

over the limb and produced the injuries described. As it was thought utterly out of the question to save the foot, a consultation of the Staff was called, and the operation of amputation proceeded with.

As this was the first opportunity afforded here for the employment of the "bloodless plan," since it has been so highly recommended by MacCormac and others, considerable interest was excited when Dr. Fenwick announced his intention of trying it.

The patient being chloroformed, an ordinary cotton bandage was applied as tightly as possible from the extreme points of the toes upwards to the lower third of the thigh, including, of course, all the lacerated parts. A yard or so of strong rubber tubing of about the size of a pipe-stem was then wound firmly several times round the thigh exactly at the point where the bandage ceased, catching, in fact, its extreme upper edge; the tubing was then securely knotted, and the bandage removed.

Amputation was performed below the knee by the double (antero-posterior) flap operation. The bones were sawn and the part removed without a sponge being soiled, so complete had been the process of strangulation. The tibials and three minor arteries were readily secured by ligatures and a smaller branch twisted, after which the band was removed. It was now interesting to see how the tissues, from being blanched to the last degree, suddenly blushed up, and a trifling general oozing ensued. A couple of small twigs only required twisting, and all arterial hemorrhage was at an end. The flaps were brought together, and the stumps dressed in the ordinary way.

He was not a strong boy, and consequently, the healing process was slow; however he was discharged from hospital at the end of the sixth week with only a small but healthy granulating surface unhealed. The stump is now all cicatrized.

*Case 2nd.*—A few days after the above operation, Dr. Ross removed a toe and its corresponding metatarsal bone,