aborted. In a month after this a profuse menorrhagia occurred, with the usual pains, &c. The ergot was prescribed, and in four days there was an end of the complaint.

In another short article we shall present to our readers the efficacy of the ergot in hæmorrhages from various parts of the body, as promised in a subsequent communication from the same authors.

VII. NEW MODE OF OPERATING FOR NÆVUS. By Dr. M. HALL.

This operation consists in the introduction of a couching-needle with cutting edges, at one point of the circumference of the nævus, close by the adjoining healthy skin. From this point the instrument is made to pass through the tumour in eight or ten different directions, so as to produce slight incisions through its textures, parallel with the skin, but not so as to pierce the tumour in any other part. The first point of puncture is to be made the *centre* of several rays of slight incisions effected by merely withdrawing, and again pushing forward the instrument, in the manner and in the various directions already mentioned. This plan was practised, under Dr. Hall's observation, by Mr. Heming, of Kentish-town, on a nævus somewhat larger than a shilling. A little pressure was applied over the tumour—there was no pain—no hæmorrhage. For several weeks, nothing appeared to have been effected by the operation, and it was concluded that the operation had failed. "What a short time did not effect, however, a longer period accomplished completely. Half a year after the operation, the tumour was found to have disappeared, and the colour of the skin to be nearly natural."

As the operation was performed in only one instance, and, as a long time intervened between it and any sensible effect, we have some misgivings as to the "*post hoc, ergo propter hoc*," on this occasion. We once got into some discredit by strenuously recommending an operation for a nævus situated on the head of a child; but

which operation was resisted by the tender-hearted mother. About a year afterwards the mother brought the child to us, when, to our surprize, the nævus had entirely disappeared, *without any operation*. We do not mention this fact to throw any discredit on Dr. Hall's proposal; but only to shew that *one instance* is but slender ground for drawing a conclusion, either in medicine or surgery.

VIII. RUSPINI'S STYPTIC.

Dr. A. T. Thomson has announced the discovery of the composition of this nostrum, and we hope he may be found correct, for, unquestionably the medicine is one of the most powerful restrainers of hæmorrhage which we possess. Its price is enormous, and therefore its utility—indeed its use, is greatly curtailed. Without going into the process by which Dr. T. arrived at his conclusions, we may observe that he considers *Gallic Acid* as the active principle of this styptic. There are in it, he remarks, minute quantities of opium and sulphate of zinc, but they can have no operative effect. Dr. T. avers that the vehicle is alcohol, with a small quantity of rose-water to give it odour. This observation induces us to fear that there is some mistake, or that more than one kind of Ruspini's styptic is in the market. That which we examined a few months ago, while exhibiting it in a case of internal hæmorrhage, was insipid and tasteless as spring water. It had no appearance of alcohol. Dr. T. informs us that alcohol dissolves one fourth of its weight of gallic acid—and consequently that, "an excellent styptic may be, at any time, extemporaneously prescribed." "In cases of hæmaturia the addition of some gallic acid to a tincture of *uva ursi*, will be found to answer every indication which can be expected from the employment of astringents in this disease." Dr. T. thinks the gallic acid is taken into the circulation, and passes undecomposed through the kidneys, so as to reach the bleeding vessels wherever situated.—*Med. and Phys. Journ.*