

sequent irritability of the nervous system is to be treated with opiates.

When the loss of blood is so great that reaction is impossible through the ordinary methods, resort must be had to transfusion. This operation consists in abstracting blood from a robust man or woman, and injecting it into the veins of the exsanguinated patient. If an apparatus for the purpose is not at hand, or its use but little understood, a common hard-rubber syringe, with a capacity of five or six ounces, will answer. An opening is made in one of the veins of the forearm, and into this a canula, adapted to the point of the syringe, is inserted. A bandage tied below the incision prevents further bleeding. The syringe, warmed and charged with the fresh blood, is introduced, and the piston steadily forced down until the instrument is emptied. From ten to twenty ounces may be injected at one sitting, and the operation may be repeated if necessary. Care must be taken to force out all air from the syringe before it is used. The efficacy of this operation has been fully proved. Patients have been restored to life under circumstances which were such as to almost preclude the hope of recovery.

I have lately employed a modification of Dieulafoy's aspirator in transfusion. The arm is bandaged as in the ordinary method for venesection, and a needle of the aspirator inserted into the distended median basilic vein. The stop-cock of the aspirator is then turned, and the blood rushes in and fills up the cylinder. A vein in the patient's arm having been exposed, and an opening made in it for the insertion of a canula, the tube from the opposite side of the aspirator is attached, and the blood forced through it into the vein. See APPENDIX.