

equally hot as the other; both a few degrees lower than yesterday. Was much excited about the middle of the day, and restrained with difficulty. Very thirsty; tr. opii gtt. xv in the afternoon, and xxx. in the evening. 23rd. Slept well; pulse 124, and very small; skin cool and moist, after profuse perspiration; mouth and tongue dry. Right foot 93 deg. F., left, 87 deg. 12 oz. of wine and porter. In the afternoon the pulse got very rapid and small; the hands out of bed were cold; general cold and clammy sweat; belly tympanitic. Strong stimuli were given, but he gradually sank, and died in the evening.

*Examination 17 hours after death.*—Surface completely bloodless and pale. Left leg and foot a little discolored over the superficial veins. Wound dark, and covered with a thickish offensive secretion; not inflamed; no attempt at repair. Peritoneum, even over the injury and seat of operation, as well as viscera, bloodless. Subserous cellular tissue considerably ecchymosed. A few short, very thin and transparent adhesions of sigmoid flexure of colon to neighboring peritoneum, evidently of old date. Heart small and empty, very little blood in coronary vessels. Brain and membranes almost bloodless. Some serum in the sac of the arachnoid, latter partly opaque over the cerebral hemispheres. Cellular tissue around the iliacs infiltrated with blood. Psoas and iliacus muscles ecchymosed and softened. No lesion of any large vessel in the course of the wound. Circumflexa ilii divided about an inch beyond its origin, but orifice closed. External iliac artery filled with a recent coagulum from ligature to common iliac, and had a similar but shorter one below the ligature, although tied close to epigastric. Hence, although a clot is prevented from forming on the cardiac side, when a ligature is tied close below a collateral branch, the same does not happen on the distal side under like circumstances. The internal and middle coats had been divided by the ligature; they were involved in the coagulum, and had not united. The external coat was entire, and with the ligature would have kept the vessel secure till the coagulum had permanently sealed together its sides. The inner coat of the femoral was considerably diseased, and its calibre greatly lessened in consequence—the most likely cause of the want of pulse in the upper part of the thigh. Patches of opaque yellow deposit in the inner coat of the external iliac artery. That the bleeding from the wound, in this case, although it ceased spontaneously, and was not renewed was the cause of death, cannot be doubted. It is equally clear that the blood came from the circumflexa ilii, about an inch from its origin. Fatal hæmorrhage is not expected from a vessel of this size; but the danger is from the magnitude of the trunk, and the vicinity of the wound to the origin of the branch. Mr. Liston related a case of bullet wound of the upper part of the thigh, when the blood flowed most impetuously and profusely, being thrown in jets to a considerable distance—it was said 2 or 3 feet. The patient was found almost lifeless, and was with great difficulty recovered from the syncope and depression. After death, from other causes, the bleeding was found to have come from one of the superficial branches of the femoral artery, about half an inch below Poupart's ligament, divided about an inch from the trunk. Again, the division of small branches of arteries, not of the first order, has been fatal. Thus a patient bled to death after the operation for strangulated hernia from wound of the pubic branch of the epigastric artery. In another like operation, the same result hap-