

its border, a circular, or rather elliptical layer of Vienna paste, four-fifths of an inch in height and breadth, closely applied and limited by a double band of diachylon plaster. The patient instructed to inform us of the progress of the cauterization stated after a quarter of an hour, that all painful sensation which had been very moderate, had ceased; I, however, left the caustic applied five minutes longer—twenty minutes in all. The caustic having been removed, the surface cauterized, was wiped with lint soaked in vinegar, when a perfectly even blackish band was found. The breast having been raised, I passed a very fine platinum wire between the tumor and subjacent areolar tissue, in order to keep it elevated during the operation. I then incised horizontally and circularly the whole of the cauterized band; this was done without causing the least pain or hæmorrhage, and as if without the knowledge of the patient. Having thus detached from its cutaneous circumference the whole of the tumor, I tore it out with my fingers, dividing with scissors some opposing fibrous bands. The operation lasted ten minutes; but two or three spoonfuls of blood were lost and only one small artery required a ligature, which came away two days after. The patient complained of no pain throughout the operation. The wound was syringed out daily and dressed with lint soaked in a lotion of carbolic acid (1-100) and alcohol (1-4). No febrile movement ensued: the appetite and sleep most satisfactory. But what is most surprising, the cough and copious expectoration ceased almost completely after the eighth day. The cicatrization was most regular. Healthy granulations touched occasionally with nitrate of silver, and dressed alternately with glycerine and carbolic lotion regularly and gradually filled up the excavation. The border of the wound, remaining from the circular hall of the cutaneous eschar remained in place more than three weeks, in the form of a band dry and closely adherent to the cutaneous cellular tissue. It separated but gradually in pieces. During this process, two facts were evident, viz.: That the very firm and adherent eschar formed an insurmountable barrier to the passage of the secretions of the wound, and thus prevented all absorption thereof. Such is the first serious operation performed with the aid of caustic anæsthesia. I leave it to surgeons to decide from it, its possible ap-

plications, and to the future, to point out how far this method shall—I do not say supplant,—but, assist in certain cases anæsthesia by chloroform.—*Translation from Gazette des Hôpitaux.*

THE CONTROL OF HÆMORRHAGE IN AMPUTATION AT THE HIP.—Mr. Jordan Lloyd suggests an application of the elastic bandage to control the circulation during amputation or excision of the hip-joint as a great advance over the abdominal tourniquet or Davy's lever. His procedure is as follows. The limb is first emptied of blood by elevation, combined with gentle frictions towards the trunk. A strip of black India-rubber bandage about two yards long is doubled, and then intrusted to an assistant after passing it between the thighs, its centre being between the tuber ischii of the side to be operated upon and the anus. A common roller bandage (thigh) is then laid lengthwise over the site of the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn in a direction upwards and outwards, one in front, one behind, to a point above the centre of the iliac crest upon the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band passing across the compress occludes the external iliac, and runs parallel with and above Poupart's ligament: the back of the band runs across the great sacro-sciatic notch, and by compressing the vessels passing through it prevents bleeding from the branches of the internal iliac artery. The ends of the bandage thus tightened must be held by the hand of an assistant placed just above the centre of the iliac crest, the back of the hand being against the surface of the patient's body. A piece of wood may be held in the hand to diminish the pain from prolonged pressure. In this way an elastic tourniquet is made to encircle one of the innominate bones, checking the whole blood-supply to the lower extremity. When the band is once properly adjusted, the assistant has only to take care that it does not slip away from the compress or over the tuber ischii; the former is prevented by securing pad and tourniquet together with a stout safety-pin; the latter by keeping the securing band well above the iliac crest, or even more safely by looping a tape beneath the elastic near the tuber ischii, passing it