

locality. Strong pulsation was imparted to the hand when placed over the ulcer, and a loud clear bruit was audible. There was diffused swelling, apparently blood in a fluid state. The general state of the patient was very satisfactory; no pyrexia, but some sleeplessness complained of.

Ordered water-dressing and a morphia pill at bed time. On the 5th the report in the case-book was as follows:

“There has been no hemorrhage—the clot plugging up the centre of the ulcer has dissolved, and being discharged, the latter looks healthy, and the swollen and inflamed tissues adjacent have subsided. The bruit however has increased in intensity—loud and characteristic. No numbness or coldness of extremity. General state of health satisfactory. Sleeps well without an opiate. No defined aneurismal tumor; contour of the limb almost natural, a little fuller perhaps than the other thigh; pressure to the artery above the pubis, by means of Signorini tourniquet, gradually tightened.

He continued to progress satisfactorily, as regards the state of the ulcer and his general health, until the morning of the 18th. During this period, however, the current of blood into the aneurism could not be materially controlled by pressure—the contents of the sac remaining, evidently fluid for the most part—and the swelling assuming a more convex form. The ulcer had contracted to the size of a sixpence. On the morning referred to, at about 8 o'clock, whilst reaching over the side of the bed, the patient experienced slight hemorrhage from the ulcer. On examination soon after, a small dark clot, the size of a pea, was found plugging up the centre of the ulcer. A very strong impulse imparted to the hand when placed over the locality.

No further hemorrhage took place, but the edges of the ulcer became everted and flabby, and the aneurismal sac gradually increased in size—extending inwards. On the morning of the 20th, pressure having been fairly tried and proved quite ineffectual in causing coagulation, it was determined to lay open the sac, and ligature the artery above and below the seat of injury. At 3 p. m. the patient being placed under the influence of chloroform, an incision was made through the centre of the aneurism, on a line with the course of the artery. A dark coagulum, the size of a walnut, plugged up the small ulcer, and on its removal, profuse arterial hemorrhage resulted. This was absolutely uncontrollable by pressure over the pubis—though most effectually rendered. The main artery bound down and imbedded in tissues, thickened considerably by adhesive inflammation, was found on the inner side of a large cul-de-sac capable of containing the closed fist, and from a large wound