

of an anæsthetic, and amputate the limb, thus causing him to undergo another "shock," perhaps as great as the first, from which he has to rally a second time. It must be evident, then, that the sooner the operation is performed after the injury, the less will the nervous system be taxed to bring about a second reaction, as the inflammation arising from a clean incision is much less than that following an extensive, lacerated and contused wound. I have witnessed a great number of "secondary" operations that proved fatal, which I am confident could have been saved by primary operations, many of them performed by myself and others, not from choice however, but because it was impossible to operate upon them immediately after the injury. By primary operations, we may also avoid those fatal tetanic symptoms that sometimes follow reaction in gun-shot injuries.

In case 225 we see that death resulted, not as the immediate result of the operation, but from pyæmic fever, a disease that carried off a large number of soldiers after the battle of Shiloh, caused principally by the defective Hospital accommodations, which were located in Corinth, Miss., a place proverbial for its unhealthy situation.

In case 1720,—“previous habits,” together with the great severity of the shock, occurring from the injury and the operation, were the principal causes of death. The same might be said of case (2115).

Selected Articles.

DR. MURCHISON ON BLOOD LETTING IN INFLAMMATION.

According to the manner in which the blood is drawn, blood-letting is said to be either *general* or *local*. Blood letting, both general and local, was at one time the universal treatment for inflammation, but is now one of the rarest of surgical operations. An attempt has been made to account for this revolution in medical practice on the supposition that inflammations had changed their type; that formerly they were sthenic and required blood-letting, but that now they are asthenic and are injured by deple-