

up the leg cold, partly insensible, and with a bluish-black discoloration of the skin. Dressing re-applied, but much more loosely than before.

18th. Skin dark, though not to nearly so great an extent as on preceding day; the limb put up in cotton batting with a loose roller.

19th. No change to-day.

20th. Looking bad; large slough forming, sensation very imperfect; tibial pulse not discoverable, due, as the sequel proved, not to arrest of circulation in that vessel, but more probably to the swollen condition of the parts. Put up leg on McIntyre's splint; to be dressed with hot carbolic lotions, frequently renewed; to have good nutritious diet and wine.

21st. Had a rigor yesterday. Found him to-day in profuse sweat; pulse 128; and yet the leg looks much more florid; there is more sensation in it, and the tibial pulse is clearly discoverable. To continue the hot lotions, and to take a grain of quinine every three hours.

22nd. Chill last night and another to-day. Dress as before and to take quinine three times a day.

23rd. Consultation held, at which it was decided to amputate at once.

Dr. Fenwick then proceeded to amputate at the beginning of the middle third, making the antero-posterior flaps by transfixion. Having ligatured all the arteries and acupressed one vein, the wound was washed with carbolic lotion, closed with metallic sutures and dressed as usual. This was about 1-30 p. m.

At 8 p. m. found him doing well; stump easy; eating well; pulse 100, and not so feeble as might be expected. Gave him  $\frac{1}{2}$  gr. of morphia in solution, which enabled him to sleep well.

24th. Found all doing well, but the pin used in acupressing the vein was found on the floor, probably pulled out by the patient during the slight delirium which followed the morphia draught. The wound was dressed as before and tension relieved by the removal of each alternate suture. Lips of the wound looking rather more gangrenous than might be desired.

25th. 10 a. m. Wound looking well; patient in good spirits; pulse good. 12.30. Hæmorrhage set in and continued for some little time before the alarm was given. However, as soon as it became known pressure was applied to the femoral and parts over the brim of the pelvis, which completely controlled the bleeding. The tourniquet was then applied and kept on constantly till the close of the case. His pulse rapidly rose in frequency and diminished in strength.

Brandy was ordered for him every quarter hour and beef juice, &c., to support him. In spite, however, of all that could be done he gradually sank, till, at 8.25 next morning, he died, apparently from asthenia.