

To my surprise, however, in about six weeks time, I received a message from Dr. Corbin, saying that matter had again collected in the thigh, and he wished that I would come over and open it once more. Accordingly I went to see the patient, and found the thigh greatly swelled—the swelling occupied exactly the same position which the original had previously done—it extended from the groin to the ham. The skin appeared red and shining, but did not pit upon pressure; there was distinctly a fluctuation to be observed; there was something about the swelling that did not present to my mind the distinct idea of an abscess, but that it was an aneurism certainly did not enter into my imagination; there was not the least pulsation present, while its recent history certainly misled both myself and the Dr. into the belief that the swelling was the sac of an abscess again refilled with pus; the consequence was, that we decided upon puncturing the swelling. I selected a spot that I thought the most prominent and likely to make a good opening for the exit of matter, but after introducing the lancet a considerable depth, I found that no pus was evacuated, which created my surprise. Dr. Corbin then took the lancet and introduced it into another spot, and out flowed a stream of arterial blood. I was at once alive to the position of things, which was fully verified by the application of my ear to the swelling; the *bruit de soufflet* was distinct without the stethoscope—in fact, the lancet had entered into an aneurismal sac, which I only had the good fortune to avoid, by sticking it into the condensed fibrine, the walls of the sac. Having placed the finger upon the opening to restrain the hæmorrhage, I considered if the femoral artery could have been wounded by the lancet, but found that such could not possibly have been the case, for the opening was completely out of the line of that vessel, it was below it, and over the *adductor magnus*, while the blood was not propelled *per saltum* from the wound. I was determined to see the extent of the disease, consequently I introduced the same probe into the wound, and found that the aneurism extended to very nearly the same dimensions as the former abscess, from the groin to the ham. Having applied a compress and bandage, I at once pointed out to the friends of the patient the nature of the disease, and assured them that the only chance of saving the life of the boy was to tie the external iliac artery. The friends were first annoyed at our mistake, and refused their consent, but as I assured them the boy would bleed to death in a few days, unless the operation was done, and that quickly; upon a slight hæmorrhage occurring, they changed their mind, and I was sent for to do the operation. Accordingly, on the fifth day after the opening, assisted by Dr. Corbin, I commenced the operation in the following way:—Having placed the patient upon a table with his but-