

purse strings closed. We once more appeal to them to remit us last year's subscription, without any further delay. The amount to each is but a trifle; in the aggregate it is considerable. *Remit as soon as you read this notice It is only two dollars.*

BLOODLESS AMPUTATIONS.

In our last issue, we inserted a brief letter from Dr. R. F. Godfrey, of Montreal, one of the Graduates of Bishop's College, session 1872-3—who is at present pursuing his studies in London, in which allusion was made to a new method of amputating, which he had seen performed by MacCormac, now in the metropolis, but formerly of Belfast. This operation was comparatively bloodless in its character, and as the method adopted is one of very recent introduction, we make no apology for bringing it now more fully before our readers. It was first brought to the notice of the profession on the 18th of April last, upon the occasion of the second Congress of German Surgeons, by one Esmarch, who made a very short communication on a "Means of Avoiding Loss of Blood in Operations on the Extremities." He declared that according to his experience it was possible to render and maintain a limb exsanguine by firmly enveloping it in elastic bandages applied from the extremity towards the body. These bands force back all the blood from the limb, and as they exercise at the same time an energetic constriction (the limb is put into a strong tube of rubber, as it were) they prevent the accession of fresh blood when the first band is removed. Esmarch claims that it is not only in amputations that is saved, in this way, much of the blood that is lost by the tourniquet; it has great advantages in resections, extraction of sequestra, difficult extirpation of tumors and other operations which may not be executed so rapidly as amputations. By the adoption of this method it is not necessary to use sponges to clear the field of operation: one may operate, dry, as upon the cadaver; this method has no injurious effect whatever upon recovery even though the circulation may have been interrupted in a whole extremity for a quarter of an hour. The details are as follows: An elastic bandage, about two inches and a half in width and from five to ten yards long, is firmly bound round the limb, commencing at the toes and fingers as the case may be, and is then continued upwards so as to drive the blood before it out of the veins and arteries. When the desired point has been reached, a strong india-rubber band, about half an inch in diameter, is tightly drawn two or three times round the limb just above the elastic band-

dage, and fastened by hooks. The bandage is then removed, leaving the tissues blanched and exsanguined. Not a particle of blood is lost during the operation, which is really more bloodless than when performed on the dead subject. After the operation is completed the rubber rope is removed, and the blood then finds its way into the vessels, which are ligatured or twisted according to the taste or inclination of the surgeon. On this plan, which has been carried out at St. Thomas's, Guy's, London, and St. Bartholomew's Hospitals, London, many operations have now been performed, including excision of the knee and elbow joints, and amputations. No ill effects of any kind have hitherto been observed from the use of this contrivance. Although the durations of the operations have varied from a few minutes up to half an hour, and even more, during the whole of which time the circulation has been completely arrested, no evidence has been afforded of the formation of emboli or thrombi in any of the cases. But it is one of its possible evils, that the complete stoppage of circulation may lead to the formation of a clot, which, on the re-establishment of the circulation, may be carried along the vessels and arrested in some part of their course, giving rise to circumscribed inflammation or even gangrene. On the removal of the rubber rope, the blood shows itself at the wound in some cases immediately, and in others not for several seconds, or even a minute afterwards. The part then rapidly becomes very red, of a slightly livid hue, and somewhat swollen; which may be accounted for by the small vessels and capillaries becoming engorged before the *vis a tergo* is sufficiently restored to drive the blood up into the venous column.

Upon the continent this plan has been practised for several months, and seems to have met with universal favor. At Vienna, Professor Bellroth has used this method in fourteen cases, and speaks of its success in glowing terms.

In Montreal, it was made use of about the middle of October, for the first time, by Dr. Fenwick, one of the staff of the Montreal General Hospital, who amputated below the knee, on a male subject. In the absence of the proper elastic bandage, drainage tubing was used. The success was complete, not a table spoonful of blood being lost.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The Annual Meeting of this Society was held on the third of October, when the retiring President, Dr. R. Palmer Howard, gave a brief address previous to leaving the chair. He mentioned that, during the year, nineteen papers had been read by members