

down, and bed on which he had lain, soaked with blood, and much recent coagula about the left side of the abdomen and pelvis. These when removed, exposed an incised wound between one and two inches long, parallel to Poupart's ligament and a little above it, not far from the anterior superior spine of the ilium. A director was passed backwards and inwards for four or five inches as if towards the iliac vessels. At the time, no history could be got, but subsequently he stated that about 1 a.m., while standing at his door he was stabbed from before, the blow being directed from above downwards; that blood instantly gushed out, but that he walked up stairs alone, and it continued to flow for 1½ hour, no effort being made to check it. He said he had been drinking, but was not intoxicated. His trousers and a very thick pocket had been cut through by the blow. On careful examination it was thought the peritoneum was not wounded. The arteries of the limb pulsed very feebly, like those of the wrist. Slight oozing of colored serum from the wound, but no bleeding. He was placed in a warm bed, and had brandy and water from time to time, the wound being covered by wetted lint. He slept much during the day; in the evening the pulse had improved, but was still feeble; countenance and skin had got their color and warmth. 19th.—Had slept well; no more bleeding; slight serous exudation; no pain nor tenderness; no pulse in left femoral till near the middle of the limb, when can just be felt. *Post.* tibial pulsed feebly, but not the anterior, though an artery, which probably supplied its place could be felt near the outer side of the foot. Right femoral perceptible in entire course; pulse improved. We now considered the propriety of adopting some proceeding to discover the source of the bleeding, as it was expected to return when the circulation regained its strength, since it had ceased from weakness. In his enfeebled state the loss of a few ounces of blood might be fatal, while the difficulty of exploring so large a wound, when filling with blood, would be almost insuperable, especially at night. With the approval of my colleague, I determined to enlarge the wound and discover the wounded vessel. The iliacs were suspected, from the absence of pulse in the upper part of the limb, as well as from the course and depth of the wound. He was chloroformed during the operation, which was tedious from the depth of fat under the skin, and the thickness of the muscular parietes. The outer wound was enlarged both ways, the subjacent parts divided and turned aside, so as to expose the external iliac, which was tied just above the origin of its branches. Not more than a tablespoonful of blood was lost. The wound was closed by sutures and plaster, and leg covered with cotton wool. As he was restless, at bed time 3ss *tr. opii* was given. 20th. Slept well, though numbness and aching were felt in front and back of thigh, down to instep and foot, and still continue. Both limbs of same heat (97 F.); no tenderness round the wound, though it feels sore; bloody serum, mixed with oil globules flows from it. Pulse 136, small and compressible; skin warm and moist; thirst. Wine 6 oz. and porter one pint daily. 21st. Noisy towards last evening, but slept some without opium. Pulse 116, full, but compressible; thirst less; appetite good. 22nd. Bowels acted freely and copiously for first time since admission, after an aperient last night. At bed time, took *tr. opii* 3ss, and slept well. Weaker this morning, though less listless. Pulse 128; skin cool and moist. Wound less moist, dark, but not painful; discharge offensive. Left limb numb.