

is not stated when the convulsions ceased, the pulse arose, and consciousness returned, the bystanders were recognized and spoken to, and some food was taken. This state continued for twenty-four hours. The transfusion was then repeated, but the vomiting and purging returned, and the patient sunk eleven hours afterwards. Serious intussusception of the small intestines was found after death.

The conclusion to which Dr. Polli arrives is, that the operation of transfusion is simple, efficacious, and safe. He recommends it only in cases of excessive hemorrhage under ordinary circumstances, but in cases where there is a strong hemorrhagic diathesis, as likely to produce a beneficial change in the crisis of the blood. He recommends it also in cases of extreme inanition, where there is not time to introduce food in the ordinary way, or strength to digest that food. He suggests it as a possible means of inducing a beneficial change in the constitution of the blood in chlorosis, rachitis, and scorfula, and insanity; and he thinks that defibrinized aerated arterial blood might be a powerful means of resuscitation in cases of asphyxia and other kinds of apparent death.—*Half-Yearly Abstract*, vol. xvii.

We have performed this operation but once, and with only partial success.—EDITOR, *Philadelphia Medical and Surgical Journal*, January, 1854.

COMPOUND COMMINATED FRACTURE OF HUMERUS, NEAR SHOULDER-JOINT,
WITH WOUND OF BRACHIAL ARTERY; AMPUTATION AT SHOULDER-JOINT;
RECOVERY.

Christopher Fricke, æt. 35, a healthy German, of temperate habits, was admitted on the 1st of July, with a comminuted fracture of the humerus, at its surgical neck, accompanied by severe bruising of the surrounding part, and occasioned, a few hours previous to his admission, by the falling of a building, at which he was employed at work. One of the fragments of the humerus had been forced through the integuments on the inside of the arm, near the axilla, lacerating the soft parts extensively, and wounding the brachial artery. The limb was much infiltrated with blood; its temperature was much lower than that of the opposite side, and no arterial pulsation could be detected below the seat of the injury. No hemorrhage. On the following day, reaction having taken place, a consultation was called upon to explore the extent of the injury, and, if possible, to endeavour to save the limb. A ligature was accordingly placed beneath the axillary artery, after the administration of ether; and the incision thus made was prolonged downwards, over the brachial artery, into the original wound. Several arterial points were secured, but the comminuted state of the bone, and the extensive infiltration of the blood amongst the injured parts, rendered the removal of the limb evidently advisable, and this was accordingly effected by means of antero-posterior flaps. Serious collapse followed, from which the patient rallied in a few hours under stimulants, and subsequently recovered without a serious symptom. He was able to leave his bed within three weeks from the operation, and was discharged, cured, on the 11th August.—*N. Y. Med. Times*.
