

deltoid was crushed into a pulp and masses of it forced between the fragments. After clearing away the disorganized muscular tissue the fragments were easily brought together, the margins of the wound were carefully approximated, a decalcified bone drainage tube inserted, and all aseptically dressed. Over this, as you see, a carefully moulded poroplastic shoulder cap was applied and held in place by a spica bandage.

This is one of the many instances we have of the amount of deep seated injury, with little or no external evidence, which may be produced by great force acting rapidly on a portion of the body. You all remember the case of the young man brought in a few weeks ago whose leg just below the knee had been run over by a light box-car, and in which I pointed out that with the exception of three small holes, each of which had the appearance of having been punched out, there was no great injury to the skin, but when an incision was made into the parts bones, muscles, blood-vessels, nerves and fascia were all ground into a shapeless mass.

While on the subject of railroad injuries it may not be out of place to lay down a few principles which may act as landmarks, and which may be of assistance to you when called upon without a moment's notice to take charge of a most serious and critical case. First and foremost do not forget to apply the great principles of asepsis and the advantages derived therefrom that have been so frequently exhibited to you here at the bedside and in the operating room, for the conservative surgery of to-day owes its pre-eminence to their thorough application. Twelve or fourteen years ago it was not at all uncommon to see operations followed by prolonged suppuration, erysipelas, or pyæmia, and it is not a difficult matter to recall cases that ended fatally then which under the present mode of wound treatment would have recovered.

The marvellous growth of operative surgery has received its present impetus from the enunciation of the simple and wonderfully expansive principle of asepticism, and in no class of surgical treatment under asepticism has results been more uniform than in the treatment of compound fractures. The principles of aseptic surgery have now become firmly established, and its crowning achievement is the certainty of result if carefully carried out. No medical man undertaking surgical work should be oblivious to the legal responsibility involved in the application of antiseptic methods, for he may be held responsible for unfavorable results which modern methods of treatment would have obviated. Prof. S. W. Gross says: "As to aseptic surgery I can only say that if any one has been taught the modern methods and neglects them, and death occurs from erysipelas, pyæmia, or septic complications, he cannot be held irresponsible."