

wound, and to suck therefrom the fluid, is not sufficient. Sponges, even of the best quality, suffer shreds and pieces to fall off, too small perhaps to be noticed, but not too small to be sources of irritation and therefore of suppuration. The wound should be deluged with tepid water to wash away minute clots and hardened *liquor sanguinis*, but more than these, the bone dust which the saw has separated, and which will not be taken up by a sponge; and the parts should be so held that the water will flow away readily.

5th. The wound should be so brought together that the surfaces shall be made to touch each other throughout their whole extent without enclosing atmospheric air; that there shall be coaptation, and not undue pressure.

6th. The edges should be kept in intimate approximation by sutures, and not by adhesive plaster. Those near the edge should be closed loosely; and upon the deeper ones, and those far from the edges, should be imposed the task of holding the parts together.

7th. The wound should remain uncovered, and neither cerate nor linen, nor plumasseau should be applied. There should be no bandage to press unduly, or not at all, and collect and retain the excreted matters and necessitate the handling of the part when absolute rest of the part is imperatively demanded. The wound should be allowed to remain at perfect rest, and should not be touched till all the sutures are removed. If all goes on well the deep ones may be removed first—at the end, generally, of the second day, and those near the edge on the third day, should union be found complete. In amputation of the breast nothing further is required, but in amputation of the arm, thigh, or leg, undue pressure of the soft parts against the cut end of the bone must be prevented. Some years ago I amputated a man's thigh for disease of the knee joint. Everything looked well till the sixth day, when it became evident that, although the flaps were abundant, the femur pressed unduly against the upper flap. Soon the skin became shining, and showed evidence of approaching perforation. In an adjoining bed a boy was under treatment for hip joint disease; and the extension apparatus on him at the time suggested to my mind a similar expedient to prevent protrusion of the bone. I adopted the weights and pulley—not

pulleys—with happy result. Since then I have continued to use the same method as a means of coaptation, and to draw away slightly the tender soft parts from the angular cut bone. I am not aware that any similar expedient has been adopted by other surgeons. If it has, I can only here proclaim my ignorance of it. Thoroughly reliable yet non-irritating plaster must be used in those cases for extension purposes (Martin's of Boston, I consider the best), and the weight used should be sufficient for the object in view. The patient's feelings are the best guide, and I have invariably found, after amputation of the arm, thigh or leg, that a moderate weight invariably gives relief.

8th. As there are no bandages around or over the stump, and no covering of any kind, there is no place for warm or cold water dressing, and neither is used.

This method of treatment is far more simple than any hitherto suggested. Most German surgeons many years ago discarded heavy dressings around the stump and substituted light ones, which were kept continually wet with cold water. But the credit of this improvement is due rather to the Spaniards than to the Germans, and Costello, physician to Ferdinand VII., states that the practice was general throughout Spain.

In the Franco-Prussian war, the Prussian surgeons substituted, in great measure, warm for cold water. This was certainly a move in the right direction, as cold water after the first few hours is absolutely hurtful as well as painful. Warm water is more agreeable, but without a linen covering, and without either warm or cold water dressings, the part is far more comfortable.

Air dressing has also this advantage: the parts may be seen without being touched. Touching a healing wound, however lightly, is mischievous in the extreme. No intelligence of value can be gained by the sense of touch. Lymph, connected with the surrounding tissues, organizable and being organized, detached at the touch of the too curious finger, is at once a foreign body. No longer susceptible of organization, it must be washed out of the wound by suppuration as certainly as if it were a thorn.

I hope it will not be considered too elementary to state what is a foreign body. The term is not a happy one, for it at once conveys to the