

guinated by repeated hemorrhages from a gastric ulcer. Her physician considered her condition most critical, she was blanched and had a rapid pulse, low blood pressure and sighing respirations with restlessness. After transfusion she immediately improved, and made an uninterrupted recovery with no recurrence of hemorrhage. Several other instances might be quoted from our experience at home were our notes available. Two examples from our hospital in the field at Salonika may be noted in some detail.

The first is that of a corporal, *æt.* 42, who was admitted to No. 4 Canadian General Hospital on Dec. 17th, 1915. He had been knocked down by a motor lorry, the wheel passing over his left thigh and left arm. There was a compound comminuted fracture of the upper third of the femur and a compound fracture of the humerus above the insertion of the deltoid muscle. In both arm and thigh, torn muscle protruded from the wounds which were of a "bursting" character, and in the thigh on palpation the muscles seemed to be extensively torn away from their pelvic attachments. He had lost a great deal of blood and was in a condition of profound shock. The fractured limbs were secured on splints, with as efficient reduction as his condition would permit. It was impossible to administer a general anesthetic. Morphia was administered to relieve his pain and combat shock. He rallied somewhat but remained for some days in a critical state in spite of the administration of normal saline solution. On Christmas day (one week after admission) his condition seemed desperate and it was determined to transfuse human blood. A donor was easily found and we transfused 815 cc. of blood. The patient expressed himself as feeling better; he said he felt "warm," his pallid lips became red and his condition of utter exhaustion gave place to one of comparative comfort. His pulse became slow, regular and full. During the next few days improvement in his general condition was maintained. Unfortunately the record of the blood picture before transfusion has been mislaid, but subsequently the record is as follows:

Dec. 26.	Hemoglobin 36 per cent.	R.B. cells 3,050,000.
Dec. 29.	Hemoglobin 40 per cent.	R.B. cells 3,700,000.
Jan. 20.	Hemoglobin 41 per cent.	R.B. cells 3,660,000.
Feb. 11.	Hemoglobin 58 per cent.	R.B. cells 4,460,000.

The urine was tested for hemoglobin for a few days after the transfusion with negative results.