other with a compress (prepared in case of need) over the extremity of the vessel, in order to fully control it, if possible. Drs. Clarke, Lawrence, and myself, decided at once to ligate the subclavian, as the condition of the vessel and the tissues around it were such that we could not effectually secure it at its extremity. By this means we would give the flaps a more favorable chance to heal, and our patient, his only chance for recovery. He was again placed under ether, and at the request of Dr. Clarke, I cut down upon the subclavian, and ligated. The difficulties encountered were, the stopping of the hœmorrhage with a plug, and the great depth of the artery, due to a certain extent in this case, to the elevation of the shoulder, consequent on the loss of the arm, and the attachments of the muscles to it. It was also found very inconvenient to depress the shoulder. A slight modification was made in the usual operation for ligature of the third portion of the subclavian, viz: instead of making a vertical incision through the integument at right angles to the first, we simply divided the platysma and fascia beneath it, when the upper margin of the wound instantly retracted to a sufficient extent. I think this materially facilitates the closing of the wound afterwards, and union by "first intention." The man though greatly blanched from the recurring hœmorrhage, rallied slowly for the first few days, and afterwards improved rapidly. The wound above the clavicle healed by "first intention," except at the outer part where exit was given the ligature. This came away on the 34th day, July 9th. I know of no cause for this delay, unless it was that the ligature was not drawn sufficiently tight, at the time of the operation. It was still firm at the end of the fourth week when we resorted to gentle traction and twisting, by means of a small bit of wood through the extremity of the loop, and fastening it on each alternate day. It was then readily enough removed. July 16th, the wound has healed and his recovery is now considered complete. He intends sailing for England in a few days.

I think this a case in which Dr. Speir's "Artery Constrictor" would have been pre-eminently adapted, and regret that we had not one to apply. It supersedes the ligature when applied, at least in the continuity of a vessel, and from our present knowledge of it, we would give it the preference (unless the artery were too fragile,) to either the catgut or the antiseptic ligature, cut short. This instrument, which was devised and first brought into notice by Dr. Speir, Visiting Surgeon of the Brooklyn City Hospital, when I was House Surgeon of that Institution, is not much known in Canada. I saw it applied to the femoral artery, in a case of popliteal aneurism, and on several occasions to the extremities of vessels with perfect success. The "Constrictor" closes the vessel by leaving the external coat intact, and invaginating the internal and middle coats, allowing a plug to form readily. The time from the moment the instrument is applied, until its removal, does not necessarily exceed half a minute. When applied in the continuity of a vessel, for example, in a case like ours: it allows the wound to heal by "first intention," or gives it a more favorable condition for healing and the anticipated danger from secondary hœmorrhage, on the removal of the ligature is gone, a great boon, not only to the anxious Surgeon, but to the still more anxious patient. Although we find from the literature of the deligation of this vessel, that the danger of hœmorrhage, from the proximal side of it is *nil*, still I think it would be more adapted to those where the artery is not protected by passing between, but in front of the scaleni muscles. The application of this instrument, with reports of cases, was given from time to time, by Dr. Speir and others, in the N. Y. Med. Journal, and N. Y. Med. Reccord, in '71 and '72. I have not seen any reports of its application, lately, although several of the instruments were sent abroad.

ADDRESS ON SURGERY.

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(Delivered before the Canadian Medical Association, in St. John, N. B., August 6th, 1873.)

While thanking you for the honourable position your partiality has assigned to me, I am fully sensible of the difficulty of dealing, in a satisfactory manner, with so important a subject as Surgery; and especially of giving an *apercu* of its condition, its status, in this extensive but thinly populated territory.

Since the organization of this important Asso-