

and yet our American system of instruction has been so adjusted as to materially do away with these difficulties; it is its design to send from college many-sided students, who have seen all that can be exhibited in the lecture-room the hospital, and the operating theatre, and learned all that can be learned from the appliances of medical colleges. He spoke also of the necessity of understanding the Greek and Latin languages; science needed a tongue comprehensible by the scholars of all nations, and this was to be found only in the dead languages, without which the confusion of Babel would impede the progress of learning. A Russian or a Hindoo anatomist calls the great flexor muscle of the forearm the *biceps flexor cubiti*, just as we do, and the advantage of this was perfectly evident. The acquisition of no modern language could supply to the doctor the want of a knowledge of Latin. He said further, that 'specialties' in medicine must be preceded by a broad general knowledge of the subject, and must not be taken up merely according to whim, caprice, or preconceived preference. He would advise a student to study everything in the form of a disease that came in his way, and fill up the intervals with physiological and pathological anatomy. If the student insisted on being a specialist, time and circumstances would guide him most propitiously while pursuing this course. Dr. Van Buren spoke of the periodical outcry of ignorant persons against vaccination, 'one of the best gifts of medical science to humanity.' Such absurdities, however, soon die out for want of sound vitality. Since the discovery of vaccination by Jenner it has saved more lives than all the battles of the world have sacrificed during the same period. Neither should doctors be scandalized by the wealth of and 'success' of quacks, who make merchandise of nostrums, nor by the 'approval with which public opinion seems to sanction the unfounded petensions of the ignorant and base.' The only true test of a physician's merit is the esteem in which he is held by members of his own profession."—*Medical Record*.

### Hæmorrhoids.

Dr. Warren Stone, Jun., in the *New Orleans Journal of Medicine*, gives the following treatment for this troublesome affection:—

Hæmorrhoids were uniformly ligated, when an operation became necessary. It is looked upon as far superior to any other procedure. It was rarely found necessary to apply more than three ligatures—at the utmost four—even to the largest. Having taken pains to have the piles well protruded, the most prominent were seized with a pair of ordinary dressing forceps and well drawn down,—the ligature was then cast around as high as possible. It was only the little vascular tumor occupying the centre of the ring of swollen, engorged tissue which generally exists in cases of long standing that were included in the ligature. Everything else subsided as the ligatures performed their duty. There is scarcely any operation in surgery which affords more certain or palpable relief.

The pain at the time of operating is as a rule

bearable, and the subsequent suffering amounts to but little, especially if the ligatures are drawn very tight, which should always be done.

## Proceedings of Societies.

### Medical Society of the County of New York.

#### FEMORAL ANEURISM CURED BY FLEXION.

Dr. Gurdon Buck presented before the Society a patient cured of femoral aneurism in the groin, and read a report of the case, the main points of which are briefly, these:

Edward W——, 30 years, Irish, admitted to New York Hospital, June 24, 1867, had for five months previous suffered burning pain in the right groin, and about two weeks before admission had first noticed a pulsating tumor in that situation. Examination revealed an aneurismal tumor the size of half a hen's egg, over the femoral artery, just below Poupart's ligament. After some weeks of intermittent digital compression, an apparatus devised by Dr. C. M. Bell for compression of the iliac was applied, on 16th July, so as to arrest circulation through the sac. At the end of forty-eight hours the pressure was relaxed, and the next day it was removed completely, all pulsation in the tumor having ceased. The apparatus was not again required; and when some ulcers caused by its chafing had healed, the patient was, Sep. 12, 1867, discharged cured. The tumor was reduced to the size of a marble; there was no pulsation in the posterior tibial; and the limb was almost as useful as ever.

January 14, 1869, the patient was readmitted with a relapse of the aneurism, the first signs of which he had noted about eight weeks before. It presented nearly all its original features; but pulsation in the tumor was not affected by compression of the iliac, in which no pulse could be felt, while it was arrested by deep pressure upon the femoral immediately below, and also by extreme flexion of the thigh upon the trunk. The treatment by flexion was at once instituted, and within a week a marked improvement was manifest, which progressed until February 1st, when the flexion was discontinued. Feb. 4th, the patient was out of bed; on the 6th he was walking about; on the 17th he was again discharged, the tumor, then small and firm, having given evidence of progressive consolidation. Sept. 10th, the tumor, no longer visible, had shrunk to a flat hard mass, and all abnormal sound had disappeared.

Dr. Buck reviewed the history of treatment by flexion, from its introduction by Maunoir, of Geneva, in 1858. The present case was the first on record of its application to femoral aneurism. Its *modus operandi* was partly by direct compression of the aneurismal tumor, but chiefly by indirect compression of the artery on the cardiac side, through the medium of the tumor. Though restricted in its application to aneurisms occurring in the flexures of the joints, it was still a most valuable addition to our therapeutical resources; and, being free from the dangers attendant upon other methods it should wherever applicable, claim the first trial. In the course of his researches upon the subject, he had