

flap was made shorter than the posterior. The patient walked down stairs to bed from the operating theatre after the operation, and every thing progressed favorably till the 14th day, the wound having almost completely united, excepting for about an inch near its centre, where the ligature from the axillary passed out. On the afternoon of this day an alarming hemorrhage occurred. The gush was sudden, and the stream large, and it certainly would have proved rapidly fatal, had not pressure been promptly applied by Mr. Sinclair the acting apothecary; as it was, several pounds of blood were lost. At a consultation of the staff of the Hospital, it was determined instead of performing deligation of the subclavian at the outer border of the scalenus anticus muscle, or opening up the wound and attempting to secure the bleeding axillary, to try the effects of compression with the horse shoe tourniquet of Signoroni. From the tilting upwards of the clavicle, the anterior pad of the instrument was placed below that bone over the spot where the subclavian was felt pulsating upon the first rib, the posterior pad being applied to the dorsum of the scapula. From the tendency to slip upwards, it was found very difficult to keep the instrument in its position; but with the assistance of the pupils attending the Hospital, compression was maintained pretty steadily for five days, and then suspended, as it became irksome to the patient, and all tendency to hemorrhage seemed to have ceased.— This state of affairs continued till the 21st day, in spite of the frequent disturbance occasioned by a diarrhoea, which had troubled the patient more or less for a week previously, and which was found very unyielding to treatment. At 9 P. M. on the evening of that day, arterial hemorrhage again broke out, while the patient was in the act of describing a peculiar sensation which he then experienced, and which had also preceded the former attack, as if something fluid was trickling from the shoulder to the points of the fingers; only a few ounces of blood were lost, as the House Surgeon, Dr. Reddy, immediately re-applied the compressor, with a broad leather pad under the posterior limb of the instrument, to diffuse the pressure over a large surface, and a bandage which retained it securely in its place. The compressor was worn after the occurrence of the second hemorrhage for three weeks, until the ligature had come away, and the stump had completely cicatrized. The pressure was borne with great fortitude by the patient, who left the Hospital about two months after his admission perfectly restored to health, and has continued free from any return of the disease up to the present time. A very beautiful preparation was made from the diseased limb after removal, by Dr. Wright, who dissected off the soft parts, and made a longitudinal section of the whole length of the bone, preserving the one half in spirits, the other being a dry preparation. The humerus at the junction of the middle with the inferior third, was found expanded into