injection of carbolic acid. This plan originated with a physician of Tennessee, whose name I do not recall, some ten years ago, and it has been popularized by Dr. Levis, of this city. The method of applying the carbolic acid is as follows: The fluid having been drawn off with a trocar, one drachm of the acid, rendered fluid by the addition of a minute quantity of water or glycerine, is injected into the sac by means of a rubber syringe provided with a nozzle long enough to reach through the canula. The canula and syringe a.e then removed, and the scrotum manipulated so as to bring the agent in contact with every portion of the serous surface. There is, at first, a little pain, but this is soon followed by numbness or anæsthesia. The patient may walk around for twenty-four hours, but he must then keep to his bed, with the scrotum supported by a proper bandage. This plan is said to be very efficient, and not liable to be followed by relapse. Dr. Levis, who has had a large experience with it, records an almost uniform, if not an entire success. Other surgeons have not met with equally good results. In a case which I treated in this hospital some time ago, the injection of carbolic acid was followed by a large effusion of blood into the sac of the tunica vaginalis, which resulted from the erosion of the serous membrane and the loss of support of the underlying vessels. The blood was evacuated and the patient recovered. I have not done the operation very often, but I have met with this complication on two occasions.

Before introducing the trocar, it should be mentioned that the scrotum is to be smeared with cosmoline, so that if any of the carbolic acid should fall upon the skin it will not produce excoriation.

INTERNAL HEMORRHOIDS—LIGATION.

This man, twenty-seven years of age, has had for many years, more or less pain in the back, which has become much aggravated during the past week. For the past four months he has had hemorrhage every time the bowels have been moved, and at the same time there was a protrusion of a tumor, about as large as a grape, from the anus. The operation which I shall show you is that of ligation. The bowels should be moved by an enema, and just before the operation the patient sits over a bucket of boiling water. The steam relaxes the part and a little straining brings the pile into view. As the man strains, you can see two tumors protrude. Around the small one it will be sufficient to place a ligature, but I shall transfix the larger tumor with a needle armed with a double ligature, and tie it in two sections. When there are a number of piles, say six or seven, it is not necessary to operate on all. If four are tied, the object will be accomplished; the amount of inflammation set up being sufficient to obliterate all. You should never allow a patient to walk about after any operation for hemorrhoids, no matter whether it is a simple one, as in the present instance, or a more severe one, as clamping the tumors, cutting them off, and searing the cut surface with the hot iron The patient must go to bed, so as to run as little risk from pyæmia and tetanus as possible.

In your books you will find it stated that a certain amount of laudanum should be thrown into the bowel, or an opium suppository be used after the operation. I consider this a bad practice. The rectum is already stuffed up enough. If the patient suffers pain, one-third of a grain of morphia may be given hypodermatically. The bowels should be confined for three or four days, or until the patient begins to feel a little uneasy about the belly, when a free and easy motion may be secured by injecting six ounces of sweet oil, and following it up the next morning with half an ounce of castor-oil, by the mouth. After all operations upon the bowel, you should inquire into the condition of the bladder, since there is reflex spasm of the bladder, causing retention of the urine, which will have to be relieved with the catheter.—*Col. and Clin. Record.*

PLASTER OF PARIS IN FRACTURE OF THE PATELLA.

Dr. Little, of New York, (*N. Y. Med. Journal,*) describes his method of treating fractures of the patella as follows:—It will, perhaps, be best for me to state at the outset, in order to avoid a misunderstanding, that I always make a distinction between the plaster-of-Paris *bandage* and the plaster-of-Paris *splint;* two entirely different methods of using this material. The method which I propose to describe is by the use of the plaster-of-Paris splint, which was first introduced by me in 1861, and first applied to a fracture of the patella, in 1863, in a patient of Dr. Tucker, of this city, and which I have used in all the cases that have come under my care in St. Luke's and St. Vincent's Hospitals, as well as in my private practice.

Immediately after the receipt of the injury, I elevate the limb slightly, and place it on a pillow, or a single inclined plane, and wait until the swelling and inflammatory action which follow have subsided. The limb is placed in this position simply for the comfort of the patient, and not for the purpose of relaxing the quadriceps extensor muscle, and thus preventing the separation of the fragments, which was formerly considered necessary. Although I have often attempted, I have never been able, to demonstrate that it made any appreciable difference in regard to the separation of the fragments whether the limb was in a straight position or the thigh flexed on the pelvis. Sometimes, when the effusion into the synovial cavity is great, I apply pressure as soon as the patient is able to bear it, by means of a bandage. When