

purgation being induced by the action of this medicinal agent, beyond ordinary alvine evacuation ; but on the other hand, most decided increase of urinary secretion. From the marked circumstances in connection with the reported cases, and the others which have come under my observation, I feel perfectly convinced that the Canadian Boletus, possesses so beneficial an influence over the system (*be that action specific or otherwise*), towards the removal of these acute rheumatic attacks, as to render it worthy of a place and trial by those who take an interest in the products of our own country.

Ottawa City, March 31st, 1862.

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ART. XVII.—*Ligature of the Gluteal Artery for Traumatic Aneurism.* By GEO. W. CAMPBELL, A.M., M.D., L.R.C.S.E., &c., Professor of Surgery, McGill University, Montreal.

The patient was under the care of Dr. Fenwick, from the occurrence of the accident till the 29th January, and the description of the case till that period is from his notes.

“C. A., æt. 14 years, small but muscular for his age, was accidentally wounded in the right buttock on the afternoon of Friday, 17th January, 1862.

It appears that he had taken a small sled to a blacksmith's shop to have some part of it ironed ; the smith had heated a piece of iron of about the size of a 3-inch nail, intending to bore a hole with it in a slender piece of wood ; as he left the fire with the iron in his pincers, heated to whiteness, he accidentally came in contact with the boy, but as he sprung out of the way, and did not express any sense of pain, the smith paid no attention to him but proceeded with his work.

In a few moments the boy said, “I am bleeding.” The smith at once turned to him, took down his trowsers, and in doing so blood, in a considerable stream, spouted out of a small hole in the buttock. He immediately placed his finger over the wound, but had hardly done so before the boy fainted. Still retaining his thumb in position, he carried him to his father's office which was in the neighbourhood. When I saw him he was pale, exsanguine, and almost pulseless ; complained of dizziness, singing in the ears, and said he felt sick at the stomach. No pain or uneasiness was experienced in the wound, and with some little difficulty I induced the blacksmith to relinquish his hold. As he did so a drop or two of dark coloured blood welled from a small wound, in size about that of a pea, situated about one inch and a half behind the right trochanter major. The trajet of the wound appeared to pass upwards and backwards. I made no examination of its depth, but applied a graduated compress and roller, enjoined perfect rest, and ordered cold water dressing. The following day there was slight uneasiness felt in the wound, and general tenderness all over the buttock. The bandage was removed, but the compress was left, retained in position by adhesive plaister. On the fourth day, great pain of a bursting character extending down the back of the thigh was complained of. On removing the compress, a considerable quantity of pus flowed from the wound, which was followed by a bloody ichor. This gradually altered in character, becoming puru-