

and previous night indications of delirium were manifest. Having resolved upon amputating, I, at the request of patient, with the consent of Dr. A. performed the double flap operation at lower third of thigh; three arteries tied, lost very little blood during the operation; edges of wound were then brought together with sutures and adhesive straps applied after the lapse of some time. Patient being left in Dr. A's. charge I returned home. August 14. Again called upon, secondary hemorrhage having supervened the day previous. Upon arrival found a most deplorable condition of affairs, patient pale, almost exsanguine and very anxious, pulse small and compressible, tongue dry and brown towards the centre, considerable restlessness. The tourniquet had been very judiciously applied but previously a quantity of blood had escaped unobserved by the attendants. Cold was assiduously applied to stump and tourniquet gradually slackened, being unable to bear the continuous pressure. Notwithstanding this precaution, blood continued to ooze from stump. During the night pressure was kept up at intervals and cold as formerly. 15th 9, A.M. Hemorrhage having again occurred upon removal of pressure which could not be endured, the vessels were secured in situ as follows. Sutures being removed, the flaps immediately gaped exposing a large intervening clot, this being displaced with a quantity of decomposed tissue, ligatures were passed around the vessels whence the bleeding appeared to originate, taking the precaution of placing them well up in order to escape disorganized tissue. After the removal of pressure, bleeding being arrested, the parts were again brought together as formerly.

*State of parts previous to interference.*—Flaps, cold, flabby, much swollen, their line of apposition marked by a dark scar extending upon either side about half an inch, and retaining the sutures. No adhesive tendency in their edges. No effort towards plastic exudation. An hour after the parts were re-arranged, bleeding again returned, evidently proving that the vessels had also partaken in the surrounding disintegration. Every drop of blood being now necessary towards the prolongation of life, and he being unable either to undergo a second operation, or even bare the necessary pressure, I ligatured the femoral artery in the following manner. Patient being placed on his back and thigh slightly rotated outwards, so as to expose its inner and anterior surface, an incision three inches in length was made in course of vessel commencing about a hands' breadth below Poupart's ligament. The integuments, superficial fascia, and fascia lata being divided, a few fibres of sartorius muscle which presented were drawn aside. The sheath of vessels being next exposed by a slight manipulation, was also divided and