directing the attendants' search to the groin. The imperative importance of examining all the possible seats of hernial protrusion, in cases of sudden, severe, and intractable abdominal attacks, attended with *any* of the constitutional symptoms of strangulated hernia, could not be more forcibly impressed than by such experience as this.

Worcester, February, 1857.

IMPROVEMENT IN PLUGGING THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few physicians in active practice, who have not, at one time or another, been annoyed, and perhaps alarmed, by the occurrence of profuse uterine hæmorrhage, especially in abortions of an early period. The ultimate and unavoidable termination of these cases by expulsion of the uterine contents, having been satisfactorily ascertained, it is of course highly desirable to hasten this result, and at the same time save the patient from further effusion of blood. For this purpose, various kinds of plugs or tampons have been recommended, among which, strips of linen, silk handkerchiefs, sponges and India rubber bags or bottles, are most in favor. The method which I am about to propose, and have often employed with great satisfaction, seems, however, to possess several advantages over any of the others. I learned it some years since from my friend, Dr. George O. Jarvis, of Portland, in this State.

The entire apparatus consists of two, or perhaps three, towels. One of these is to be twice doubled or folded lengthwise, and then rolled up tightly, until it is made into a small, firm roll or cylinder, some eight or ten inches in length. This is then again rolled up within a second towel extended or spread out to its full length. We have thus a band or roll about a yard long, the central portion forming a thick, firm cushion. Its application is perfectly easy and simple: the central part or cushion is applied against the vulva between the thighs; one end of the enclosing towel is brought up in front of the patient, and the other at her back between the nates (like the letter U), and the two ends being tightly drawn up, are then pinned to a third towel passing across the shoulders, or perhaps to the neck or yoke of the patient's night dress, if that be stout and strong enough for the purpose. Firm pressure is thus made against the genital fissure, preventing the escape of blood, which then coagulates in the vagina and serves both as a plug and dilator of the os uteri. In due time, the ovum being separated, expulsive pains come on, and the roll being then unpinned and removed, and the patient (if not too much exhausted) allowed to sit upon a vessel, the vaginal plug or clot, followed by

the ovum and its concomitants, is extruded, and the trouble is at an end.

The advantages of this plan over any internal plugging are so obvious, that I will not take up your space or the time of your readers by enumerating them, but will only assure those who have never tried it, that, in the great majority of cases where plugging is proper and necessary, they will find this method safe, easy and efficient. It has rarely or never failed in my hands; and now, when called to a case of flooding from the cause above mentioned, if pressed by business, I do not hesitate, after applying the roll, to leave my patient for an hour or two, or longer if necessary; feeling confident that if my directions are strictly obeyed, no mischief will befall the patient during my absence.

Middletown, Ct., Feb. 26th, 1857.

W. B. CASEY.

AMYLENE, THE NEW ANÆSTHETIC.—LETTER FROM LONDON.

BY JAMES B. WELLMAN, M.D., OF FITCHBURG, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ON the evening of the 16th instant, by invitation of one of the members, I attended a meeting of the London Medical Society. During the evening, Dr. Snow read a paper on a new anæsthetic which he had been experimenting with for some time past. He first reviewed all the anæsthetics that had ever been used, their discovery, the reasons for and against their use, and finally came to speak of amylene. It is obtained by distilling fusel oil with chloride of zinc. It is very volatile, boils at 102°. It is composed of $H_{10}C_{10}$, and has the smell of naphtha. Insensibility is usually caused by ʒ i. of chloroform, ʒ ii. of amylene, ʒ vii. of ether—amylene bearing the above proportion to the other two agents, and causing insensibility in three minutes. It does not choke the patient, or produce coughing, sickness or depression; neither did it produce the strangling or rigidity that is often caused by other anæsthetics. It does not seem to affect the brain as much as other agents, producing a less amount of coma, and the patient returns to consciousness almost immediately. The above facts were founded upon 21 cases in which he had administered it at King's College Hospital. The advantages which it seems to possess over other anæsthetics, judging from the above cases, are the rapid and complete insensibility to pain without so deep a coma, the quick return to consciousness, and the absence of sickness and other distressing symptoms mentioned. It is not so disagreeable as ether, and more so than chloroform; but that, I think, depends upon one's taste, or rather smell. To me, it is more disagreeable when diluted in the atmosphere, than when taken from the inhaler.

There were several questions asked by members of the Society,