

than the teaching of experience, on the surgeon's part. Accidents, which, under the ordinary sanitary conditions prevailing in civil hospitals, would speedily revive, do too frequently on the field take an unhealthy and unlooked for action, excited by causes over whose prevention we can exercise no control, and induced in no small degree by a sudden change from a mode of life of comfort and almost clockwork regularity, to one whose every feature is the direct contrary.

It is scarcely possible for a musket ball to fracture a bone, without at the same time extensively splintering that part of the shaft through which it has passed, leaving some of the splinters entirely detached, whilst others are in part adherent. In such cases it is our urgent duty, as so far as circumstances will allow after the receipt of the injury, to remove by incision those pieces which must ultimately come away; and yet how frequently is this all necessary operation deferred, or altogether neglected; the part being merely placed in a suitable position, covered with dressing, so far as the removal of the bone is concerned; and left to nature; and what is the result? Months and years roll away, abscesses, preceded by long sinuses, point at different parts of the injured limb, frequently at a distance from the original seat of the accident, *speculater s; ienula* of bone continue to present themselves, the muscles in which these pieces of bone by their sharp and jagged edges take hold, or are otherwise connected, become inflamed, hardened by the deposition of lymph, and finally contracted, whilst nature making attempt after attempt at reparation, throws out callus inordinate in quantity, and in places where such is not required, so that frequently it happens, that a limb which might have been preserved, by the early opportune removal of the detached portions of bone, to become a useful member, remains at last only an encumbrance; a legacy of suffering, finally to be removed by the knife. The foregoing picture is no imaginary one; I have had a number of such cases under my care. In many of these, months after the receipt of their injuries, no attempts at reparation had been set up, the broken ends of the bones were reunited, and through the sinuses could be felt the necrosed pieces of bone, whose extraction, from the state of the action going on in the part, were frequently productive of severe hæmorrhage, and from their being surrounded by callus or thickened muscle, was a matter of no small difficulty. Now, why should this be so? Why is the surgeon, ever ready when necessary, to amputate a limb, so disinclined to cut down on the fractured ends of a bone for the removal of splinters, or when in some cases, an incision might expose such a state of matters, as might dispose him to remove the broken ends altogether by sawing them off, and bring two surfaces likely soon to unite "without after bad consequences" in contact? a