

nearly, if not quite, impossible to convey the ligature from below upwards. It has also been advised to employ the assistance of some mechanical contrivance for tightening the knot. But I feel persuaded that the thread will always be within reach of the fingers, and may be more safely tied by them simply, than with the intervention of any instrument.

I may take this opportunity of remarking, that in the last number of this journal I have been represented as utterly regardless of the pain suffered by patients. Having constantly endeavoured to lessen the sufferings inflicted through the practice of surgery, by diminishing the frequency of operations, and simplifying their performance, I trust that any notice of a charge so unexpected, beyond an indignant denial, will be deemed superfluous. It is true that, as stated in my paper upon the use of ether, I regard the pain suffered during an operation as a secondary consideration, when compared with any defect in accomplishing the object of its performance. And I still think that the *North British Reviewer* did no service to the public or the surgical profession, by exaggerating the importance of pain, and misrepresenting the effects of its prevention.—*Ed. Monthly Journal of Medical Science.*

**Employment of Sponge-Tent to Dilate the Urethra in the Female.** By JONATHAN TOOGOOD, M.D. In a late number of the *Provincial Journal*, Mr. Worthington relates a case of successful extraction of a calculus from the bladder of a female by Weiss's dilator, and states, "that the process of dilatation was commenced at eight o'clock in the morning, and that at the end of every two hours he visited the patient for the purpose of giving the screw of the instrument from a quarter to half a turn." Having understood from those who have employed that instrument, that it occasions much pain, I have never used it in my own practice, but have preferred dilating the urethra with sponge-tent, which I have always found a safe, effectual, and easy mode of accomplishing the object. I have twice succeeded in this way in extracting a female catheter which had accidentally slipped into the bladder, with so much ease, that I should always adopt the same plan with confidence, for the removal of calculus or any other foreign body. The plan was as follows:—A sponge-tent, somewhat larger and longer than a female catheter, was passed into the bladder, and allowed to remain eight or ten hours, by which time the urethra was sufficiently dilated to admit the passage of the finger readily into the bladder, and the introduction of a pair of forceps, by which the catheter was removed without any difficulty. In the first case the patient was not aware that the accident had happened; the catheter remained in the bladder fifteen days without producing any irritation, and the extraction was so easily effected that she was not conscious that any operation had been performed, and the bladder regained its power immediately. In the second, the catheter was retained seventeen days, during the whole of which period it occasioned much pain and irritation; nevertheless, on the fourth day after the extraction, the incontinence of urine ceased entirely.

I have repeatedly found the sponge-tent extremely useful in opening the neck of the uterus for the purpose of exploring its cavity, and for the removal of tumours. The introduction gives but very slight pain, and the dilatation is so gradually effected, as scarcely to be felt.—*Prov. Jour.*

**New and Successful Method of Treating Prolapsus Ani.**—By DR. HAKE.—The method consists in returning the bowel or hemorrhoidal tumours with great care after the daily motion; in assisting its return by means of soap lather; in applying a coil of moist sponge firmly upon the anus, and, while retaining it there with one hand, bringing the nates together by means of a broad strip of adhesive plaster, as on approximating the edges of a wound.

This method Dr Hake has now tested in several cases; it has never failed of success.

[The following is extracted from a letter from a patient who

first put the plan to trial and by whose ingenuity it was first conceived:]

"Take a piece of sponge four or five inches long, an inch and a half wide, and half an inch thick, the more elastic the better; roll this, in a damp, but not wet state, pretty tightly, so that the roll, if relaxed, would be ready to spring back into its full length and it would then make a roll of some little substance, round, but still soft, and its length, when thus rolled, will of course be an inch and a half. Apply it, then, lengthwise, to the anus, so that it may be pressed, about the centre of it, quite home and firmly to the part. Taking care that it may remain so, stretch a length of adhesive plaster, about 14 inches long, and three and a half wide, more or less, straight across the nates, rather low down, and contrive so that while the plaster adheres on one side, you press the other side closer to its opposite, before you fix the length finally where it is to remain. Then sit down, at first gently upon it, and it will become very firm and fast, so long as the plaster is good. These two pressures constantly going on, do the work without any inconvenience worth speaking of; I mean the roll of sponge always striving to unwrap itself, and the cross-band of adhesive plaster always keeping it from doing so by holding the nates sufficiently close together. The working is perfect with a little use and management. I never put this on until I am going about, or to take exercise, whether walking, riding, or driving. In the evening I take off the plaster, but leave the sponge in its place, where it has got by that time so firmly fixed by gradually spreading and swelling, that there is no danger that anything short of great exertion will loosen it, and it is of course more comfortable to do without the plaster when it is not wanted. The sponge should be washed in cold water every time it is taken off, and in cold weather the plaster should just cross the fire before it is put on; in moderately warm weather it will adhere of itself, especially if it is sit upon for half a minute. The same plaster is better the second day than even the first, and will do even the third, where economy is an object. Wash the parts where the plaster goes every morning, or oftener, with water, or water and vinegar, and the skin will never suffer. If the plaster leaves something sticky behind it, when it is taken off, rub it with a very little spirit of wine, and the towel will remove it.

"If there be an irritation about the anus or the gut that comes down, wash it with vinegar and water, and the relief will be wonderful, and that part of the evil soon cured. This wash cannot be too much praised for this purpose, for piles, and the like."—*London Medical Gazette.*—*Ranking's Abstract.*

**Discovery of a new Anæsthetic Agent, more efficient than Sulphuric Ether.** By J. Y. SIMPSON, M.D., Professor of Midwifery in the University of Edinburgh: Physician-Accoucheur to Her Majesty in Scotland. &c. &c.

At the first winter meeting of the Medico-Chirurgical Society of Edinburgh, held on the 10th November last, I had an opportunity of directing the attention of the members to a new agent, which I had been using for some time previously, for the purpose of producing insensibility to pain in surgical and obstetric practice.

This new anæsthetic agent is Chloroform, Chloroformyle or Perchloride of Formyle.\* Its composition is expressed by the chemical formula  $C_2 H Cl_3$ . It can be procured by various processes, as by making milk of lime, or an aqueous solution of caustic alkali, act upon chloral; by distilling alcohol, pyroxylic spirit, or acetone, with chloride of lime; by leading a stream of chlorine gas into a solution of caustic potass in spirit of wine, &c. The resulting Chloroform obtained by these processes is a heavy, clear, transparent liquid,

\* In making a variety of experiments upon the inhalation of different volatile chemical liquids, I have, in addition to Perchloride of Formyle, breathed Chloride of Hydro-carbon, Acetone, Nitrate of Oxide of Ethyle, Benzoin, the vapour of Iodoform, &c. I may probably take another opportunity of describing the results. It is perhaps worthy of remark that, in performing his experiments upon inhalation, Sir Humphry Davy confined his attention to the inspiration of gases, and does not seem to have breathed the vapour of any volatile liquids.