

silk; a "Crile" clamp is applied to the proximal end of the artery and the distal end is ligated; the artery is then divided; the adventitia is pulled over the free end as far as possible and snipped off close; a moist saline sponge now covers this field. Three or four c.m. of the superficial vein of the recipient is then likewise freed; the distal part ligated, the proximal closed with the "Crile" clamp; the distal part then is divided with the scissors, the adventitia drawn out as far as possible and snipped off close; the vessels are then inspected and a cannula whose bore is larger than the actual tissue thickness of either vein or artery is selected. The vein may then be pushed through this tube, after which the free end is turned back like a cuff and snugly tied in the second groove. During this time the handle of the cannula is steadied and manipulated by means of forceps. If the artery is atheromatous and, therefore, firmly contracted, or if for any other reason contracted or quite small, its lumen may be dilated by means of a mosquito hæmostat, pushed into the lumen, then opened gradually. The artery is then drawn over the vein and is snugly tied with a small linen ligature in the first groove. This completes the anastomosis. The clamp is then removed from the vein, afterward gradually from the artery, when the blood stream will be seen to pass from the artery across to the vein, dilating the latter. However, the exposure and manipulation of the vessels cause them to retract, particularly so in case of the artery. This vessel may contract so firmly as to obliterate its lumen. The constant application of warm saline solution and protecting it from the air will help materially in bringing about relaxation, and, hence, a free stream of blood. The pulse wave may be palpated in the vein. It is best to introduce the blood very slowly, watching carefully the result.

In some instances when the stream passed over under too great a head and when the cardiac muscle of the recipient was weak, symptoms of acute dilatation occurred. There was precordial distress, pain extending through to the back, and almost incessant coughing, rapid pulse and considerable cyanosis. These symptoms in each instance passed off after a time, though when once they developed they seriously hampered the transfusion and diminished the quantity of blood that might with safety be transferred.

In the majority of instances we have been able to transfer the blood without the patient's knowing that it was done, thereby entirely avoiding the psychical factor.

In cases transfused for profound shock or hæmorrhage, the transformation of the face is a most striking phenomenon, consisting of a gradual obliteration of the pale, haggard facies and a substitution of a fuller, more rounded, pink coloration of glowing health. Not only is