down with water to the consistency of cream. Of this an unguent was formed by adding lard in sufficient quantity with which the perineum was well anointed, three times per day for over a week, in conjunction with a regular course of salines to keep the bowels soluble. At the expiration of the time mentioned my patient returned much elated with the success of the course of treatment."

This treatment was continued for a month longer, and the doctor says the cure was perfect.

NEW PROCEDURE FOR THE LIGATURE OF THE SUPERFICIAL PALMAR ARCH.

"All surgeons are aware that the gravity of the wounds of this artery is entirely out of proportion with its size. The difficulty of checking the hemorrhage arises, on the one hand, from the fact that blood is supplied in almost equal quantities by the radial and ulnar arteries, and on the other, from the number of collateral vessels given off in so limited a space. Hence it is almost impossible for a solid coagulum to form in the divided extremities of the artery. The superficial situation of the arch, in a region so exposed as the palm of the hand, accounts for the frequency of these injuries. In general, pressure on the site of the wound and on the principal arteries leading to the hand is at first resorted to; but the abundance of secondary hæmorrhage soon compels the surgeon to secure the radial, ulnar, or even the brachial arteries, a series of hazardous operations which might be avoided, were it possible to apply a ligature directly upon the extremities of the open vessel. This precept is, however, seldom complied with, on account of the loose description given by anatomists of the exact situation of the superficial palmar arch.

"Dr. E. Bœkel, Fellow of the University of Strasburg, has recently published, in the local *Medical Gazette* some new indications which may guide the operator in his search for this artery, and permit him to secure it without unnecessarily extensive incisions.

"'Place the thumb,' says Dr. Bœkel, 'in the greatest possible abduction, and draw a line from its ulnar edge across the palm of the hand. In front of this, which may be denominated the guiding-line draw a second in a parallel direction, at a distance of a third of an inch nearer to the fingers, or more correctly at an equal distance between the first line and the middle cutaneous fold of the palm; this is the precise position of the superficial arch, and if the skin and palmar fascia are divided here, the artery will be at once exposed, and found reposing on a layer of fatty tissue which separates it from the nerves and tendons. No apprehension of wounding these need therefore be entertained.

"'It will perhaps be alleged that no fixed rules can apply to an artery so irregular as the palmar arch; but it must not be forgotten that the anomalies alluded to refer less to the exact situation of the vessel than to the dimensions of its supplying branches. I have performed the ligature above twenty times on the dead subject, guided by these rules, and have never once failed in alighting on the artery in the exact position described.

"'An accurate knowledge of this anatomical detail has another advantage quite as great as that of giving increased facility in finding the artery, viz., it supplies us with the means of avoiding it. Phlegmonous inflammation beneath the palmar fascia, at the same depth as the arch, frequently requires incision, which is never extended toward the wrist without a certain amount of hesitation. The indications I have mentioned will permit the surgeon to use the knife with more boldness, and at the same time with greater safety, and they have already done me good service for this purpose."'—*Journal of Practical Medicine and Surgery.*