evening of the twelfth day the temperature was 107°, when the patient was put in a bath of 72°, and the temperature of the body rapidly reduced to 99.2°. It seems indisputable that the patient was suffering from enteric fever, but it appears hardly less certain that he was also the subject of pyæmic poisoning. Judging from the facts of the case, we are, perhaps, warranted in stating that the hypothesis of the supervention of pyæmia on the intestinal ulceration of enteric fever is rendered at least probable. We trust that, as attention has now been directed to this important question, more light may be forthcoming.

Louis K—, aged nine, was admitted on the 26th of May. The illness commenced five days before with rigors and a feeling of great weakness. During the last two days before admission he had diarrhœa. On admission he was very feeble, hardly able to stand; shivering; expression of countenance stupid. There was a yellowish appearance of the skin and of the conjunctivæ. Tongue dry and furred; abdomen swollen and tumid, with decided tenderness. No roseola visible. Lungs and heart healthy; liver dulness not increased; splenic dulness slightly increased in an upward direction. Temperature 100° F.

May 27th.—Bowels very loose. Morning temperature 99°. In the afternoon he had a rigor, when the temperature rose to 106.6°; evening, 102°.

28th.—A few spots of roseola visible. Bowels moved six times since yesterday morning. Temperature: Morning, 104°; evening, 106°.

29th.—Four motions. Morning temperature 104.8°; pulse 106. Evening temperature 106.2°; pulse 120.

30th.—Complains of great pain in the abdomen. Temperature: Morning, 105°; evening, 106.4°.

31st.—Nine motions. Morning temperature 104.4°; pulse 144. Evening temperature 105.2°.

June 1st.—Six motions. Morning temperature 103.2°; pulse 112. Evening temperature 104.2°; pulse 118.

2nd.—Seven motions. Morning temperature 103°; pulse 124.—8 P.M.: Is very restless and delirious. Temperature 107°; pulse 135. At 9 P.M. had a bath at 72°, and remained in it for ten minutes. Temperature after bath 99.2°; pulse 122. The temperature of the bath after use was over 90°.

3rd.—During night was very restless, but not delirious. Ten motions; intense abdominal pain, which was relieved by a hypodermic injection of morphia. Morning temperature 104°; pulse 126. Evening temperature 99.2°; pulse 104.

4th.—Jaundice has greatly increased. Had a rigor this morning, during which the temperature was 104.6°. Seven motions. Evening temperature 103°.

5th.—Is very drowsy and stupid. Passes motions and urine unconsciously. Morning temperature 103°; pulse 150. Evening temperature 103.4°; pulse 126.

6th.—Morning temperature 102°; pulse 114. Evening temperature 100°; pulse 126.

7th.—Morning temperature 101°. Died at 9.45 A.M.

Autopsy.—Body greatly emaciated; icterus well marked; slight effusion beneath membranes of brain, which, however, were healthy; brain-substance pale, weight 3 lb. 5 oz. Lungs congested, and had several hæmorrhagic infarctions; heart healthy, weight 5 oz. Effusion of fluid into peritoneal cavity; well-marked peritonitis; ileum and cæcum studded with ulcers. The ulcers were in the situation of Peyer's patches, superficial in character, free from sloughs, and had not jagged edges. The liver appeared as a mass of small abscesses, weight 3 lb. 6½ oz. Spleen congested, weight 7½ oz. Kidneys healthy, weight 7 oz.

NORTH LONSDALE HOSPITAL, BARROW-IN-FURNESS.

DEEP INCISED WOUND THROUGH THE CALF; DIVISION OF BLOODVESSELS; RECOVERY.

(Under the care of Dr. ALLISON.)

THE value of exsanguinating a limb by the process recently revived by Prof. Esmarch was admirably illustrated in the first of the subjoined cases. Formerly the surgeon was rarely called upon to perform a more difficult and tedious task than to ligature the divided ends of an artery in a deep wound; for while the ordinary tourniquet checked the direct arterial flow, it caused engorgement of all the venous tract below, and the wounded artery lay hidden

or obscured by the welling-up of venous blood and by the swollen, livid tissues. The application of Esmarch's bandage removes all these obstacles, and renders the operation comparatively simple and easy. The blood is driven upwards from the limb; the veins and the arteries are emptied; the muscles are blanched and rendered bloodless; the wound becomes dry and clean; and the ends of the divided vessel stand out in bold relief, and can be as readily secured as in the cadaver. This is, perhaps, one of the most valuable and important uses to which the elastic bandage can be put. It is no exaggeration to say that life, or at least a limb, may be frequently saved by this simple but ingenious device. Hardly less important was it in the second case, where double amputation was necessary while the patient was yet suffering from shock, and where the saving of as much blood as possible was a desideratum.

For the following notes we are indebted to Mr. H. B. Vincent, house-surgeon.

Frank G—, aged twenty, was admitted June 15th, 1874, with a severe, deep, and clean-cut wound in the calf of his left leg, about two inches above the lowest insertion of the fibres of the gastrocnemius muscle into the tendo Achillis. The incision passed down to the bone, dividing the posterior tibial vessels and nerve. The bleeding was very profuse; all pulsation was gone behind the inner ankle, and motion and sensation were lost in the sole of the foot. The injury was caused by an adze, which the patient was using on a piece of wood fixed between his feet, and which missed the wood. Without putting him under chloroform, Esmarch's bandages were applied from the toes up to the groin, just leaving the cut exposed. This had the effect of blanching both surfaces of the cut, so that both ends of the vessel were easily seen gaping, and were tied *in situ* with the greatest ease, although at a considerable depth from the surface. The wound was brought together with sutures, and did perfectly well, without a bad symptom. The patient was discharged from the hospital on July 8th, able to walk fairly. The sensation and power of motion were quite restored in his foot. During his stay in the hospital his foot was put in a slipper and fixed to his thigh. He was seen again a month after his discharge, and he stated he could walk as well as ever. Pulsation had returned behind the inner ankle.

SEVERE SMASHING OF BOTH FEET; AMPUTATION; RECOVERY.

(Under the care of Dr. ALLISON.)

James L—, aged thirty-eight, a railway engine-driver, was run over by an engine, and was brought to the hospital on August 20th, suffering from the following injuries:—All the structures of the left foot were severely smashed and reduced almost to a pulp; the ankle-joint was laid freely open, and there was severe contusion of the skin and muscles for some distance above the ankle-joint; the anterior part of the right foot was in a similar condition. The patient suffered very much from shock, but he had not lost much blood. The left leg was immediately amputated at the junction of the lower and the middle third, and Chopart's amputation was performed on the right foot. In both cases Esmarch's bandages were used, and the operation was rendered bloodless. No difficulty was experienced in securing the bloodvessels, nor did any hæmorrhage follow. The man did well, without a bad symptom. The dressings used consisted simply of carbolic oil (1 in 40). The temperature never went up higher than 101°, and his pulse did not exceed 100. The stumps were not dressed until the third day; all the sutures were removed by the tenth day, and all the ligatures had come away by the twenty-first day from the operation. The patient took his food well all along, and his bowels were opened on the third day. On Sept. 22nd both stumps nearly skinned. A week after this he was discharged well.

IN a recent lecture at La Charité, on disease of the heart, Professor Séz advocated the following treatment of oedema and anasarca due to heart affections:—Extract of squills, fifteen grains; powder of squills, ten grains; for ten pills. From six to ten of these pills to be taken daily. At the same time about one drachm of bromide of potassium is administered daily. Under the influence of these two drugs the dropsy is stated to diminish rapidly.