

around it moved very distinctly, its motions corresponding to the pulsations of the vessel, and it was deemed better to allow it to remain for a time. There has been a little oozing since yesterday.

3.30 P.M.—While raising himself on his elbow to have his pillow adjusted, he felt something give way in the stump, followed immediately by a sense of great heat. Before Dr. Rodger, one of the resident assistant surgeons, who was at once sent for, could get up stairs the blood was running out beneath the dressings. He compressed the femoral artery until a tourniquet was applied. The dressings were then removed, and iced applications put on the stump. Two horse-shoe tourniquets were applied, and pressure made alternately on each. He lost about  $\frac{3}{4}$  vj of blood. The wire that had been around the needle was removed.

August 22nd.—Pulse 128, weak, and small. He is very comfortable, and does not find any inconvenience from the tourniquets, which are changed as soon as they give pain. He has no appetite, probably due in part to nervous agitation.

August 23rd.—Pulse 122, and much fuller than it was. He slept well last night. Several large clots of blood were removed from the wound to-day, and some clotted blood came away with the pus.

August 24th.—Pulse 108. No pain; slept well; tongue clean; appetite returning; bowels regular; wound looks well.

August 25th.—Pulse 110. Slept well and feels comfortable. There is a moderate quantity of laudable pus. The tourniquets have been kept applied, and the pressure gradually diminished, till this afternoon, when it was all removed, but the instruments left in situ.

August 26th.—He is doing well; there is considerable pus; no preternatural heat, redness, or tenderness. There is a considerable interval between the flaps, especially at the outer half of the wound.

August 27th.—He slept well; the pus is increasing. The pressure of the tourniquets, and the contraction of the muscles, had so retracted the edges of the flaps that they could not be easily brought together, and protrusion of the end of the bone threatened. A broad strip of adhesive plaster was applied to the thigh anteriorly and posteriorly, forming a loop over the end of the stump, and secured in its position by circular straps—to the loop a cord was attached, which passed over a pulley at the foot of the bed, and suspended a weight of four pounds. By this contrivance muscular contraction was overcome, and the edges of the flap could be brought in contact, and retained by strips of plaster. The tourniquets were removed.

August 28th.—Pulse 114. He has an attack of diarrhoea, which