aspersions. Amongst the diseases most frequently associated with anodynia, Professor Jacksh had observed chorea, epilepsy, catalepsy, somnambulism, melancholia, paralysis, and contractions, fits of laughing, vomiting, neuralgia, dysphagia, Brodie's tumor of the subcutaneous cellular tissue, and paroxysms of apparent ague. The affection was more frequent in females than in males, more in Jews than in Christians, and was chiefly observed in persons between twelve and thirty years of age. The prognosis was not very favorable, as relapses were frequent. The medicines chiefly to be employed were zinc, quinine, secale cornuta, morphia. Cold aspersions, the douche, etc., were also serviceable; but by far the best remedy was Faradisation, especially if paralysis, contractions, and neuralgia were at the same time present.—*Medical Times and Gazette*.

Remarks on the Recently Proposed American Plan of Treating Gun-Shot Wounds of the Chest by "Hermetically Sealing." By Deputy Inspector-General T. LONGMORE, Professor of Military Surgery, Army Medical School.

A plan of treating chest wounds has been lately brought to notice in the "American Medical Times," by Dr. B. Howard, of the United States Army, which is called by its author the "treatment by hermetically sealing;" and the editor states it to be understood that at the next engagement of the Army of the Potomac an hospital is to be organized, under charge of Dr. Howard, for the sole purpose of treating gun-shot wounds of the chest by the sealing process. Dr. Howard advocates the propriety of this treatment for all penetrating wounds of the chest by gun-shot. He also describes it to be applicable to penetrating wounds of the abdomen, whether made by gun-shot or stabbing instruments.

The following is a description, in Dr. Howard's own words, of the manner in which the operation of hermetically sealing is to be practised:

"All accessible foreign bodies having been removed, introduce the point of a sharp-pointed bistoury perpendicularly to the surface just beyond the contused portion, and, with a sawing motion, pare the entire circumference of the wound, converting it into a simple incised wound of an elliptical form. Dissect away all the injured parts down to the ribs, then bring the edges of the wound together with silver sutures, deeply inserted, at not more than a quarter of an inch apart; secure them by twisting the ends, which are then cut off short and turned down out of the way. Carefully dry the surface, and with a camel's-hair pencil apply a free coating of collodion over the wound; let it dry, and repeat it at discretion.

For greater security, shreds of charpie may now be arranged cross-wise over the wound, after the manner of warp and woof; saturate it with collodion, and when dry repeat the process, until the wound is securely cemented over. As a still greater protection, a dossil of lint may then be placed over the part and retained with adhesive straps.

If there be a tendency to undue heat in the part, it may be kept down with cold affusion; should any loosening of the dressing occur, an additional coating of collodion may be applied. The sutures must not be removed until healing by first intention is complete.

Should suppuration occur, so as to occasion distressing dyspnoea, proceed to treat it in all respects as a case of empyema, introducing the trocar at the most dependent point, and taking special care to avoid the admission of air."

Dr. Howard describes particularly three advantages which are gained by this perfect closure of the wound. 1st. Hemorrhage is controlled. At the worst, he says, the amount of blood lost after the operation cannot be more than would suffice to fill up the unoccupied space remaining in the pleural cavity; the elastic clot resulting furnishing a styptic *par excellence* for the wounded vessels of the yielding lung. 2d. Dyspnoea is immediately relieved upon removal

of the atmospheric pressure. 3d. Suppuration, if not prevented, is greatly diminished by shutting out the constantly renewed currents of atmospheric air, and its character is very favorably modified. "Indeed, if the wound were closed soon enough," says Dr. Howard, "I deem it possible that the slough of the track through the lung, with the limited amount of attendant pus, might be entirely disposed of by absorption and expectoration."

As a proof of the successful results of the sealing plan of treatment, Dr. Howard mentions that some cases upon which he operated were six days in the ambulances before reaching a general hospital, part of the road traveled over being of the worst description: on the fifth day all but one of these so treated were able to walk comfortably.—*London Lancet*, March, 1864.

[Professor Longmore's remarks on this subject will appear in our next number.]

Southern Surgeons Abroad.

Doctor Marion Sims is now practising in Paris, and as the improvements which he has introduced into what may be called the surgery of females have revolutionized that department of the art all over the world, and his procedures have formed the basis of a new and happy era in the treatment of the series of fistulae and other diseases of women which were previously incurable, it will be interesting to give some particulars of what he has been doing here surgically since, like many other Americans, he has sought a home in Europe.

Dr. Sims had already achieved a great reputation in America and England by his introduction of silver wire suture—certainly one of the most important surgical improvements of the century; and by his immediate application of this discovery to the cure of all kinds of fistulae and clefts in the mucous canals. The success with which he operates on deformities and deficiencies of this kind was not, however, at first fully appreciated at Paris; and when he came over, he was asked to operate on some of the most difficult cases of prolapse of the bladder from sloughing of the tissues, and utero-vesical and vaginal fistulae, which were known to exist in this capital. He had a triumphant success in these cases, which had been abandoned as hopeless, but which he cured with a single operation; and his reputation soon extended so greatly that he was summoned to the highest and most important personages, and the Emperor has given him a special permission to practice in Paris. It is no breach of confidence, since the fact has already appeared in print, to mention that Dr. Sims has been consulted by the Empress, whose general health is good, but who is known to be delicate.—*Paris Letter—Lancet*, March, 1864.

Recto-Vesical Lithotomy.

The application of this to the parallel method of *recto-vesical lithotomy in the male*, is a subject worthy of careful consideration. Recto-vesical lithotomy in the adult is a proceeding which was used long before the introduction of metallic sutures, and was followed with modifications by Mr. Lloyd, of St. Bartholomew's. Without these sutures it was liable to a serious objection—the occasional persistence of recto-vesical fistula. The silver-wire sutures, however, promise to obviate this inconvenience. Dr. Sims has mentioned to me a case in which Dr. Bauer, of New York, operated by this plan in 1859, Dr. Sims putting in the sutures. He says: "The patient was placed on the left side, and my speculum was introduced into the rectum, exposing the anterior wall of the rectum, just as it would the vagina in the female. A sound was passed into the bladder. The Doctor entered the blade of a bistoury in the triangular space bounded by the prostrate, the vestibule