

the duration of suppuration. My cases, I grant, are few, because my opportunities are not frequent, but I may claim for them that they have been carefully and anxiously worked out under considerable difficulties and with a weighty responsibility; and I am perfectly convinced that they afford good ground for believing that this little device is likely to be of real practical utility, or I should not have appeared here to-night. But I plead not guilty to the charge of having exaggerated the evils of the ligature, or of having made too much of my own cases. I have expressly and emphatically stated that I have as yet obtained no better results than might have been obtained by the use of ligatures, though I hope ere long to do so. That the ligature is an old friend, well-tried and trustworthy—has been successfully used for years, and does well enough—that somewhat similar attempts to find a substitute for it have failed—belong to that kind of reasoning by which all abuses are defended, and all attempts at improvement are ignored and abolished; they are not of much weight on the present or any other occasion. Mr. Barwell also seems to have a friendly leaning towards the ligature; but his dread of sloughing, from the strangulation produced by the wire is, I can assure him, purely imaginary. If he will try the experiment, he will probably be surprised to find how little pressure is needed to stop the bleeding from even a large artery. The needles of Dr. Simpson do produce injurious and inconvenient compression, but the wire compress does not, and it is one of the advantages I have claimed for it over the needles. I have fully shown that it is safe, and effectual, and manageable; and I have no doubt, from the attention which has been given to my humble efforts to-night, and from the ventilation which the subject has here received, that the wire compress will soon be put to the proof by others who have better and more frequent opportunities than I have; it may be, perchance, to the advancement of the science of surgery, and to the benefit of suffering humanity.”

—*Med. Times and Gaz.*, Jan. 24, 1863.

37. *A Symptom of Fracture of the Base of the Skull.*—In a communication made to the Surgical Society of Paris, M. DOLBEAU has called attention to the presence of ecchymosis of the pharynx at its upper part as a sign of fracture of the base of the skull. In a case admitted into the Bicêtre, where death took place twelve days after the receipt of the injury, the patient complained, when sensible, of pain in swallowing. On examination after death, the base of the skull was found fractured; and there was infiltration of blood behind the pharynx, from the occipital bone to the second cervical vertebra; the mucous membrane of the pharynx was also evidently ecchymosed. In two other cases in which the symptoms pointed to injury of the base of the skull—contusion in one, and fracture in the other—and in which recovery took place, pain in deglutition was complained of; and, on examination, in each case there was found to be ecchymosis of the posterior wall of the pharynx. The portion of the pharynx in which the ecchymosis occurs is rather difficult to be seen; it is limited by the bone of the skull above and the velum palati below, by the vertebral column behind, and the posterior orifice of the nares in front.—*British Med. Journal*, June 7, 1863, from *Presse Méd. Belge*, 27 Avril, 1862.

38. *Recovery after Transfixion of the Thorax by an Iron Bar.*—Dr. C. W. HOYLAND, Surgeon-Superintendent of the British Seamen's Hospital, Constantinople, relates the following remarkable case. Macknesky Leon, aged 25, a Pole, was employed in the hold of the Liverpool steamship *Sicilian*, discharging bar iron; and while he was in a stooping position preparing to sling a bundle for hoisting on deck, a bar from the one preceding slipped from the slings, and, descending end on, pinned him to the flooring of the hold, penetrating the wood to the extent of three inches, and requiring the united efforts of three men to extract it. The bar was of angular iron, an inch and a half square, and about fifteen feet long. The wounds were dressed by the captain, who simply applied pledgets of lint, steeped in compound tincture of benzoin, to the sites of injury anteriorly and posteriorly, and a roller round the chest. It was reported that considerable hemorrhage took place at the time. On reception at the hospital about an hour after the accident, Mr. Hoyland found the patient much