

By the end of May the bones had again united, and although there was still a small sinus, no bare bone could be felt. He was discharged from Hospital June 28, 1884. When seen in July, he was walking about with a stick. The wound in the leg had completely healed, and he said that he could walk a mile without much difficulty, and that his condition was improving daily.¹

Ligature of the anterior tibial artery is an operation which is rarely called for. The low operation is comparatively an easy one, but the high operation, owing to the depth at which the vessel is placed, presents many difficulties, and is rarely performed except on the dead subject. In the case narrated above, the great depth of the vessel, and the narrowness of the space in which it lay, as well as the infiltrated condition of the neighboring tissues, made the operation a most tedious and difficult one, but, on the whole, fewer difficulties were encountered than I expected. As I remarked in narrating the case, I was unable to satisfactorily follow the line of division between the anterior tibial and long extensor muscles, so reached the vessel by separating the anterior tibial muscle from the bone; in this way the artery was easily seen, and the advantage of having one side of the wound bounded by bone and thus, so to speak, fixed, was evident, for, only one retractor being necessary, more room was obtained.

Laceration of the main arteries in the leg, due to fracture, is not a common injury. Dupuytren, in twenty-three years, saw seven cases of diffuse aneurism due to fracture of the leg, and advocated ligature of the femoral, in preference to amputation, in such cases. This procedure Dupuytren advocated in fractures, both simple and compound, where the artery was wounded and a diffuse aneurism had formed.²

Erichsen (Vol. I., p. 252, 2d ed.) says: In most cases it is not practicable to carry out the instructions of some surgeons, to enlarge the wound and attempt to tie the artery where it has been injured, as the surgeon would have to grope in the midst of bleeding and infiltrated tissues, and would experience the greatest possible difficulty in finding the wounded vessel,

¹The patient was exhibited to the members of the Association at the August meeting.

²Mr. Guthrie (*Wounds and Injuries of Arteries*, 1830) strongly condemns the proceeding of Baron Dupuytren, and insists on ligature of the vessel at the injured point. John Bell (*Principles of Surgery*, Vol. IV., 1826) advocates the same practice.