

Montreal General Hospital, September 7, 1847, under my care. It appeared that a few minutes before admission, he had a quarrel with another man, who made an attempt to stab him in the chest with a bowie knife, and in his effort to ward off the stroke of the knife, it entered and completely transfixed the left fore-arm, and reached the chest, inflicting in this latter situation, but a trifling incision. The knife was held in dagger fashion, and the stroke was a back handed one, so that in completing the sweep of the weapon, the muscles on the anterior part of the forearm were divided from the radius and ulna, as far as from the head of the ulna, where the knife entered, down to the wrist. Before admission into the hospital, the arm had been bound up by the bystanders with handkerchiefs and other cloths to staunch the bleeding, which had reduced the patient to a state of extreme collapse. The dressings were carefully removed, a tourniquet having been previously applied over the brachial, as a precautionary measure. On examining the wound, the ulnar nerve was found to be *sliced* in a couple of places but not divided, and a similar injury had been sustained by the ulnar artery, *flute-hole* apertures occurring in three places, from which blood spouted out. Ligatures were placed upon the vessel, both above and below these openings, and it was remarked, that though the most superior incisions of the artery were first attended to, and the bleeding from them was effectually stopped, deligation of the vessel at these points did not seem to arrest, to any extent, the bleeding from those at the distal end of the wound. We were obliged to put on a ligature, wherever a bleeding point showed itself. The edges of the wound were brought together, a bandage carried round the arm from the fingers up to the shoulder, and the usual general treatment prescribed, directions being given to have the hand and forearm supported upon a pillow, and a tourniquet to be kept applied over the brachial and to be tightened on the first appearance of bleeding. *The radial artery did not appear to be divided*, and its pulsations were perceptible when examined in the usual situation.

*September 10th.* Until last night, every thing proceeded favorably, but about eleven o'clock, the house surgeon Dr. R. P. Howard, was called to the patient's bed side, in consequence of a sudden burst of hemorrhage; the tourniquet was tightened and I was sent for. On my arrival I opened the wound, and found a couple of small arteries from which blood escaped, but it did not appear that all the bleeding proceeded from these vessels, for it continued, after they were tied and seemed to ooze from the general surface of the wound. It now occurred to me to apply *two tourniquets over the brachial, and to regulate the amount of pressure in such a way as to diminish, without completely arresting, the stream of blood, for the radial being untouched, and*