of displacement by the tumour, or more or less obliteration of its calibre. It is an operation “ which, in a favourable case, and at the earnest solicitation of a patient, a surgeon might be induced to adopt, as the only though desperate remedy for an otherwise incurable disease ; but it is not a proceeding which he would be warranted in urging his pa­tient to undergo.” In false aneurism from wound, as at the bend of the arm, if pressure methodically and firmly ap­plied—the whole limb below the wounded point being duly supported—fail to arrest the formation of tumour, recourse is had to the ligature. If the tumour be rccent, soft, and superficial, and the parts around not much infiltrated, the wounded point may be exposed at once by incision, and ligature placed above and below the aperture. But if the tumour be of considerable duration and size, ligature of the trunk, between the tumour and heart, is the preferable and equally successful proceeding.

The more important steps in effecting deligation of the larger arteries, whether for true or false aneurism, may here be briefly mentioned. The incisions are made with a small, finely-edged scalpel, used lightly and cautiously ; neither directors nor blunt knives should be employed, for they must bruise or tear to a certain extent ; and the simpler and smoother the cut is, the greater is the proba­bility that both wound and artery will assume a healthy action. The vessel having been exposed, its sheath is opened on the anterior aspect, to the extent of about an inch, and the point of a blunt aneurism-needle is gently passed beneath and around the artery, great care being taken to exclude nerve and vein from its circuit. A strong silk ligature having been thus passed, its loop is cut, and one half withdrawn along with the needle; the other is firmly secured on the artery, its effect on the tumour hav­ing, By previous pressure, been ascertained to be satisfac­tory. In placing the knot on deep-seated vessels, Mr Weiss’s instrument will be found to afford important as­sistance. “ All this must be done without disturbing the position of the vessel, without detaching it from the sheath, or breaking up its fine cellular connections laterally and behind, further than is barely sufficient for the passage of the needle. There must be no lifting of the vessel on the handle of the knife, or on the director, as if in triumph ; for ulceration of the arterial coats, and secondary haemor­rhage on or about the separation of the ligature, are the al­most inevitable consequences of such proceedings.” If by accident the vessel has been disturbed from its connec­tions, two ligatures are to be applied, one at each termi­nation of the separated portion ; but in general one single ligature is much preferable. Both its ends should never be cut away close to the knot ; for, in addition to the ordinary disadvantages found to belong to this plan, there is no slight risk of abscess, caused by the deserted knot, inducing secondary bleeding by ulcerative absorption of the arterial coats. And indeed the surgeon will feel more comfortable, in such anxious cases, if he leave both ends pendent from the wound. Fora like reason, separation of the ligature should be throughout its whole course spontaneous; rash pulling at its ends may be productive of the most serious results. The wound is brought together, and otherwise treated, accord­ing to the principles formerly detailed. Should secondary bleeding unfortunately occur, the vessel must be exposed above and below the source of haemorrhage, and a ligature applied at each point. But if the original operation have been judiciously as well as dexterously performed, and the after-treatment carefully conducted, such an untoward re­sult need scarcely be dreaded. Should pulsation return in the tumour, on the complete establishment of collateral circulation, pressure well applied will suffice to perfect the obliteration of the sac.

In dilatation or varix of the veins, if methodical pressure and attention to the bowels fail to remove the disease, or

at least its inconveniences, a radical cure is obtained by obstruction of the calibre of the main trunk, on the cardiac side of the dilatation ; and this is effected either by the ap­plication of potass, or by including about an inch of the vein, at that part, between two points of twisted suture ; the needles being passed beneath the vessel, and removed as soon as sufficient excited action has been produced in the venous coats. Either method is effectual in obtaining obliteration of the vein’s calibre at the selected point : the latter is, perhaps, in most instances the preferable ; but in both the procedure must be cautious, and the after-treat­ment watchful, in order to guard against haemorrhage and extension of inflammatory action.

The operation of phlebotomy has always been simple and of easy execution ; in regard to it, the only modem improvement which we have to notice, is the comparative rarity of its performance. It was, and still is, too much thc custom to bleed, so as to appear to be doing something active in treatment, not only when the proceeding has seemed to the ignorant practitioner likely to do no harm, but also when a wiser head could have told that it must do irremediable mischief. The good fortune of the first phle­botomist, Podalirius, seems to have produced in his succes­sors an unfortunate attachment to the operation, which has been communicated from generation to generation, and from which our day is not yet wholly exempt. In very many cases it is doubtless the only certain means of relief, and must be employed readily and boldly ; but in fully as many it had better be done with a sparing hand, or alto­gether omitted. What can be worse, for example, than to find a patient who has just sustained a severe accident— still labouring under the shock which the injury has pro­duced, pulseless, and with the powers of the system all but extinguished—robbed by an ignorant or reckless man, un­fortunately called to his aid, of that very fluid, and con­sequently of those very powers, of which he is at the time most in need, and without which the syncope must soon pass into death. Such a case is too frequent even now : but it is consolatory to know that the folly of such pro­ceedings is becoming more and more extensively known, and that the thoughtless, mischievous practice of indiscri­minate venesection is more and more abandoned.

A similarly absurd practice prevails in regard to the treatment of bruise. Leeches are instantly applied, in order that they may suck out the extravasated, or “ bruised blood,” as it is called. These little animals drink only from the running stream, drawing for themselves from the blood­vessels, and therefore fail to perform what is expected of them by their employers. At the same time, their bites, admitting the external air to the extravasated blood, may induce suppuration of an unhealthy kind in the cellular tissue. They are of use simply as a mode of local deple­tion, in order to moderate or avert inordinate excited ac­tion occurring as a secondary result of the accident.

In the treatment of hernia, the advancement of anato­mical knowledge has rendered operative procedure more simple, safe, and effective. And pathological experience having now fully established the great danger of delay af­ter the taxis, fairly tried, has been found unavailing, the operation is had recourse to at once, with a much more certain prospect of success. In the greater number of cases the taxis will prove successful, when employed early and with skilful perseverance. But as soon as the surgeon is satisfied that his unarmed hands, assisted by his medical skill, are incapable of reducing the tumour, each moment of delay is culpable until he assumes the knife, and by it relieves the constricted parts ; for by its keen edge the patient is infinitely less endangered than by even brief continuance of the incarceration. This principle, now ge­nerally acted on, saves many a patient who formerly woulα either have perished in excruciating torture, or lingered on