dicial to cicatrization ; and when the parts around require cleansing, this is effected by means of tow, which, when used, is immediately thereafter destroyed or thrown away.

In aneurism, the discovery of Hunter has been most suc­cessfully extended. Further investigation in arterial pa­thology, especially as to the effects of ligature, has produced the most important results. The accumulated knowledge and experience, applied to practice by the talents and cou­rage of Scarpa, Abernethy, Astley Cooper, Liston, Stevens, and Mott, have achieved most triumphant advancement in surgery ; for thus the means of cure have been happily ex­tended to cases of aneurism, formerly regarded as irreme­diable. There are many aneurisms, and not of unfrequent occurrence, on which the surgeons of the last century were content to look until the tumour burst, and their patient perished under their very gaze, which are now fearlessly encountered, and with the best hopes of success. In an­eurism of the neck, Hunter and Scarpa led the surgeon to believe that a ligature placed on the carotid, between the tumour and the heart, might effect a cure, and Cooper proved that it did so. This arresting of the cephalic circulation is no longer looked upon with insurmountable dread ; for ex­perience has shown, that even both carotids may be tied, with but a short interval between the operations, and with­out any untoward result. The surgeon’s knife and ligature havc, in the cure of aneurism, ventured even so near the heart as the arteria innominata, but hitherto unfortunately without ultimate success; indeed it is doubtful whether the operation on this vessel can ever prove successful, there being so many inevitable obstacles to complete consolida­tion by ligature ; as yet, ulceration has always supervened, occasioning fatal haemorrhage. The subclavian has been deligated on account of axillary aneurism. Mr Liston had the honour to be the first who did so with success ; and an equally happy result has not been unfrequent since. Liga­ture of the axillary and humeral arteries, though difficult, is regarded as scarcely unusual. The aneurisms of the groin and hip were left to run their course unmolested, un­til Abernethy and Stevens showed that the Hunterian ope­ration could be extended even to them. “ The common, external, and internal iliacs, are now tied without much dif­ficulty, and very often with a successful issue. These ope­rations are quite justifiable, provided always there has been no mistake in diagnosis, and that there is nothing in the state of the patient’s health, or in the condition of the ar­terial system, to contra-indicate interference.” The origi­nal operation on the femoral, on account of aneurism in the ham or in the lower third of the thigh, is now looked upon, when skilfully executed, as at once the simplest, most beau­tiful, and most successful interference with the larger ar­teries. Thus we see that all aneurisms of the extremities are within the reach of art, and that a certain degree of success has attended the approaches towards the trunk, as far as the common iliac and arteria anonyma.@@1 It is to be feared that “ the force of surgery can no further go.” It is indeed a triumph that it has gone so far ; and we cannot reasonably expect that ligatures, placed nearer the great centre of circulation than either of the above-mentioned vessels, can ever be productive of a successful result. Sur­gical invention and enterprise have not, however, been easily baffled ; and in those cases of aneurism too deep to admit of the Hunterian method of operation, it has been proposed to reverse the procedure, and place a ligature on the distal side of the tumour. The operation has been put in practice, and in a few cases with some tempo­rary advantage, but the general result is not encouraging. Great difficulty has sometimes been experienced in disco­vering the vessel destined for the ligature, in consequence

by continuation of the bandage which supports the lower part of the limb. This dressing is removed at the end of forty-eight hours, or sooner if necessary. The sore itself is not to be washed or rubbed, for its own secretion is its natural and best protection ; but the surrounding skin is wiped clean, and, if excoriated by the pressure, bathed with a spirituous lotion ; the dressing is then re-applied as before. By such manipulation, repeated as often as is neeessary, the indolent surface of the sore is stimulated to the for­mation of healthy granulations for raising its depressed surface, while at the same time the swelling of the sur­rounding skin and cellular tissue is diminished by absorp­tion ; and thds, the sore and its margins having been brought to one level, cicatrization proceeds. After the ulcer has in this way been converted into the simple sup­purating sore, either the same dressing may be continued, exerting less pressure, or it may be superseded by the medicated lint and oiled silk. When nearly closed, all dressing may be discontinued ; the natural secretion form­ing a crust, under which cicatrization is speedily com­pleted. Of course healing will be materially assisted by rest and elevation of the limb; but the labouring man cannot always afford this, and the treatment by plaster, just described, possesses, in addition to its other virtues, this advantage, that with it the patient can continue in the erect posture with much greater impunity than when using any other application. For some considerable time after cica­trization, the limb should continue to be supported by a bandage or laced stocking. Another frequent ulcer is the weak sore, with thin, dark red margins, based on cellular tissue almost sloughing, and emitting a thin unhealthy dis­charge. Such generally form in clusters, and can be brought to heal only after the unsound parts have been destroyed by the potassa fusa, so as to obtain a sound foun­dation on which the reparative granulation may arise. This description of sore, however, is too often combined with and dependent on a strumous diathesis, and is healed only to break out afresh.

Such is a bare outline of the modem treatment of ulcers, to which however no fixed and absolute rules can be made to apply ; for sores are often changing their character and appearance, though perhaps but slightly, and consequently demand as frequent a change in the treatment. “ A judi­cious practitioner, by varying his applications according to the appearance and disposition of the sore, will serve and benefit his patient much more efficiently than by trying empirically this or the other new specific, or blindly ap­plying one remedy for every sore, because he has seen its good effects, or been informed of its answering miraculous­ly in one or two instances.” Be it likewise remembered, that in no class of diseases is attention to the general health more requisite.

We may here allude to the general improvement in hospi­tal practice, in consequence of which the hospital sore, so long and so frequently a scourge in those valuable institu­tions, is now almost unknown. The ventilation, cleaning, and general arrangement of the wards, the diet, clothing, and classification of the patients, are all improved ; but probably nothing has tended so much to the disappearance of this for­midable disease, as the substitution of tow for sponge in the dressing of sores ; a change apparently simple and insignifi­cant, but in reality most important. Formerly both nurses and dressers were in the habit of using one sponge for the sores and wounds of a whole ward, and if in one patient un­healthy action supervened, the vitiated discharge was soon afforded an opportunity of inoculating all. Now, sponges are not seen but in the operating theatre ; washing of wounds and sores has been discontinued, because found to be preju­

@@@\* The aorta has been tied, but with a result which does not warrant repetition of the experiment.