inflammatory affections are as yet very accurately! determined, but the observations of Dr. Hall are sufficient to cause every practitioner to weigh carefully every symptom before he ventures to bleed. All the cases, from which I have drawn the conclusions contained in this paper, were either unaccompanied with pain, or pain was not a prominent or abiding symptom. In the early part of my professional career I met another practitioner respecting a lady, previously strong and healthy, who immediately after the birth of her first baby, eat a hearty meal containing animal food. This was followed by pretty severe pains in the abdomen, for which she was twice bled; the result was unfortunate, death occurring immediately as in some of Dr. Hall's cases. Mr. White, who wrote in 1772, acknowledges with regret that in one case of miliary fever without pain, but with high fever, he bled to the extent of eight or ten ounces, hoping thereby to relieve the fever; but in less than half an hour she was dead. I have met with a few cases where pain in the abdomen or chest came on during the confinement, owing, apparently, either to improper food, or an injury prior to delivery. They were all cured by a laxative followed by opiates.

Braehead, Galt, August 30, 1873.

LIGATION OF THE LEFT SUBCLAVIAN ARTERY FOR SECONDARY HŒMOR-RHAGE FOLLOWING AMPUTATION THE SHOULDER JOINT.—RE-COVERY.

UNDER THE CARE OF DR. CLARKE, PARIS, ONT.

(Reported by W. Burt, M. B.)

J. R., æt, 35, single, born in England, and a machinist, was intoxicated on the evening of the 18th of June, and about to spend the night in company with two other inebriates, in a cattleguard on the G. T. Railway, within a few yards of the Station House at this place. He was lying with his arms across one of the rails when a train passed, the engine running over them, almost detaching the right fore-arm in its middle third and severely mutilating the left—the upper third of the humerus being much comminuted and protruding and the tissues around severely mangled. Clarke was near by at the time and had the man

On the arrival of Dr. Cooke and myself, ance. the patient was anæsthetized with ether, when Dr. Clarke amputated the arms, the right one in the middle third of the forearm, the left at the shoulder-joint. The man's condition during the latter part of the operation was very low Brandy was freely given, but it was with difficulty he could be made to swallow it; very little ether was required. For several hours after the operation, he was apparently moribund. The conjunctive were almost insensible to the touch. I never have seen a man so near dying and did'nt die, as this But, by the persistent use of stimulants, artifical heat and concentrated nourishment, he slowly rallied, until the fourth day, when an attack of delirium tremens came on, which, by the timely use of chloral, was not allowed to do any injury to the stumps. He states that he has had delirium tremens twice previous to this accident. this time he did well under the use of opiates as required, quinine and suitable nourishment, until June 30th, when profuse homorrhage came on from a branch artery at the shoulder, causing him to faint. The ligatures were then all tried and easily removed, with the exception of one which had been thrown around some small vessels, including some muscule which was left. The axillary appeared to have a firm clot. Both stumps had healed kindly and the flaps were quite strongly auherent. On the night of July 3rd bled slightly again, and on the morning of the 4th, bled similarly to the first homorrhage, but not quite so profusely. The patient had now become greatly blanched and alarmed, and begged that something would be done to keep it from "breaking out." As the plug was still firm in the axillary artery, and the flaps pretty firmly united, with the exception of the inner portion around the axillary vessel, where there was a deep but limited slough, we decided to clean the wound and apply persulphate of iron (Monsel's Solution), afterwards filling the wound with lint, soaked in a solution of the iron. No return of homorrhage until the 6th, when we were summoned in great haste, and on examination, found that the main artery had given way; and as the man and nurse described it, it had spurted in a stream as large as the little finger over the bed clothes; but, as the nurse was present, he allowed but little blood to escape by removed at once to a hotel, and sent for assist- pressing with one hand above the clavicle, and the