

DEFIBRINATED BLOOD FOR RECTAL ALIMENTATION.—From the facts before them, the Committee of the Therapeutic Society of New York, feel warranted in the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation. 2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections. 3. That, administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels. 4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued. 5. That in a very small percentage of cases irritability of the bowels attends its protracted use. 6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system. 7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way. 8. That in favourable cases it is capable of giving an impulse to nutrition which is rarely if ever obtained from the employment of other remedies. 9. That its use is wholly unattended by danger. On the use of ether with cod-liver oil, the Committee are of the opinion that the evidence before them warrants the following conclusions:—1. That the addition of ether to cod-liver oil in about the proportion of fifteen minims to each half ounce (or an equivalent amount of the compound spirit of ether) will succeed in the vast majority of cases in enabling the patient to take the oil, even though it previously disagreed. 2. That in some cases in which the oil still disagrees after the addition of the ether, the difficulty may be overcome by giving the ether separately from fifteen minutes to half an hour after the oil is taken. No facts have been laid before the Committee having a bearing upon the question as to whether the etherized oil is superior to the plain oil in its ultimate effect upon nutrition, supposing them to be equally well tolerated by the stomach.—*N. Y. Med. Journal.*

Camphor is said to relieve tobacco sickness.

Surgery.

PAINLESS METHOD OF EXCISING THE WHOLE TONGUE.

BY RICHARD BARWELL, F.R.C.S.,

Surgeon to and Lecturer on Surgery at Charing-Cross Hospital.

GENTLEMEN,—I would call your attention to this man, on whom I performed excision of the whole tongue nine days ago. You see that he is in excellent condition, and can already speak with considerable distinctness. He has taken walks outside the hospital, and wishes to go home, but I shall detain him till the proper dismissal day.

* * * * *

The method itself is very simple. The instruments required are a small scalpel, one or two Liston's needles, and an écraseur, or better, two écraseurs. When the patient is well under the influence of the anæsthetic, place a gag between the jaws, draw the tongue a little forward, and pass through the raphe a string, with which the organ is to be simply controlled, not dragged out of the mouth, which must be avoided. An incision, about a quarter or a third of an inch long, is now made from the hyoid bone forward, and strictly in the middle line. Thus far you will see my operation resembles Nunneley's, except that my incision is further back and shorter; but from this point the methods differ, for that surgeon passed by means of a seton-needle the loop of an écraseur chain into the floor of the mouth through the frenum of the tongue, and then dragged the part to be removed forward through the loop; and, although he could remove considerable parts by these means, he could hardly get at the whole organ, and I think his opening into the mouth too short and direct, nor did he eliminate pain.

By my method, when the raphe of the mylo-hyoid has been divided, the knife is laid aside, the genio-hyoid and genio-hyoglossus muscles are separated from their fellows by the handle of the scalpel or by the finger if the surgeon have a small finger-tip, and the root of the tongue is readily reached; but the mouth is not to be opened here. An armed Liston's needle is now placed in the wound, and the forefinger of the other hand between the