Hays removed 4 oz. of blood from the left arm with quite satisfactory results, relieving the congested state, and aiding, I believe, very much in the saving of the life of the patient. This patient was put to bed before I left the case, and was apparently on the fair road to recovery. Some few days later, to my great surprise, I noticed that he died of heart failure. I had not seen him since my operation, although informed that he had progressed favorably until the time of his death, which occurred suddenly. The next case indicates, as this does also, the importance of sustaining treatment and careful watching of the patient for a few days at least following the operation.

(To be continued.)

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, April 14th, 1893.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

Paralysis of the Arm following the Application of an Esmarch's Bandage.—Dr. JAMES BELL related the history of the case, the circumstances being, in his experience, unique. A young woman, 20 years old, admitted to the hospital Jan. 16th, with ankylosed elbow joint. The position was not a very bad one, being a little greater than a right angle. The history of the injury was as follows: On the 6th of last July she fell in a car, and, knocking against the wall, hurt her elbow. At the time she did not pay much attention to it; but after a while, the joint having become stiff, it was thought necessary to call on a doctor. The latter attempted passive motion, which was partially successful, but the ultimate result was ankylosis in the above position. Excision of the joint was advised, to which she after a while consented, and the operation was carried out in the ordinary way. It was noticed, after removal from the operating room, that she had no power in any of the fingers, and that even sensation was not normal. Owing to the hand being encased in dressing, no very accurate observations could be made for some days, but it was remarked that the fingers perspired profusely. At the end of the third day after operation, being anxious and unable to explain the paralysis (the operation was done subperiosteal, and he was sure no injury had been done the ulnar nerve, besides, injury to the latter would not account for paralysis of all the fingers and muscles of the forearm), the dressing was removed, and the explanation was at once patent. The Esmarch had been applied in the upper portion of the arm, just above the belly of the biceps, and below the prominence of the deltoid, and it had been tied so tightly that the skin was blistered. There was consequently no longer any doubt as to the Esmarch being the cause. The whole operation only occupied 40 minutes, so that the band altogether could not have been applied more than half an hour. Upon the discovery of the neuritis, she was at once put under the care of Dr. Stewart. Motor paralysis remained absolute for three weeks. On the 21st day the first sign of movement returned, being a slight motion of the thumb, and after about six weeks' treatment she returned to her home with almost complete power of the arm. Once movement began to appear, it progressed very rapidly. She was able to flex and extend the arm and fingers completely, though not with the full amount of power. There, however, was no motion deficient.

This case is very instructive and very important, in view of the frequency of the application of the Esmarch. It is interesting on account of its rarity. It was the first time he had met with the accident, and, considering the number of operations he had seen in the last twenty years, and the recklessness with which the Esmarch had been applied in all sorts and conditions of patients, it seemed to him that this must indeed be a rare complication. It could hardly have occurred had the Esmarch been applied in any other part of the body; but it is a lesson well worth bearing in mind.

The PRESIDENT drew attention to the value of electricity in prognosis. This case, even up to the second week, presented no signs of the action of degeneration, so that although the paralysis at the time was absolute, he could give a favorable prognosis, and the ultimate result justified it.

Myeloid Sarcoma of the Second Metatarsal Bone.—Dr. ADAMI exhibited the tumor because its position, namely, the second metatarsal bone, is distinctly uncommon, and therefore worthy of record. It was removed in the hospital recently by Dr. Shepherd, during which some difficulty was experienced, owing to the deep arch passing close beneath the second metatarsal bone. The arch was cut across, and considerable hæmorrhage was experienced. At first it looked as if the tumor had grown from the tendons, owing to the latter being closely applied to its upper surface. Further examination, however, showed this was not the case; the tendons were with moderate ease dissected off, and the tumor seen to be attached to the bone. On examining the tumor