

lent, and lessening in quantity. The lips of the wound presented a charred appearance, and a small slough was separating. The following Sunday, ten days after the accident, he got up and was going about the house; the limb was stiff and sore, and he could not walk without the help of a stick. There was very slight discharge, and healthy granulation had filled up from below. The next day, Monday, in attempting to leave his bed, blood in considerable quantity spouted again from the wound. I saw him shortly afterwards, but the hæmorrhage had been quickly arrested by a compress and ice. He was suffering much pain in the buttock and calf of the leg. On Wednesday, the 13th day after the accident, while I was in the house, he called out that it was bleeding again. On removing the dressings, a stream of arterial blood spurted from the wound with considerable force; I immediately arrested it with my finger, and in doing so, felt the blood well up against the finger, and elevate the buttock into a sack, which I judged to be about the size of a hen's egg."

It was at this point in the history of the case, on Wednesday, 29th January, twelve days after the occurrence of the injury, that Dr. Fenwick, who has kindly favoured me with the foregoing statement, requested me in conjunction with Dr. Jones, to visit his patient. Upon examination the small punctured wound, already described, was observed, which led to a tumour three inches posterior to the right trochanter, about the size of a hen's egg. The tumour was beneath the *gluteus maximus* muscle, was very painful to the touch, and a faint *bruit* was heard in it, upon the application of the stethoscope. It was evidently aneurismal, and from the course of the wound, which ran backwards and upwards for about three inches in the direction of the *sacro-sciatic* notch, it was believed to be traumatic aneurism, either of the trunk, or one of the large branches of the gluteal artery, in the immediate vicinity of the notch.

It was agreed to try the effect of injecting the aneurismal sac with the solution of the perchloride of iron, to endeavour to produce coagulation of its contained blood, with the hope that further operative proceedings might thereby be rendered unnecessary. The stilette of the syringe was introduced into the sac through the wound, and one drachm of the fluid injected. The tumour became hard immediately after the injection, and all hæmorrhage ceased. The discharge, a couple of days afterwards, again became purulent, and the indications seemed to promise a successful result, when on the following Monday, five days after the injection, being in the immediate neighbourhood, I was requested in great haste to visit the patient. I found there had been a recurrence of free arterial hæmorrhage from the wound, a vermiform clot of about three inches in length having been previously expelled by the *vis a tergo*. The boy's mother had arrested the bleeding, by placing her finger upon the orifice of the wound. He complained of great pain and a feeling of tension in the hip, which was evidently elevated and tense from the sudden distension of the sac. I covered the wound and tumour with snow, and requested his mother, should bleeding again recur, to place her finger as formerly upon the orifice of the wound, appointing to return with Dr. Fenwick and some other professional friends in a few hours thereafter, to take more efficient measures for the permanent arrest of the hæmorrhage.

Upon consultation three methods of procedure were discussed: 1st. To cut