

employed; which was first described by M. Recamier, and with the most satisfactory results. This disease, first described by Boyer, consists in spasm of the sphincter ani, and this spasm, it is the aim of M. Recamier to destroy by forcible distension. With this view he introduces two fingers into the rectum, stretches the anus by drawing the fingers in opposite directions, and thus is able to introduce his whole hand in the rectum. He then closes his hand, and draws his fist thus closed through the anus. M. Recamier has cured by this method all the cases in which he has employed it. A short time since, a patient was about being operated on by incision, when M. Recamier was called in consultation; he resorted to his method just described, and the cure was instantly accomplished. M. Maisonneuve, who was astounded at the marvellous results of M. Recamier's treatment, has since employed no other, and since he has etherized his patients, the operation is accomplished without pain. Among the great number of cases he has observed, he has not witnessed any ill effects, or a single relapse.—*Gazette des Hôpitaux*, Oct. 2, 1847.

25. *Fistula in ano cured by Injection of Iodine*.—Dr. VAN CAMP has communicated to the Society of Medicine of Anvers, a method of curing fistula in ano without operation, by means of injections of iodine. A workman, aged 24, had had an enormous abscess at the anus, which became fistulous, its inner opening being very high up in the gut. Wishing to avoid operating in the case, a solution of nitrate of silver was tried as an injection, but it failed to do any service, and recourse was then had to an injection of equal parts of tincture of iodine and water, which was thrown into the fistulous cavity twice a day for five days. The first injections were attended with severe pain, and when the inflammation produced by it was considered sufficient, the proceedings were suspended for three days; they were then renewed, as a little fecal matter was discharged from the wound, but the cavity had diminished to an inch in height, and by the sixteenth day the cure was complete.—*Journ. de Med. Prat.*

26. *Instrument for dilating Stricture of the Œsophagus*.—M. BAILLARGER exhibited at one of the meetings of the Medical Society of Paris, an instrument for dilating strictures of the Œsophagus. This instrument consists of an Œsophagus sound, attached to the extremity of which is a sac, which may be expanded either with air or by the injection of water, after being introduced beyond the stricture. This sound is small, and is introduced through the nostril, and allowed to remain a longer or shorter time. Dilatation is effected by drawing the instrument upwards, by which the stricture is slowly dilated from below. This instrument had been applied morning and evening for eight days on a patient of M. Hervey de Chérogroin at the Hospital Necker.—*Gaz. des Hôpitaux*, March 30, 1847.

27. *Case of Laryngitis, accompanied by the formation of false membrane in the Trachea and Bronchi, in which Tracheotomy was successfully performed*.—By T. A. BARKER, M. D., (*Proceedings of Royal Med.-Chirurg. Soc.*, Dec. 11, 1847).—A woman, aged twenty-two, four months pregnant, after delicate health, and symptoms of commencing phthisis for nine months, and pain on deglutition for three months, was admitted into St. Thomas's Hospital with chronic laryngitis, and signs of tubercles, in an early stage, at the commencement of January, 1847. In a few days the symptoms became urgent, indicating the necessity of immediately opening the trachea. The operation was performed by Mr. B. Travers, junior, and the woman was nearly asphyxiated before it was completed, in consequence of a false membrane formed in the trachea, where the opening was made, blocking up the tube below the opening, having, probably, been forced downwards by the scalpel. Five days after the operation, there was extensive hemorrhage from the wound, and, together with the blood, a large quantity of fibrinous matter, evidently casts of bronchial tubes, was expectorated. The wound gradually closed, and there was no return of dyspnoea; but as the tubercular disease in the lung advanced, there was incessant cough, and the stomach became very irritable. Six weeks after the operation, the patient died, exhausted. The mucous membrane of the larynx and upper part of the trachea was completely destroyed, and both lungs, especially the right, were thickly studded with tubercles in an early stage.