time, ligatures were used, and suppuration followed; the second time, acupressure was tried, and no pus formed. The lady's description of her sufferings, when the wound was dressed daily after the first operation, was very vivid. After the second operation, she experienced no pain; and the parts were not handled, except when the acupressure-needles were removed. Another wound from an excised mamma, treated by acupressure, closed on the third day; there was no pus. And there was a third like the two now mentioned. So different was this from my own experience of similar operations, where suppuration always followed, that, like the unbelieving Thomas, I felt as though I should like to see and to feel. The former privilege was, happily, soon afforded me; the latter, however, for reasons which I shall hereafter explain, and which were quite sufficient, was denied. A fat, well-conditioned, middle-aged woman had her breast removed for a scirrhous tumour. Sir James kindly invited me to assist at the operation. Several acupressure-needles arrested the hæmorrhage from the bleeding vessels; the surface of the wound was deluged with water; and, when all oozing had ceased, the edges were brought together and retained by metallic sutures introduced far from the cut edges; and the patient was made comfortable in bed, and enjoined not to touch the part. When we left the house, Sir James said to me, "Now watch the case, and come and see the patient often. There will be no pus." And there was no pus. I returned ten hours after the operation, when the needles were removed. Two days afterwards, a thin red line indicated the site of the metallic sutures; but, on their removal, it quickly faded into health. There was no pain; no heat; no swelling; no redness, except that above noted; no hæmorrhage; no suppuration; no fever. This, methinks, is somewhat different from the results we observe in operations generally. For my own part, I am free to admit that I had never seen entire union by first intention when ligatures had been used; nor do I think it possible. Often have I seen the edges of a wound brought well together, uniting nicely; but on the fourth or fifth day, or later, pus would certainly show itself at some corner, and continue to pour forth, in greater or less abundance, for an indefinite period. To what was due the absence of pus in the cases mentioned? Principally to the substitution of acupressure for deligation, but also to a variety of other circumstances, which may be hastily enumerated as follows.

1. Thoroughly closing every bleeding vessel without tying them, so as to prevent hæmorrhage entirely.
2. Thoroughly drenching the wound-surface, and removing thereby all extraneous matter, as pieces of sponge, small clots of blood, etc., that might otherwise remain.
3. Giving sufficient time to allow the raw surface to become quite dry.
4. Bringing the lips into perfect and easy coaptation, and retaining them there by metallic sutures introduced far from the cut edges.
5. Avoidance of all handling, pressing, and kneading of the part, to ascertain if union is complete.

What has been done in Edinburgh may be repeated in Montreal; and, on the day after my return to Canada (September 16th), I commenced the use of acupressure.

Temporal Artery.—A young lad had his right temporal artery severed by a stone flung by an unfriendly hand. Hæmorrhage was profuse. The practitioner called to him tried pressure, which for the time was successful, but hæmorrhage returned; and, on the day mentioned, a month after the injury, he was brought to my place bleeding profusely. A needle was inserted according to the first method. No more bleeding occurred; and the needle was removed on the second day.

Inferior Coronary Artery.—An old French Canadian submitted to excision of a large part of the lower lip for epithelioma. One needle was used. The patient left at once for the country, with instructions how to remove the needle on the following day. There was entire union by the first intention.

Radial and Ulnar Arteries.—A young German had his arm crushed in a mill in Western Canada. Amputation had been performed at the wrist; but, on his arrival in Montreal, I found it necessary to remove the limb near the elbow. The needle was used to each vessel, according to the fifth method (which I am disposed to think one of the best). The needles were removed on the second day. There was no hæmorrhage; and union at that part was well advanced, though suppuration continued at other parts from an extension of the injury.

Epigastric Artery.—In an operation in a young gentleman for strangulated inguinal hernia, I divided the epigastric artery. A pin was used, according to the fifth method, and I proceeded to complete the operation, and effected reduction without any further trouble. The pin was allowed to remain twenty-four hours; and union of the wound took place by the first intention.

Arteries of the Sole of the Foot.—These were treated by acupressure-pins. Hæmorrhage was entirely checked; but the injury for which the operation was performed (frost-bite), and the extensive destruction of

the tissues generally, made it difficult to say how much was due to the pin, and how much to the preexisting inflammation which had helped to close the arteries.

The above cases occurred within a short period of each other; and I lay them before the members of the profession, in the hope of aiding in the substitution of a simple, easy, and safe method of doing the work of the ligature. Once only since my return have I used the ligature. I had removed the greater part of the lower jaw of an old man for malignant disease. The loose condition of the tissue made me fear the insufficient firmness of the background for the employment of acupressure to the facial or its branches; but I now regard the laxity of tissue as affording additional facilities for the use of acupressure.

Briefly, to conclude, I know no circumstance which could obtain to induce me to prefer the ligature to that simple and speedy method for the introduction of which suffering humanity has again to be a debtor to Sir James Simpson. As regards the difference in time occupied, I think I am quite within the truth when I state that the insertion of the acupressure pins or needles in the cases above cited did not occupy more time in the aggregate than does the search for isolation and tying of a single artery; and, when the practice becomes as familiar as deligation, the closure of a spouting vessel will be readily effected before the second jet occurs.

NOTES OF A CASE OF MALPOSITION OF THE FEMALE URETHRA.

By CORNELIUS B. FOX, M.D., M.R.C.P., Scarborough.

A WIDOW lady, aged 84, summoned me in great haste a short time since, at 9.30 A.M., on account of retention of urine. I had, about two months before, attended her during an acute attack of bronchitis, and had relieved the most annoying symptoms of chronic cystitis, a disease from which she had suffered for four years. On my arrival, I ascertained that no urine had been passed for twelve hours, and but very little during the preceding day. The bladder was much distended, the tumour being painful on pressure. Having a rather large gum-elastic female catheter in my pocket, I immediately attempted to pass it, but could not introduce the instrument further than one-third of an inch into a canal, whose aperture existed in the ordinary situation of the meatus urinarius. As the passage of a female catheter is undoubtedly a surgical proceeding (although physicians often undertake it, for one or two very obvious reasons), and as a smaller instrument seemed necessary, I asked a surgeon to remove the urine as soon as possible. He found it impossible to pass either the smallest gum-elastic or smallest silver catheter, more than a third of an inch into the canal above referred to. We accordingly ordered her forty minims of tincture of opium, and a hot bath. At 5 P.M. she appeared somewhat worse. A very small quantity of urine had trickled away, but the bladder was more distended. Another attempt was made to pass a catheter, which was unsuccessful. It was surprising that, notwithstanding the great distension, there was so little constitutional disturbance. We ordered a turpentine enema, and a draught containing one drachm of tincture of opium to be administered immediately. Whilst we were consulting together regarding the treatment, my companion made some remark as to the bare possibility of the existence of some malposition of the urethra. At 9.30 P.M. we found her in a very nervous and excited state, partly due, doubtless, to the opium, which had not produced any narcotic effect. She had passed during the action of the enema as much as 3iss or 3ij of urine. Thinking it impossible that this quantity could have passed through the impermeable canal into which the catheters had been directed, I suggested that we should see our patient pass a few drops of urine. This feat was accomplished with some difficulty; but it resulted in the dispersion of all the obscurity that had hitherto surrounded the case. The urine was seen to issue from an orifice situated on the upper part of the anterior wall of the vagina, about three or three and a-half inches behind and above the normal position of the urinary meatus, in close proximity to the anterior lip of the os uteri. A silver catheter was rapidly passed, and its introduction was followed by the exit of about three pints of dark ammoniacal urine. Our patient of course experienced immediate relief. The catheter was again, and for the last time, introduced on the following morning, after which she rapidly regained perfect control over the bladder. Appropriate remedies were then administered to remove the ammoniacal condition of the urine. The orifice of the vagina was observed to be small, but no other abnormality than that specified was discovered. She had never been pregnant, although married a great many years.

The foregoing case is of interest, not only to those who make obstetrics a speciality, but to all medical men. It may not also be unacceptable to pathologists and other scientific men, who are engaged in the study of abnormalities.