pened from wound of the same, or an equally small branch of the epigastric. The same has happened in France, *vide Medicin Operatoirs* of Sabatier.

The history of the occurrence, as given after the operation, agrees with the dissection, that the bleeding was from the circumflexa ilii. If the external or internal iliac had been wounded, we cannot suppose he could have walked up stairs, bled for an hour and a half, and then recovered. Hence in estimating the nature of an injury, it is of first importance to know all that has happened subsequently to its infliction, and particularly the mode, duration, and quantity of the bleeding. The want of pulsation in the upper part of the thigh, added to the difficulty of the diagnosis, naturally suggesting wound of the external iliac artery,

Wound of the Femoral Artery on its posterior aspect-division of the vessel and application of three ligatures-recovery .- A girl, at. 6, was admitted, under my care, in the summer or 1848, with a wound in the thigh, from which blood had been lost in a bright red stream with a powerful jet, made accidentally by a pair of tailor's scissors with which she had been playing. When seen, she was cold and almost pulseless, and the bleeding had ceased. There was a punctured wound, not exceeding 1-6th of an inch in its external dimensions, a little below Poupart's ligament, and between 1 and 2 inches externally to the femoral The hæmorrhage did not ecur. The leg and foot were cold, vessels. and no pulse in artery of thigh or foot. She was placed in a warm bed, when the circulation soon recovered, and a damp cloth was kept on the bend of the thigh. In 3 or 4 days there was a slight fullness about the femoral vessels which pulsated, but no pulse felt in the arteries of the limb. The wound was now closed. As there was no doubt of the femoral being wounded, with the approval of my colleague, I proceeded to expose and secure it, and did so after more than anticipated difficulty and delay; for although the surrounding tissues were rather condensed, the artery was readily exposed below Poupart's ligament; it pulsated naturally and seemed uninjured. On its outside, however, I thought I saw a nick through the cellular tissue, which still connected the vessel laterally, and which seemed to be the end of a wound in its posterior part. So as to tie the vessel, I detached it cautiously, when arterial blood dowed freely from behind. To get enough room, Poupart's ligament was cut and I tied the vessel high up. Even after this the blood flowed, and with equal freedom. A ligature was necessarily placed below the wound; the bleeding continued. I next divided the artery between the two lightures, and as blood issued from the upper end, a third lighture was put over the orifice just below the first, which effectually stopped the bleeding. She was put to bed in such a position as to bring the sides of the wound accurately in contact, which were covered by a damp cloth, neither suture or plaster being required.

The condensed cellular tissue around the femoral vessel impeded the operation. The position and extent of the arterial wound was unknown, from being out of sight. It might and perhaps did involve both deep and superficial femorals. The dissection had to extend above Poupart's ligament, and as this was doing, the trunk had to be compressed above. These circumstances, with the age of the patient, explain why the operation lasted over an hour, and could not have been completed (antionaly in less time. Chloroform was given moderately all the time)