

Addinell Hewson, contributes a short, but exceedingly valuable paper on the still much vexed question of "Accupressure," of which method for arresting hæmorrhage, he is an enthusiastic admirer. He says, "I have now had an opportunity of testing it on all large vessels of the extremities, and with me its employment, has always been pre-eminently satisfactory. In parts where the ligature has often proved so unsatisfactory as to make some more effectual means of permanently closing the bleeding orifice, a great desideratum, as in the axillary artery, palmar, plantar arches, or in other parts where the vessels give off branches close above the point, at which it is desirable to effect the obliteration of the calibre, this method has been found by me all that could be wished for." Two cases are reported, where accupressure was used, and the patients having died, an opportunity was afforded of examining the condition of the part. In one, a man aged 40, a hard drinker, with distinct traces of ossific degeneration in all the large vessels, amputation of the lower third of the arm was performed. But one pin was used, applied to the brachial to control hæmorrhage; this was removed fifty-two hours after its introduction, not the slightest oozing following. The patient did not do well, having died on the twenty-fourth day after the operation. At the autopsy the pin was found to have compressed the brachial, just above its division, and its closure was complete. The adhesions of the outer surface of both the internal and middle coats was both firm and strong. Altogether this case, the patient having become delirious soon after the operation, was a very trying one for accupressure, but it stood the test most thoroughly. We are sure Professor Simpson will gladly welcome this able contribution on accupressure.

Dr. J. M. Da Costa, furnishes a few observations on the action of Narcein, accompanied by ten cases in which he administered it. This drug it is claimed, relieves pain, and produces sleep, without the sickness and headache or constipation which so usually follows the employment of opiates. The value of such an article could scarcely be overated, but from what we gather from Dr. Da Costa's experience, accompanied by some slight experience of our own, we fear that its merits has been overated. Dr. Da Costa says, it does not as a rule cause vomiting, headache or constipation, but it does sometimes, and in doses equal to morphia it has not the slightest anodyne effect. In large doses it is uncertain, often inert.

We cannot speak too highly for the way the publishers have done their work, for it is one of the best printed, and handsomest volumes which has lain on our table for sometime.