amount still remained high, being 362 grs., notwithstanding which his condition had greatly improved; but at the end of July the mean quantity was only 202·9 grs., being a reduction of 154·1 grs.

CASE 4.—John C.—. The average daily amount of albumen passed after admission on Jan. 12th, 1865, was 184·05 grs.; this was considerably decreased by the end of March, when he was discharged from the hospital, 124·4 grs. being then excreted. This quantity, however, was still further reduced when the urine was next examined, on Aug. 5th, 77 grs. being found, showing a diminution of 107 grs.

CASE 5.—Martin H.—. In this case the patient, at the period of his admission on Feb. 15th, was excreting 245 grs. of albumen daily; but on July 9th, just before he was sent to the Convalescent Institution, only 6·16 grs. were found for the day, the patient being in fact almost completely cured.

I must confess that the very striking facts recorded in this paper have greatly surprised me. The impression I had derived from books in reference to Bright's disease was that it was nearly always a fatal and incurable affection, whereas it really is much more amenable to treatment than could have been anticipated—so much so, indeed, as in my belief to fully justify the title I have given to this communication. The particulars recorded appear also to prove that the disease is not exclusively local and organic, but is to a great extent a blood disease.

Wimpole-street, Aug. 1865.

LIGATURE OF THE SUBCLAVIAN ARTERY FOR ANEURISM OF THE AXILLARY.

By EDGCOMBE VENNING, Esq., M.R.C.S.,

ASSISTANT-SURGEON TO THE FIRST LIFE GUARDS, AND LATE HOUSE-SURGEON TO ST. GEORGE'S HOSPITAL.

TROOPER J. C.—presented himself at the regimental hospital on the 31st of August, 1864, complaining of considerable pain about the right wrist and shoulder-joint. He stated that eight months previously, in going down some steep stone stairs in barracks, he fell backwards, with his right arm extended, and directed outwards and backwards. The wrist was very painful for some time after, and though a good deal swollen, he continued to do his duty. Only nine days prior to admission did he notice any swelling about the shoulder-joint.

On admission he complained of considerable pain about the lower third of the right forearm, at which situation on the radial side there was an irregular swelling. This appeared like the remains of an old fracture badly united, and was the result, I believe, of a fracture of the radius caused by the accident, the bone being kept in tolerable position by the ulna, which had not been injured. On examining the shoulder-joint I found a pulsating tumour, about the size of a hen's egg, situated over the course of the axillary artery. The pulsation was very strong, and the bruit in the tumour exceedingly loud, both of which ceased when pressure was made on the subclavian artery. The ulna and radial pulses were much diminished in force in comparison with the opposite limb. Finding from the patient's account that the tumour had increased rapidly, I requested Mr. Cutler and Mr. Pollock to see the case with me, and they were both of opinion that deligation of the subclavian artery in its third portion should be performed at once. In accordance with this opinion, having the assistance of both Mr. Cutler and Mr. Pollock, (chloroform having been administered by Mr. Freeman,) I proceeded to perform the operation, and without much difficulty succeeded in tying the artery. The external jugular vein, being in the way, was tied above and below, and cut through, and all small bleeding vessels were ligatured. On the ligature around the subclavian artery being tightened, all pulsation in the tumour ceased. The edges of the wound were brought together with silver sutures and strapping, and the limb was enveloped in cotton wool. When the effects of the chloroform had passed away, I ordered him a liberal diet, and a full dose of opium at bedtime. The following morning I found he had had several hours of refreshing sleep. The pulse was 88 in the minute; the skin was cool, and the tongue clean and moist. The temperature of the affected limb was normal, and the only thing he complained of was a pricking pain throughout the extremity. From this date all went on well; pulsation was felt in the brachial artery on the seventh day after the operation, and on

the ninth it was felt quite strong in the radial and ulna at the wrist; but two days after it ceased in the brachial and radial and ulna, and has never been felt since. No bad symptoms accompanied the cessation of pulsation. No pain was experienced in the aneurismal sac, and on the eleventh day the ligature around the subclavian artery came away. Twenty-four days after the operation the patient left the hospital, the wound having almost entirely healed, and he in good health. The reason for his quitting the hospital so soon was, that small-pox had broken out in the regiment, and I was unwilling to run the risk of his becoming a victim to the malady, as there were several cases in hospital. He left London on a month's furlough for Nuneaton, where on his arrival, as he felt somewhat weak, he placed himself under the care of Mr. Nason. I heard no more of him until the end of October, when I received a letter from Mr. Nason, in which he related to me that he had been sent for to see my patient in consequence of severe hæmorrhage having come on from that portion of the wound made at the operation, which had not healed when he left London. I immediately went to see him, and met Mr. Nason in consultation. Bleeding (although all proper means had been adopted to arrest it) was still going on. A large abscess had formed beneath the clavicle, accompanied by enormous œdema of the right upper extremity, and mortification had commenced in the little finger. The question now arose as to where the hæmorrhage came from. We came to the conclusion that it was the result of a large sloughing cavity formed by the abscess. I therefore put my finger into the wound, and broke down all the old adhesions, so as to allow the escape of a considerable quantity of foul pus and blood. No return of bleeding occurred subsequent to this, but unfortunately pyæmia set in, followed by a series of abscesses, one of which was situated in the elbow-joint, and for a considerable period he hung between life and death, under Mr. Nason's care; but by the untiring care and attention of that gentleman the patient rallied, and so far recovered as to be able to rejoin his regiment, though with an ankylosed elbow-joint, and considerable loss of power in the hand. This latter he is rapidly recovering, and the forearm is at a right angle with the arm; so that there is every hope of his ultimately having a very useful limb.

The Cavalry Barracks, Windsor, Dec. 1865.

ON A CASE OF CHOLERA OCCURRING DURING LABOUR.

DEATH IMMEDIATELY AFTER DELIVERY.

By H. E. EASTLAKE, L.K.Q.C.P.,

PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL, PHYSICIAN-ACCOCHEUR TO THE ST. MARYLEBONE DISPENSARY, ETC.

ON the 30th ult., I was hurriedly summoned, at about 8·30 P.M., to see Mrs. U—, aged twenty-one, in her first labour. She resided within a few minutes' walk of my house. I found her in an alarming state of collapse. No pulse was perceptible at the wrists; the extremities were perfectly cold; the countenance pinched and anxious, and a bluish hue was perceptible over the body generally. I was told by the attendant that labour commenced about eleven P.M. on the 29th, and that the most distressing vomiting and purging set in at the same time. The sickness and diarrhœa had therefore continued for more than twenty hours. She had been violently sick shortly before my arrival, and rice-water stools gushed constantly from the bowels. Brandy and beef-tea had both been administered by the mouth, but were almost instantly thrown up. On examination per vaginam, I found the face presenting, and the os uteri fully dilated. The liquor amnii had only escaped about four hours before my arrival. The fœtal head was fairly in the cavity of the pelvis, and the left ear was easily within reach. Without further delay I applied the forceps, and delivered the patient without much difficulty of a very large male infant. The child showed no signs of life whatever. The funis was divided, and the placenta passed away within a few minutes of the birth. The uterus contracted very well, and there was not the slightest hæmorrhage. More brandy-and-water was given, but immediately ejected. An offensive watery evacuation now continually trickled from the bowel. The patient's face became ghastly in appearance, and her whole body cold. She was conscious to the last. Her breathing