

began yesterday evening. He feels weak, and is very irritable. Ordered pil camph. co. one every fourth hour.

August 29th.—Pulse 110. The diarrhoea still continues, but he feels much better than yesterday. His appetite is good, and he asks for more solid food. The stump looks well.

6.30 P.M.—He was raising himself in bed, and suddenly experienced a sensation, as of something giving way in the stump, followed almost instantly by a gush of blood. Dr. Rodger was called immediately, and applied the tourniquets as before, making pressure with each, alternately. He lost about $\frac{5}{8}$ vij. of blood. Pulse 130, and very weak; extremities cold and pale; looks blanched. Ordered brandy *ad libitum*. Iced applications to the stump.

August 30th.—Pulse 120, and fuller. He slept about three hours last night. The tourniquets have been kept constantly applied. Dr. Fenwick resolved to open the stump, and ligate the vessel from which the hæmorrhage had come. Having put the patient under the influence of chloroform, he separated the flaps (union had taken place to a great extent at the inner side). The pulsation of the femoral could not be detected in the stump, nor was there any hæmorrhage. The wound was healthy and clean, and the surface covered with granulations. A portion of the end of the bone was found to be devoid of periosteum. He therefore removed about three-quarters of an inch of it, washed the surface with carbolic acid lotion, and closed up the wound again, using a few wire sutures and strips of adhesive plaster. Dressed as before with carbolic acid lotion.

8 P.M.—Pulse 116. No hæmorrhage. The tourniquets have not been applied since it was taken down.

August 31st.—Pulse 116. He slept very well last night, and feels well to-day. Diarrhoea has stopped.

September 1st.—Pulse 118. No pain; very little pus; appetite improving.

September 10th.—Pulse 100. He sleeps well, has a good appetite, tongue clean, and all the symptoms are favourable. The stump looks well, and there is but little discharge from it.

September 24th.—He is doing well, though the wound is healing slowly; the edges are somewhat inverted.

September 27th.—His health is good; there is very little discharge now from the wound. About three inches of the edge of the posterior flap is inverted. At the outer extremity of the wound the granulations are large and rather pale.

September 30th.—The flap pressed strongly against the end of the