

## CLINICAL LECTURE.

*Clinical Lecture on Wounds of Blood Vessels of the Lower Extremities.*

By WILLIAM LAWRENCE, F.R.S., Surgeon to St. Bartholomew's Hospital. (Condensed from the Medical Times & Gazette.)

*Large extravasation of blood from rupture of a vein (?) caused by a fall on the leg.*—Henry Connell, 45, temperate, admitted January 8th, 1847. Although always healthy, he was probably of hæmorrhagic idiosyncrasy, having ten years before bled profusely for two days and nights, after extraction of a tooth. Two weeks before admission he struck the front of the leg against the stump of a tree, and fell into a ditch, feeling so little uneasiness at the time that he continued his usual employment. The evening following, the limb became painful, and in two days more was considerably swollen, red, hot and tense. He applied at a dispensary, where, with other treatment, he was bled to 20 oz. On admission, the leg was greatly and equally swollen from the knee to the toes, bright red and acutely painful. General health not impaired. The upper part in the fibular side, fluctuating, was incised by the House Surgeon.—About 8 oz. of black blood, partly coagulated, partly fluid, escaped, with immediate relief. 9th—Slept well, but lost many ounces of blood in the night, requiring the use of the tourniquet. Pulse 60 and weak. No pulsation in the tibials. From the great swelling, tension, hæmorrhage and want of pulsation, my colleague, the late Mr. Earle, and myself, concluded that an important vessel had been injured, and as the situation of the injury could not be made out, we determined on amputation, but the man objected. Cold was applied, tourniquet removed; slight bleeding during the evening. 10th—Bleeding to a few ounces during the night. To ascertain its source, the former incision was enlarged, and found, that the effusion was under the integuments. The incision was now extended up and down, exposing an immense cavity from which between 1 and 2 lbs. of blood, fluid and solid, were turned out, but no bleeding vessel could be seen. A small artery, cut in one of the incisions, was secured. The wound's edges were loosely approximated and cold cloths put on the limb. About 3 lbs. of arterial blood escaped during the evening from numerous minute orifices, rendering the pulse very slow and feeble. An opiate at bed time. 11th—Slept well; slight bleeding, its source not discoverable, as it seemed to be the upper part of the wound, this was closed by plaster and subjected to pressure. Leg elevated by pillows and covered by wet cloths. Circulation kept up by wine. 13th—Hæmorrhage has not recurred, and the limb is quite easy. Pus discharging freely from the wound. Healing went on favorably, and was completed by the end of February. It is not improbable that there was a rupture of a vein or veins in this case, and that the alarming continuance of bleeding depended on peculiarity of constitution.

*Deep stab in the left groin; profuse and nearly fatal hemorrhage; ligation of the external iliac artery on the second day; death on the sixth; wound of the circumflexa ilii.*—James Walsh, 55, stout, intemperate, generally healthy but had a cough for the last few weeks, was brought to hospital May 18, about 3, a. m., countenance was of deathly paleness, skin cold, pulse extremely feeble and occasionally imperceptible, nearly unconscious and as if dying from loss of blood. Clothes from the neck