utterly rotten, and there is rapid absorption of septic matter with profound constitutional disturbances so that within thirty hours after full development of the disease the patient dies, first becoming somnolent with rapid pulse and respiration.

Treatment. Prophylactic first; free incisions may relieve tension and permit escape of foul gases. But amputation far above the gangrenous part, and with every precaution that nothing from the gangrenous part touches the fresh amputation wound, should not be delayed. There are few cases in surgery more urgent, and in spreading gangrene the loss of even hours may prove fatal to the patient.

The case I spoke of in beginning came into the General Hospital on Tuesday Dec. 21, 1897, with a duckshot wound of the right leg. The inner aspect and front of leg was pretty well riddled from ankle to knee. The leg was flexed, dark, swollen, tense across the ankle, and somewhat painful. His drawers and pants were rank with stable filth, and fragments of these were found in three or four larger wounds on front of leg just above ankle when shot had entered in bulk. Temperature was 104°, and pulse 120. As many shot as could be located were removed; some were found flattened against the bone.

The leg was antiseptically dressed, thoroughly irrigated, bandaged and patient put to bed with leg resting on pillows. Next day temp. was 101°, pulse 112, and fairly strong; anterior aspect of leg was quite black, mottled on inner side, soft and not painful to touch, small quantities of gas escaping from wounds, crepitation felt, pink red streaks extending up leg and a perceptible odor noticed. Patient was urged to consent to amputation at once, but refused saying he felt first rate. He was given calomel and Quin. sulph. and stimulated freely, later liq. strych. Thursday the odor was very strong, gas abundant, pain throughout the leg, area of inflammation and gas extending above knee and red streaks up the thigh. Patient was restless, loquacious, sometimes delirious, pulse weak, thready, and irregular. After consultation, patient finally consented to amputation, and on Friday, assisted by Drs. Howland and Hart, I removed the leg at the upper third of the thigh, but with little hope of saving patient's life. For a few hours he rallied, but Friday night odor again became marked, pain and swelling in stump, and gas extending into body. He agai.. became delirious, then comatose, rapidly sinking and dying at midnight Saturday. The free use of stimulants was of no avail.

A PECULIAR CASE IN PRACTICE.

I was called on November 12th to see a young shop girl, aged 17 years, who had "fallen in a faint" at the store the day previous. When I saw her she had a temperature of 100.3, pulse 120, complained of general pain in abdomen nowhere localized. Head ached and bowels rather constipated. I made no diagnosis, and gave her some laxative and febrifuge mixture of liq. ammon. acct., etc. She remained in much the same condition except that the pain seemed to be extending to left shoulder. I saw her daily, and found the temperature rise to 104, and vary between that and 101. At the same time she complained severely of extreme pain when anything was introduced into the stomach, while she could scarcely bear the clothes on her, and as for the least manual pressure it could not be tolerated. This pain in the epigastric region was the most noticeable feature of the case, and, being