member spirally. Carry the circles as far as the ankle; finish by one turn around the heel. Start another roller up the limb, caring that the doloires ascend regularly, in connected lines, not lapping, with a steady pressure, as far as the ulcer, which is to be crossed until covered. Whenever a conference with the sore is necessary, remove only the sections of plaster that cap it, then dress it with separate slips. If the leg is strapped comfortably and firmly, the plasters may remain untouched for weeks. It is better that they should, as the tissues are at once relaxed on their removal, and a severe strain is inflicted on the tender sprouts of skin.

FIBROID TUMOUR OF THE PROSTATE SUCCESSFULLY TREATED BY INJECTION OF IODINE (*Virginia Medical Monthly*, June, 1876).—Dr. Melville Taylor reports the case of a man, æt. 26, who, when he first came under observation, had the following history. About nine months previously he had discovered a tumour the size of a chestnut in the perineum, just behind the scrotum; it was at first moveable, but soon became stationary. Its growth was progressive. He had never had any pain, but complained of a sense of weight and dragging in the perineum, and of severe tenesmus. He urinated frequently, slowly, and with much straining, the water at times containing mucus, and being ammoniacal. Lately his urine had been dribbling from him. His walking was greatly interfered with by the tumour between the thighs, and it was for this reason only that he applied for relief. Exploration of the prostate by rectal touch revealed an abnormal enlargement of this organ It was hard and firm, presenting to the fingers four different segments. No increased sensibility. Upon the passage of the catheter, an obstruction was met with at the prostatic portion of the urethra; but this, after some manipulation and not a little pain to the patient, was overcome, and the instrument slipped into the bladder, when about ʒxx of fetid urine was passed, although he had urinated previous to its passage. The catheter caused some pain when impinged against the walls of the bladder.

The diagnosis of fibroid being made after a few other examinations, treatment was commenced by the injection of iodine into the tumor, fifteen drops of the tincture being used at intervals of several days. There was some little irritation at first, but this soon subsided, and the final result was a complete cure, the prostate decreasing from the size of a base-ball to its normal dimensions.

THE VALUE OF PRESSURE IN SEMI-MALIGNANT MAMMARY TUMOURS.

The suggestion contained in the following extract from a clinical lecture, by Dr. George Buchanan, Professor of Clinical Surgery in the University of Glasgow, is so valuable that we give it prominence:—

There is a kind of tumour which belongs to the simple, or non-malignant fibrous kind, which partakes of malignancy, inasmuch as it returns after removal. Such is the tumour which used to be called recurring fibrous tumour. The question I am going to discuss is not so much the possibility of treating these tumours medically in the way of palliation, but particularly with regard to surgical removal. I wish, however, to tell you at the outset that, because a person has a well-defined tumour in the mamma, it is not absolutely necessary to excise it. I shall say nothing at present with regard to removal by caustics; but it has fallen within my own experience to have seen several most remarkable examples of the disappearance, I might almost use the term cure, of tumour by pressure; and that information is, I think, of great value, because in many cases, from the constitution, or the age of the patient, or from the implication of the neighbouring parts, you could not, with any degree of conscientiousness, recommend removal of the tumour; but I could show you ladies in Glasgow, at the present day, who have had tumours in their mammæ, and who are now absolutely free from the disease by the application of careful and well-directed pressure. You are aware that pressure will cause absorption, both of normal and of abnormal tissues; and you are probably aware that, if a person have an aneurism of the aorta, and if the aneurism continue to grow, it not unfrequently happens, through the tumour pressing upon the sternum, that it gradually induces absorption of the bone until it appears underneath the skin, and if not arrested it spontaneously bursts, and causes loss of life. We are all aware of the importance of pressure in assisting the absorption of abnormal fluids; as by the use of a splint and bandage in cases of effusion into joints. In the same way, pressure, well directed to the breast, has a remarkable effect in causing the absorption of