

ragous; pressing on the lips of the uterus had no effect on them, and the blood continued to trickle from the vagina. Cold water was dashed on the abdomen, the window thrown open, and the patient's person freely exposed to the air; but notwithstanding this, bright arterial blood still continued to flow, the pulse became scarcely perceptible, and there was tossing of the arms, and the woman was turning from side to side. Although the case appeared nearly hopeless, brandy was administered as frequently as she could take it, but only in small quantities, as it was difficult to get down more than a tea-spoonful at a time. I procured a lemon, which I peeled, taking off both outer and inner rind, so that the juicy part was entirely exposed, and then introduced it into the vagina, forcing it well up between the lips of the uterus so as to squeeze out some of the juice; and in order to keep it in close contact with the os, I introduced part of a small napkin well up the vagina. The hemorrhage immediately ceased. In an hour I withdrew the napkin, and with it a small clot of dark treacle-looking blood, its colour having been altered by the lemon-juice. In three hours I withdrew the lemon; but this was a work of some trouble, as it kept continually turning round and thus evaded the grasp of the fingers: however, with a long hook, I ultimately succeeded. On another occasion, I introduced a piece of twine through the lemon before its introduction, by which means it was easily withdrawn. The lemon was covered with blood of the same treacle appearance as on the napkin. I believe the introduction of the lemon saved the woman's life; but other means were also tried, and amongst these, ergot of rye, the best preparation of which is, as I found, ergot kept whole in a bottle with camphor, to keep off the mites, excepting an ounce, which I bruise in a mortar and always take with me, and usually give two drachms of it, boiled in rather less than half a pint of water, then strain and add to the decoction about a tea-spoonful of sugar and a table-spoonful of brandy. As soon as it can be cooled, which it may speedily be by pouring it into a large cold basin, and placing this in water, I administer it to the patient either all at once or in two doses, at an interval of ten minutes, and it rarely fails, which is more than can be said of any of the preparations procured by me from the druggists. In the case now recorded, the infant was also applied to the breast—r means which I think should always be adopted, as it certainly causes contraction of the uterus. In a fortnight's time the woman was attending to her domestic affairs, and quite well.

I have used the lemon with success in another case of flooding from an uncontracted uterus. I have also used an orange where a lemon could not be procured; but in that case the patient was dying when it was applied, and therefore its application was useless.—*Med. Circular.*

ANEURISM.—M. Vanzetti, of Padua, has communicated to the Parisian Surgical Society his experience of digital compression, as a cure of aneurisms, during the years 1863 and 1864. His cases are eight in number, two of them being those of false aneurism resulting from bleeding in the arm. In all his cases except one, digital compression produced solidification of the aneurism. The pressure was kept up from six to one hundred and twenty hours, and was performed by M. Vanzetti himself, by his pupils, and by non-professional assistants. Often it was suspended during the night, in order

to let the patient have a good sleep. In the two cases of false aneurism, the pressure was applied both on the wounded artery and the vein, and in both the solidification of the aneurism was rapidly effected—viz., in six hours. It was to these two cases, and to this new method of applying digital pressure, that M. Vanzetti especially calls the attention of surgeons. If further experience confirm his experience, surgery will have gained a simple, easy, and singularly effective method of treating, and of curing a surgical operation, the cure of which, under all circumstances difficult, has been considered impossible without resorting to the knife.

The communication of M. Vanzetti, we read, was listened to by the Society with the greatest attention, not only on account of the importance of the subject, but also by reason of the elegance of the form in which it was introduced. The spiritual professor of Padua, in his anecdotal narrative, united to Italian *fiuiese* the piquancy of Gallic wit in its purest form.

M. Velbeau related the case of a young man under his care in La Charité, who had a diffuse aneurism of the popliteal artery, in which solidification of the tumour was produced by digital pressure in twenty hours. The patient had been suddenly seized with violent pain in the calf of the leg, and on the following day appeared a very painful swelling in the popliteal space.—*Br. Med. Jour.*

RENAL CALCULI.—Dr. Owen Rees, in the last number of Guy's Hospital Reports, gives some clinical remarks on calculous diseases. Dr. Rees comments on the common belief that the presence of a calculus in the kidney is always attended with obvious hæmaturia; and he cites cases to show that in cases where all the other symptoms of renal calculus are present, there may yet be no blood in the urine. He believes that, in consequence of an undue importance being attached to the absence of this sign, cases of renal calculus have sometimes been treated as if the symptoms were those of gouty or hepatic derangement. Again, Dr. Rees observes that frequent micturition, though often observed in cases of renal calculus, is not always to be expected. One gentleman of my acquaintance, he says, almost suddenly was seized in the street with violent pain in the side and retraction of the testicle; and on hurrying home passed bloody urine and a calculus, which latter must have been in the kidney many months without producing any other symptom than an uneasy sensation about the loins.

The pain in cases of renal calculus has been said to be more severe on one side than on the other, even when it exists on both sides. But Dr. Rees says that he has frequently met with cases where the passage of renal calculi has been preceded by all the ordinary symptoms, except pain in the lumbar regions, the discomfort being altogether referred to the sacrum. He also points out a peculiarity which attends the presence of a calculus in the right kidney. The pain, he says, in these cases is referred to the right hypochondrium. It extends downward toward the umbilicus, but not to the lumbar region. There is a feeling of great distension over the colon, and the bowels are constipated. These are the symptoms so often regarded as significant of biliary calculus, an error easily committed if blood be not perceived in the urine.—*Br. Med. Journal.*

THE HOUR OF DEATH.—Dr. Haviland of Bridge-water, after carefully ascertaining the time of dying in over five thousand cases of disease, states that the