duct furnished by the enveloping membrane of the bones upon which has devolved the property of reproducing and regenerating them.

The duration of treatment was very different from, being much shorter than, that of patients in whom M. Jobert applied the seton by placing it next the surfaces of the extremities of the fragments, and this will be readily understood if we take into consideration the fact that the periosteum alone furnished the means of cicatrization, whilst in the other cases there were necrosis and granulation of the ends of the bone.—*London Med. Review*, Sept., 1860.

30. *Digital Compression in Aneurism.*—M. MIRAULT, of Angers, related to the Paris Surgical Society the following two cases of aneurism, in which digital compression had been successfully employed:—

1. A man, aged 23, exhibited an aneurismal tumour at the bend of the arm, some time after being bled. When admitted into the hospital this tumour was about the size of half an egg. Digital compression was made on the brachial artery, at about the middle of its course, from 11 o'clock A. M. to 9 P. M., and next day it was resumed from 6 A. M. to 9 P. M. The tumour became more firm, and the compression was employed again at 6 A. M. of the third day; at 8 the pulsations had become indistinct, and at 12 they had completely disappeared. Thirty-one hours altogether had been occupied in making compression.

2. A child, aged 9, having had the trunk of the temporal artery opened, just anterior to the ear, an aneurism about the size of a nut appeared eight or ten days after the accident. Direct digital compression was employed for five hours on the first day; for ten and a half hours on the second; for eleven hours on the third; for nine and a half hours on the fourth; for eleven hours on the fifth; for ten hours on the sixth; for ten and a half hours on the seventh; and for nine and a half hours on the eighth—making a total of eighty-five hours, at the end of which time the aneurism had become cured.—*Med. Times and Gaz.*, Jan. 19, 1861, from *L'Union Méd.*, No. 1, 1861.

31. *Arrest of Venous Hemorrhage.*—In the course of an interesting paper by Prof. LANGENBECK on the "Surgical Pathology of Veins," illustrated by numerous cases, he observes that styptics are not suitable for the arrest of venous hemorrhage. The best of these, the liquor ferri sesquichlorati, is dangerous, owing to the extensive thrombus formations and subsequent irritating effects it gives rise to. In all cases, when obstinate venous bleeding proceeds from several small veins, he gives decided preference to the actual cautery, as most certainly guarding against the breaking up of thrombi and pyæmia. When the bleeding proceeds from a large vessel, compression, ligature of the vein, or ligature of the corresponding artery, should be resorted to. In wounds of the large veins of the extremities, *compression* of the peripheric end by means of the finger will usually suffice; and in wounds of the jugulars, we should at once apply the finger to the central end to prevent the entrance of air, and then to the peripheric end to arrest the bleeding. In the case of a large wound of the jugular, the finger can only act provisionally, and the best means of proceeding consists in closing the lips of the outward wound by strips of plaster (which must not extend to the uninjured side of the neck, where they would compress the opposite jugular), so applied as to exert the most equable compression around the wound without impeding the circulation. In the case of the veins of the extremities, bandages may also be exactly applied, commencing at the toes or fingers. When the injured vein is at the bottom of a wound, the author places some cerated linen in contact with it, fills the wound with charpie, and then brings its edges together with plaster.

Ligature of the Vein.—In general, tying the peripheric end of a wounded vein of the extremities suffices; but a ligature both above and below the wound may be required when a considerable branch enters just above the central end. To avoid the loss of blood during the removal of large tumours, the provisional ligature of several large subcutaneous veins, which sometimes acquire the size of the finger, may be requisite; and in such cases the author always applies a double ligature, and divides the vein between, removing the ligatures after the