

About eight days after the operation violent bleeding intervened, but stopped spontaneously; not, however, without weakening the patient very considerably. Mr. Stanley also now saw the case with me. The patient was exceedingly feeble, the combined result of the hæmorrhage and the operation, with perhaps, the debility caused by confinement to the house; for we now saw him in private lodgings, and the case has assumed a very practical, not to say alarming character, indeed so much so that we had a long consultation whether amputation should not be performed. In fact we made arrangements for amputating, but as we were about to place him on the table, he was so weak, we did not venture to go any farther with the operation. He was put to bed again, and we prescribed wine and other stimuli. Perhaps I may say our patient was at this time only 20 years of age. Next day we found the pulse had recovered itself, yet still, as we feared a recurrence of the bleeding, Mr. Stanley and I now considered whether we would amputate, or place a ligature on the artery higher up in its course. On the one hand we were deterred by the large wound of the flap, from amputation; on the other, by hæmorrhage and extension of the disease if we did not amputate. We were, in fact, in one of those straits in which you yourselves in the country may some day find yourselves. We adopted the safe alternative of placing a ligature on the femoral in the upper third of the thigh. The patient subsequent to this recovered, but very slowly; the wound of the part where the ligature was applied was very fetid. The patient continued a long time excessively weak; he was removed to Brighton, but his convalescence was still tedious; however, his health was finally restored at the sea-side. The swelling remained in the tibia, but there was no pain and no pulsation, and the patient now got about and led a very active, indeed I fear a too active, life. His employment before he got ill, as we learned, was connected with mercantile engagements, so that he was now constantly about and gave his limb little rest. We now come to another stage in the history, namely, about two years ago, when he was seized with severe inflammation of his chest, but he got through this also, and still went about as before occupying himself very actively in his business. At the early part of the present year he was pretty well; however, about three months ago, in last July, the weakness set in again; he complained also of bad appetite, he got an unhealthy hectic look, with quick pulse, and this tumour of the bone, all of a sudden began to grow larger and larger. This suddenness of growth is always a suspicious circumstance, and too often indicates what is termed "malignancy" in such disorders; in fact, the view now taken of the case was not very satisfactory, but the opinion was unanimous that the limb, under the effects of chloroform, should be amputated; this was done in the end of September, by an eminent provincial surgeon, as the patient had now taken up his residence near Birmingham. There was nothing very peculiar in the operation, as Mr. Crompton writes to me, except perhaps, the condition of the vessels. We might have expected, after two several ligatures on the femoral artery, that all the small arterial vessels would undergo enlargement; accordingly nine or ten arteries were ligatured at the operation; there was, also, a good deal of venous bleeding, and there was the character