

might contribute to his reading more promptly and easily. In fact, upon ceasing the pressure, the difficulty of expression was quickly reproduced; but upon replacing his hand the freeness of articulation immediately returned. Endeavouring to give an account of this, he observed: 1st. That the mouth was kept half open, the distance between the teeth being a line or a line and a half. 2nd. That the tongue, abandoned to itself, in the state of repose placed itself against the inferior dental border, whilst during pronunciation it is projected forwards and upwards, but is withdrawn almost immediately behind the alveolar arch. 3d. That a medium pressure is necessary upon the chin; this should be sufficiently strong to resist the muscles which move the inferior maxilla, without impeding its movement of elevation, so strong as to prevent perfect approximation. To produce this pressure, and, at the same time, make it excusable, it is necessary to use a certain delicate art, so that the manœuvre may not appear forced, but on the contrary almost natural. This pressure should be made with the external border of the right or left hand indiscriminately, the thumb applied upon the chin and the fingers free. Since he has made the discovery he finds he frequently takes the position without thinking of it, and has observed the same in other individuals afflicted with impediment of speech. This habit does not appear to be peculiar to stammerers, since it is frequently assumed by timid persons when speaking in public. Dr. V. has only had an opportunity of trying it in two individuals, but the effect surpassed his expectations.—*B. and F. Méd. Rev.* from *Bull. de l'Acad. Roy. de Méd.*, Sept., 1837.

28. *Treatment of intussusception by inflating the bowels.*—Samuel Mitchell, Esq., suggests, in a communication in the *Lancet*, (17 March, 1838,) a trial of inflating the bowels with air as a remedy for intussusception in children, and relates a case in which he has resorted to it with success. Though there is no novelty in the suggestion, the case is interesting, so far at least as affording additional evidence of the utility of the measure. It is one which should never be neglected in the affection in question.

SURGICAL PATHOLOGY AND OPERATIVE SURGERY.

29. *Cæsarean Section.*—The propriety of an early resort to this operation in cases where it is necessary, has been very properly insisted upon; but the circumstances which render it necessary, are not always readily determined. M. CASTEL stated, at a recent meeting of the Academy of Medicine, (February 17th, 1838,) that some years since a woman was in labour at the *hospice de perfectionnement*, the professors were all assembled, and the cæsarean section resolved on. The crowd of students was so great that some delay took place whilst arrangements were making for their accommodation, and during this time the woman's delivery took place naturally.

M. GIMELLE also stated that he saw, at the *hospice* of M. Dubois, a small woman who had five times submitted to the cæsarean section, and who was delivered naturally the sixth time.—*Gaz. Méd. de Paris*, March 3, 1838.

30. *Ligature of the primitive Iliac Artery near the bifurcation of the Aorta, successfully performed for an Aneurism of the external Iliac Artery.* By M. SALOMON, Professor in the Medico-Chirurgical Academy of St. Petersburg.—Luke Padurbus, invalid, aged 38, of good constitution, addicted to drinking, had some years before laboured under intermittent fever. Ten years ago he suffered from a chancre on the glans penis, and a bubo in the left groin, which suppurated, and has left a large cicatrix: since this time he always enjoyed good health. Six months before his entrance into the hospital he received a kick from a horse in the left groin, which was shortly afterwards followed by the formation of a tumour in the same region. This tumour made rapid progress, and soon rendered walking difficult, without, however, being painful. He entered the hospital on the 24th of May, 1837, the tumour one month previously having acquired a rapid increase, and the patient during that time having been obliged to keep his bed.