

Several cases of popliteal aneurism successfully treated by compression having been lately published in the journals, I have been induced to se-

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lect from the register of important cases kept in the Royal Naval Hospital, Plymouth, the history of two, which presented some features of interest and importance. One will serve to show, that the application of a ligature to the superficial femoral artery will sometimes be attended with success, under the most unfavorable circumstances; the other is a case in which a cure was effected by compression, where there was an unusual distribution of the arteries of the thigh, and where the superficial femoral artery was wanting—a circumstance, in connection with aneurism, as far as I am aware, not before noticed.

Case I.—James C———, seaman, aged 35, H. M. S. *Thunderer.* According to the case transmitted by the surgeon of the ship, the patient "had labored since the 30th ult. under a rheumatic affection of the knee and leg, attended with extensive effusion under the ham, and œdema of the foot. The affected parts, on the onset of the disease, were cupped and fomented; calomel and opium, with colchicum, Dover's powder, and camphor mixture, were administered, and slight ptyalism was induced. Afterwards hydriodate of potassa, in doses of eight grains thrice daily. Camphorated mercurial ointment and fomentations were subsequently used, but the swelling of the ham continued unabated, and it showed a tendency to point." He was received into the Hospital on the 25th of October, 1842, with a diffuse and painful swelling occupying the left popliteal space, extending from about three inches above the knee to the middle of the leg, and had been increasing in size for the last six weeks. In the centre there was a distinct sense of fluctuation; while towards the circumference the tumor was hard and resisting. The whole limb was much swollen, being nineteen inches in circumference about three inches below the upper part of the patella, with œdema of the foot, and darting pains along the limb. He says the swelling first commenced in the ham, and that he felt a small tumor pulsating strongly, which gave him no pain; and that he made no complaint, but continued at his duty. No pulsation could be distinguished; the general health appeared much impaired; pulse 96; bowels confined; tongue whitish.

27th.—The swelling of the limb has somewhat subsided, and the fluctuation in the ham is more distinct; two small livid vesicles have formed, and the integuments appear likely to give way. From the account given by the patient, it is evidently a case of diffuse popliteal aneurism, although no pulsation can be distinguished. One of the vesicles was punctured this morning, and gave exit to a small quantity of sero-purulent matter and bloody serum. On explaining to the patient the nature of the case, and that amputation of the limb was the only alternative, he appeared extremely adverse to the operation, and urgently entreated that it might be deferred for a few days, until he could get his brother to be present.

28th.—There has been some discharge from the tumor, and it is slightly diminished in size; pulse 100; pulsation cannot be detected in the anterior and posterior tibial arteries.

30th.—Two more vesicles are forming, and he complains of some pain in the part. A tourniquet was applied loosely round the limb, which

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the nurse and patient were taught to tighten in the event of hæmorrhage occurring; and the operation was postponed till the following day. About 4, P. M., while asleep, a profuse hæmorrhage occurred, and he lost a considerable quantity of blood before he was aware of it. One of the assistant surgeons being on the spot, the hæmorrhage was immediately arrested, by pressure on the artery, as it passes over the brim of the pelvis. I saw him immediately, and found him in a state of great prostration and alarm, with a small and feeble pulse. In this state of exhaustion, amputation appeared inadmissible; the superficial femoral artery was therefore immediately taken up, and secured by a single ligature. A slight discharge of arterial blood now took place, which was supposed to arise from some small vessel divided in the line of the incision; but on a careful examination, it appeared to proceed from a small lateral branch given off from the main trunk immediately above the ligature, and which, it was probable, had been divided by the edge of the aneurismal needle. The artery was therefore separated from its attachments about three quarters of an inch higher up, where it dipped behind a cluster of enlarged lymphatic glands, and a second ligature was applied. The hæmorrhage now immediately ceased, and the edges of the wound were brought into apposition by adhesive straps. 8, P. M.—Says he is easy; limb of the natural warmth, being wrapped in flannel; heat natural; skin moist; pulse 120, and rather weak. Ordered sedative solution of opium, thirty minims; solution of tartarized antimony, half a drachm; solution of acetate of ammonia, two drachms; cinnamon water, ten drachms; mix for a draught, to be taken at night.

31st.—He has had some hours' sleep, and says he is pretty easy, but complains of occasional pricking pain in the legs, and a sense of numbness of the foot; slight heat of surface; skin partially moist; pulse 116, and fuller; tongue whitish in the centre; bowels rather confined. Ordered compound extract of colocynth, five grains; a draught, with sedative solution of opium; lemonade.

Nov. 1st.—Has had some hours' sleep, and says he is pretty easy; heat natural; pulse 112; tongue whitish, but moist; has had one copious stool this morning; there is a profuse discharge of coagula and purulent matter.

12th.—Has been improving daily; swelling of the limb subsiding; the discharge continues profuse; foot of the natural warmth; is unable to move the foot, but there is some return of sensation; incision in the thigh healing, and there is a slight purulent discharge from the point where the ligature is attached; pulse 110, and weak; tongue clean; bowels open.

21st.—The ligature came away this morning; there is still some discharge from the ham, but the swelling of the limb is much reduced in size, and the œdema of the foot nearly gone; pulse 84, and soft; tongue clean; bowels regular.

