

the success obtained in England and Ireland in the treatment of aneurism of the limbs by flexion, he had taken great pains in ascertaining how far advantage would result in the employment of the same means in the treatment of bleeding from wounded arteries. The results of his investigations made in the Dorpat Surgical Clinic were published in Langenbeck's *Archiv* 1869. Up to the present time he has cognisance of nineteen cases so treated—eleven being cases of his own, and the others occurring in the practice of other surgeons, most of them his own former pupils. In one of these no result was obtained, as the patient could not support the flexion, but in all the rest recovery took place. The wounds implicated the ulnar, the radial, the interosseous arteries, the palmar arch, the dorsalis pedis, the plantar, and the tibialis posticus. The duration of the flexion varied much in different cases—this being continued in one case to the eighteenth day without the patient suffering any considerable uneasiness. It is useful, when readjusting the apparatus, to change the angle by one or two degrees. The case reported by Von Burow, of gangrene of the hand following this procedure, says nothing against it, inasmuch direct pressure was also employed. In none of Dr. Adelman's cases has he met with even a trace of any such occurrence. In answer to a question whether this long-continued flexion did not cause inconvenience by reason of the venous stasis it gave rise to, Dr. Adelman replied that frequently there were all the signs of an obstructed circulation, but according to his experience after about twenty-four hours the compensatory circulation became established. To another question as to the duration of the flexion, he replied that we must in determining this proceed very cautiously, and not discontinue flexion until granulations have formed; yet he has been able to discontinue it after the third day without any hæmorrhage occurring. He also observed that as physiology has not determined what are the changes which take place in the circulation in consequence of this angularisation of the vessels, forced flexion can only at present be employed as an empirical remedy. He hopes that before long experimental investigations will be undertaken on animals, in order that we may be able to establish the practice of flexion in man upon a scientific basis.—*Med. Times and Gazette*.

WHAT IS PYÆMIA?

This is a question we may well ask at a time when the leaders of medical opinion are discussing the subject in a manner only to be paralleled by the debate on tubercle last year. Doubtful indeed, we feel, whether the debate on tubercle has in any way enlightened the profession. Rather we fear it may have tended to confuse. Yet such debates are

not without value, and we are glad to see them well kept up. The debate on pyæmia promises some practical conclusions, and will probably serve as a starting point to many who wish to begin investigating this disease. Nevertheless, the word pyæmia is very unsatisfactory. Clearly, various speakers attach different meanings to it, and we therefore feel inclined to doubt whether, after all, there is as much difference of opinion as appears on the surface. The journals have been full of the subject all the month, and in our last issue we commenced what we believe will be recognized as one of the most important contributions to the subject—viz., the remarks of Surgeon-General Gordon, C.B., in our "Independent Department." It is remarkable how little reference has been made to the experience of army surgeons in the course of the debate, and we therefore urge our readers to supplement the perusal of the report by a study of Dr. Gordon's papers. In the article in our present number he deals with the debate at the Clinical Society, and we therefore need not report that.

Professor Hughes Bennett proposes to discard the term pyæmia altogether, and to employ the following words:

Septicæmia.—Poisoning of the blood from every source; a general term.

Ichorhæmia.—Poisoning of the blood from ichorous matter or decomposed pus.

Leucocythæmia.—White cell blood; excess of colourless cells in the blood.

Leukæmia.—White blood, from excess of fatty matter in the blood, so called chylous, or milky blood.

Dr. Lionel Beale dissents from Dr. Hughes Bennett's views, urging very naturally that pus-cells, young mucous and epithelial cells, though very much alike, are not identical, and it would be introducing terrible confusion to call leucocythæmia "suppuration of the blood."

It seems to us easy to call two things by one name, but doing so does not simplify matters, and Dr. Bennett does not help us by proclaiming the identity of various cells, or by speaking of them as "white cells or leucocytes." The expression reminds us of a good story we heard the other day. A microscopist was jocosely asked by one of his colleagues if he could tell him anything he did not know about the white blood-cells. He answered at once, "From the terms of your question I think I can mention two things—in the first place they are not cells; in the second place they are not white."—*The Doctor*.

THE HOPE OF AN INDIGENT DEVIL, was the motto of an essay on Colles' Fracture, by Dr. Cruise, which gained the prize of the N. Y. State Medical Society.