

## A CASE OF TRAUMATIC GANGRENE.

A few general notes on a case I had a few weeks ago may be of interest to your readers.

In these days of antiseptic surgery, we seldom, if ever, hear of "Traumatic Gangrene" to say nothing of seeing it and watching the struggles of vigorous young life against the advancing of death as it were inch by inch.

Arthur Lemire, aged 21 years, assistant to the light-keeper at Heath Point, Anticosti, while firing the fog gun, loaded the gun and pulled off three percussion fuses which did not discharge the piece. He concluded to draw the charge, and while pushing the ramrod into the gun for this purpose with his right hand the charge exploded, throwing Lemire down an embankment or slope about 30 feet. When he was picked up it was found that his thumb had been blown off, wrist-joint shattered, both bones of fore-arm broken (lower third) humerus also (middle third). Assistance was immediately wired for, but it was not until after four days had elapsed that he was put on board a schooner and sent here.

He was placed in my charge at 1 a.m.—106 hours after the accident. Absolutely nothing had been done for him and the state of his hand and arm was simply disgusting, the hand a crawling mass of maggots and the arm the seat of rapidly spreading moist gangrene, black as far up as the elbow, the blisters of which had burst in places allowing the putrid-smelling bloody serum to saturate the pillows and flags on which he rested. After a quick examination by the flickering light of the schooner's cabin lamp, I concluded that there might be a bare possibility of saving him by an amputation at the shoulder joint. The œdema which immediately precedes the discoloration or blackened skin in this kind of gangrene occupied the lower fourth of the humerus when I left him to procure assistance in case I decided to operate. I was gone 45 minutes and when I returned

I found the gangrene had spread *over the shoulder* and the man in a state of collapse. We succeeded in reviving him sufficient to remove him to the Hospital where Dr. Williamson and myself did all in our power to relieve his sufferings, which were intense. He died at 10 a.m.—22 hours after the first sign of gangrene appeared in the hand, as I make out from the Captain of the vessel, who *took care* of him on the way over from Anticosti. When he died the gangrenous discoloration had extended in front four inches to left of sternum, over the whole left side of abdomen and partly down the thigh, back about three inches to left of spine and from the neck to the left buttock. I also noted that the chemical changes consequent on the gangrene did not cease at death, the change in process being simply in name—gangrene-putrefaction—and the latter as rapid as the former. He was buried 24 hours after death and 12 hours after death the body was as much decomposed as a corpse which had been left exposed three weeks.

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Gaspé, 28th Oct.

Port Physician.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, Nov. 6th, 1891.*

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

*New Members.*—Drs. John McBain, J. E. Molson, R. H. Berwick and J. A. McPhail were elected members.

*Late Perforation in Typhoid Fever.*—Dr. Lafleur exhibited this specimen. The patient had been in the hospital for several weeks under the care of Dr. Molson. He had died with collapse, pain and other symptoms of perforation. At the autopsy there was found abdominal distension and loss of liver dulness. On opening the abdomen there was general purulent peritonitis, the cavity containing a large quantity of lymph and turbid fluid. A perforation was found in the cæcum just below the ileo-cæcal valve. The case was peculiar.