April 18th.—A succession of small abscesses formed on the ham, but they are now quite healed; the sensation of the foot has returned, and there is a slight contraction of the knee-joint, but he is able to walk about

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with the aid of a stick. His general health is now good, and as he is desirous of returning to his friends, and not likely to receive any further benefit from hospital treatment, he is this day discharged, invalided, as unfit for further service at sea. At the end of eleven months this patient returned to the hospital for admission as a patient, on account of bronchitis, and appeared weak and emaciated. He still complained of some weakness of the leg, but the aneurism had been entirely removed, and as the complaint under which he now labored had been contracted subsequently to his leaving the service, he could not be admitted as a patient.

II.—Henry O'N———, seaman, H. M. S. *Superb*, aged 26, was received on the 31st October, 1845, with left popliteal aneurism. The tumor was about three inches and a half in length, of an oval form, and extended from the middle of the popliteal space, downwards, between the heads of the gastrocnemii muscles; the pulsation is always distinct, and sometimes throbs strongly. The complexion was pale, with a certain flaccidity of muscle; the urine was slightly turbid, and deposited a sediment; the pulse but little affected, except during an occasional attack of palpitation of the heart to which he was subject, when it became small, irregular and intermittent. The patient stated that when in the merchant service, three years since, he had been sent to a hospital in Ireland, with rheumatism, chiefly in the left knee, and that the leg had been weaker than the other ever since. He appeared to labor under some mental anxiety, having been informed by some person that he must necessarily lose his limb, and perhaps his life. Rest and quiet were enjoined, and an attempt was made to improve the general health by a regulated diet and the use of aperients.

In the course of three weeks the health had evidently improved, and the tumor had not materially increased in size. In the first instance, it was intended to take up the external femoral artery, in preference to the less certain and more tedious method of treatment by compression, but here an unusual and unexpected difficulty interposed. The superficial femoral artery did not exist, and the same abnormal state of the vessels was found in the right thigh. The common femoral artery could be felt passing over the brim of the pelvis, and for nearly an inch and a half below it, behind a cluster of enlarged and lobulated lymphatic glands, some upwards of an inch in length, and then sank deep into the thigh; the only artery that could be traced, was one under the vastus internus, and running down close upon the bone; a pulsation could also be felt under the vastus externus, but these vessels did not appear to be of any magnitude. The popliteal artery could be distinctly traced for nearly an inch and a half above the tumor. Compression was now considered worthy of a trial. The common tourniquet was found ineligible, by obstructing the circulation through the limb, and was laid aside. The tourniquet, fitted with two pads, and a screw to regulate the pressure, was applied instead, on the 4th of December, one pad being applied immediately below the patella, and the other over the tumor. The iron arch of the instrument was carefully secured to the side of the leg by a roller.

On the 10th of January, the pulsation was strong, and sometimes

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there was a violent throbbing, although the size of the tumor had diminished. There were now strong reasons for suspecting that the patient, who occasionally showed symptoms of an irritable temper, had slackened the screw, but on remonstrating with him on the impropriety of his conduct, he promised to desist in future. Hitherto nothing had been gained, and the pressure was continued.

On the 2nd of February, there was an obscure pulsation, and the tumor had greatly diminished in size; a distinct pulsation, which had not before been observed, was now felt behind the external and posterior edge of the tibia, extending upwards of an inch above the aneurismal tumor, and evidently unconnected with it.

On the 14th, the pulsation of a vessel was detected on the inner side of the tumor, and none could be felt on the popliteal artery.

At the visit on the morning of the 4th of March, the patient had the tourniquet in his hand, with the pad broken off, the screw by which it had been attached to the iron arm having been broken off, apparently by violence. On a careful examination of the part, no pulsation could be detected. The remains of the sac formed a dense, flattened mass, of about an inch and a half in length; the pulsation of the vessels behind the head of the tibia had increased in force, and these vessels apparently formed the channel through which the circulation was carried on. It was deemed prudent to continue a moderate degree of pressure a little longer, and the same instrument was reversed, and again applied; the pad which had been applied to the front of the leg was placed on the ham, and the steel arm of the instrument over the tibia, a short piece of deal splint, well padded, being interposed, to prevent injurious pressure.

On the 20th of March the pressure was removed. The remains of the sac had now almost entirely disappeared, being reduced to a small dense mass, not exceeding an almond in size.

He was discharged on the 31st of March last, invalided as unfit for further service at sea, but otherwise in good health, except that on walking without a stick a slight halt was observed, and he complained of some weakness of the limb.—*London Lancet.*

ORIGIN AND GROWTH OF HOMŒOPATHY.

[The following sketch, from an extended article on Homœopathy in the Dublin Medical Journal, although not containing anything decisive in regard to the truth or falsehood of what we consider this modern delusion, alludes to facts connected with its founder which may be new to some of our readers, and which are interesting at the present time.]

Samuel Christian Frederick Hahnemann, the founder of homœopathy, was born at Meissen, in Saxony, in 1755. After studying medicine at Leipsic and Vienna, he for some time held the situation of librarian go a nobleman, and having taken his degree at the University of Erlanten, he soon obtained, through the influence of his patron and his own reputation for learning, the somewhat sinecure post of district physician

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