have sufficed to procure the formation of a clot. This excess must be rather hurtful than otherwise, considering the tendency of coagulating fluids to dissolve the clot that has been formed when they are added in excess.

We can understand this exaggeration on the part of operators employing a method which they consider insufficient rather than too energetic. Allow me on this point to present some comparisons deduced from this very subject. When ligatures were first employed in arterial lesions, it was thought necessary to use a number of waxed threads prepared like a riband, in order to prevent the too speedy section of the arterial walls; the fear of consecutive hæmorrhage induced surgeons to apply precautionary ligatures, which were more dangerous than those which were tightened. They took care also to place a ligature beyond the aneurism, puncture or wounded point, in order to avoid recurrent or anastomotic hæmorrhage. This is not all; they opened the sac and turned out the coagula, and filled the chasm with charpie and tow and absorbent substances. Time and experience were necessary to efface these exaggerated terrors and to do away with this profusion of manipulations, which only produced abundant suppuration, the destruction of obliterating clot, and the very secondary hæmorrhage they wished to guard against. Let us hope that the history of injections of perchloride of iron will be the same; that its application will be simplified daily, and its styptic proportions judiciously determined.

In the cases of MM. Serre and Niepce, cures might have been obtained by the ligature; but in M. Raoult-Deslongchamps the tumour was seated on the supra-orbital artery, and it would have been very difficult to tie the ophthalmic within the orbit. But the superiority of *this over all methods hitherto proposed, would be still more striking in* the case of an aneurism of the femoral artery at the groin, or of the termination of external iliac, which requires, by the ordinary operation, a division of the abdominal walls and peritoneum, the separation of the artery from the vein, &c. The dangers and difficulties of the ordinary method are equally great in aneurism of the axillary, the subclavian, the innominate artery, &c.

The successes which have already resulted from the method of Dr. Pravaz, confirm me more and more in the conviction of its superiority over every other plan. I am thoroughly persuaded that it will produce a revolution in the treatment of aneurisms, as complete and important as that which lithotrity has brought about in the treatment of calculous disorders. The instruments first invented for crushing the stone were very complicated and very imperfect, and for a long time success was counterbalanced by serious accidents and numerous failures But lithotrity is a different affair now. The history of the method of Dr. Pravaz will resemble this—*Virginia Medical and Surgical Journal.*

Operating in Cancer.—The following is a brief abstract of the Report of Dr. GROSS, read before the American Medical Association:—

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced, and distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced: