by what means the bleeding from the femoral artery was so quickly arrested. In situations, where admissible, no better method need be desired. In illustration of the happy results of acupressure, aided by perfect immunity from motion and the avoidance of all dressings, I hope I may be pardoned for stating briefly the outline of one of my cases, although already published elsewhere. At the Aberdeen hospital I performed amputation of thigh in a delicate looking boy, six years of age, on account of extensive disease of the knee-joint and the condition of the leg. The femoral and other two arteries were acupressed by the Aberdeen method, by the twist, and another vessel was compressed by the fourth method. The pins were withdrawn in forty-four hours, without being followed by a drop of blood, and, the patient said, without causing any pain. After operation I thought it necessary to caution the little patient not to touch the acupressure pins, which he called the pins with the beautiful heads, and promised to give them to him after their removal. He took care not to touch them, or to allow any person except myself to do so, and, to his great delight, sent them home by his father for preservation until his return. Since the operation, the little boy has slept as well as ever he did in his life; has been anxious for his food; has had no uneasy sensation of any kind, and has been in the highest of spirits. The stump healed perfectly and throughout, either by immediate union or by primary adhesion. The healing must have been by one or other of these processes; and I am inclined to think it must be by the former, as no medium of union is discoverable at the edges of the wound. No dressings have been employed, or retentive appliances of any kind, except the few sutures and the three strips of isinglass plaster which were applied before the patient was taken from the operation table. The sutures were removed on the fourth day. This little patient has a fine musical ear; and a few days after the operation, when I entered the ward with the surgical pupils of the hospital, he was whistling most beautifully "The Braes o' Mar," and amusing himself by passing a little model carriage over an inclined plane which he had got constructed on his bed. He continued to whistle the above and other airs until it was his turn to be visited. This is one of the many instances we have lately seen in the Aberdeen hospital of a capital operation, and after treatment having been made delightful to the patient as well as to the surgeon. By the aids of chloroform, acupressure, no dressings, and the most perfect immunity attainable from every movement of the stump, many of the hinderances to these gratifying surgical scenes are removed. Since the use of dressings was discontinued in the Aberdeen hospital, patients have looked forward to the visit of their surgeon as the happiest event of the day, instead of, as formerly, dreading the visit and being thankful when it was over. [Applause.]

Dr. MORGAN: As a sequel to the interesting discussion we have just heard, I beg to offer a room in the College to Dr. Pirrie to-morrow morning, and the use of a subject, if he wishes it. [Applause.] I am sure we shall all be most anxious to see his demonstration.

Dr. PIRRIE; I must leave Dublin at two o'clock to-morrow; but, at any hour from five in the morning, it will give me the greatest pleasure to give a demonstration.

It was then arranged that the members should meet Dr. Pirrie at the College of Surgeons, at seven o'clock the following morning, for the purpose of seeing his demonstration.

MEDICAL CHANGES AT CHATHAM.—Deputy Inspector-General Bowen has been appointed to assume medical charge of the garrison. Surgeon J. Balfour Cockburn, M.D., R.E., is in charge of the Lunatic Hospital during the absence on leave of Staff-surgeon Major Blatherwick. Staff-Assistant Surgeon Madden is under orders for service at Ceylon. Staff-surgeon Slaughter is on leave till he is required for embarkation for China; and Staff-assistant Surgeon Ferguson is attached for duty to the 1st depot battalion.

THE WILL OF SIR WM. LAWRENCE, F.R.S., Serjeant Surgeon to the Queen, and late principal surgeon to St. Bartholomew's Hospital, was proved on the 1st inst. by his son Sir John James Trevor Lawrence, Bart., the sole acting executor; power being reserved to his two daughters and to his nephew Edward John Bevir, Esq., barrister, Lincoln's Inn, the other executors and trustees. The personalty was sworn under £40,000. The will is dated November 13, 1865, and there are two codicils, October, 1866, and February, 1867, and he died July 5, aged 84. He has left his books, MSS., and papers equally between his son and daughters; and his jewellery, plate, pictures, horses, carriages, and furniture to his daughters, as well as his interest in his leasehold residence, Whitehall-place. He has empowered his executors and trustees to lay out his Ealing-park estate for building purposes, and together with all his other estate, real and personal, to be held in trust; the proceeds therefrom to be divided equally between his son and two daughters, whom he appoints residuary legatees.

CASE OF DEATH FROM ANEURISM OF THE RIGHT OVARIAN ARTERY.

By W. M. WHITMARSH, M.D., Hounslow.

ON the eve of September 23rd, 1866, I was summoned to visit Mrs. B., of Lampton, who had been taken suddenly ill. Not being at home when the messenger arrived, my assistant (Mr. Samson) went in my stead, and found the patient in a state bordering on syncope, with a fluttering pulse, great prostration, and violent retching. Very little could be gleaned from her; but she complained of great pain in the abdomen. To alleviate this, he gave her some effervescent medicine, with opium, and ordered warm applications to the feet and axillæ.

Early next morning, her friends sent to inform me that she was much worse, and desired that I should call and see her immediately.

On visiting her, I found her in bed, lying on her back, her face blanched, with an expression of pain on her countenance. The surface of the body was almost cold, and the pulse hardly perceptible. The sickness had continued, and the pain in the abdomen had not been relieved; the latter returned a dull sound on percussion. She had passed very little urine during the night, but declined having the catheter used. From her sister, I ascertained that she was 37 years of age; and had been married twelve years, four of which she had spent in America. She "had never been regular", but when she menstruated the discharge was pale and scanty, and accompanied with pain. She had never given birth to a live child, but had had four miscarriages. Her occupation had been that of a laundress, at which she had worked rather hard. She felt the commencement of this attack when she was lifting a basket of clothes from a cart. It began by a feeling of faintness which compelled her to sit down; after this she was removed home.

I questioned the patient whether she had lost blood in any way. She replied she had not. I felt convinced, however, that she had; and told her husband that she must have ruptured a vessel in the abdomen, and doubtless she would not survive many hours. I ordered brandy and water with ice, and opium to relieve pain. She died six hours after my visit.

On the 26th, I made a *post mortem* examination, and found the lower half of the abdomen covered with clotted blood; so much so, that the viscera were not discernible. The coagulum weighed about three pounds. On removing it, I traced the extravasation to an aneurism of the right ovarian artery, large enough to contain a small pigeon's egg. The sac was still filled with clotted blood. I removed it with the uterus, intending to preserve them in spirit; but the friends of the woman would not let me carry them away.

ON THE TREATMENT OF DISEASED JOINTS BY ESCHAROTICS.*

By F. KIRKPATRICK, M.D., Dublin.

I AM permitted the honour of addressing you, sir, and the members of the British Medical Association, upon the subject of Diseases of the Joints and Joints, principally with regard to a new mode of treatment by incision and the deep introduction of the caustic potassa cum calce into the cancellated structure of the articulating extremity of the bone in the incipient stage, or that of inflammatory congestion, and into the joint itself in the very advanced period. I believe that the present era of the profession is peculiarly apt for the consideration of this subject, inasmuch as the literature of this portion of surgery is daily becoming more and more unsettled and contradictory; some surgeons of highest authority advocating early operative interference, whilst yet the constitution is unimpaired by the exhausting progress of disease; other distinguished men putting their faith in rest, with proper mechanical adjustment, and advising that patient trust should be placed in the healing operations of Nature. Between those contrasted extremes, every variety of opinion and practice may be found to prevail, as boldness excites to action or caution inclines to delay.

The statistics of conservative surgery, more particularly of the great revived operation of excision of the knee-joint, are the reverse of satisfactory; the high expectations formed from the successful cases have not been fulfilled by a sufficient percentage of cures, and in many instances the reported cures have not been permanent.

In the last work on *Joint-Diseases*, published this year by Mr. Holmes Coote of St. Bartholomew's Hospital, the following conclusions are arrived at, based on the statistics of Dr. Hodges of Boston: "Considering the mortality after the operation, excision for hip-disease does not

* Read before the annual meeting of the British Medical Association in Dublin, August 1867.