

performed, and the patient died of pyæmia. Removal of the bone was practiced in another, where amputation would not be submitted to, and perhaps this was fortunate, as pyæmia probably existed before the proposition of amputation was made. A third patient, who suffered compound fracture by his limb passing between the spokes of a wheel of a railway engine in rapid motion, and in whom there was much bruising and laceration of the soft parts, was thought, nevertheless, to have a chance of recovery without amputation. He went on very well for a week. Very high inflammation then set in, and this was followed by very copious suppuration. A thorough examination (an examination which could not have been instituted with any propriety at the time of his reception) was now made, and it was believed that his only chance was by amputation. It was performed, but he was seized with traumatic delirium and sank. In fact, so dangerous did we find compound fractures, that a remark was made by one of my colleagues (and I am almost inclined to coincide in it), that if in cases of compound fracture the universal rule was to amputate, a greater number of recoveries would take place. At all events I am deeply impressed with this, that in all cases of compound fracture it is of the very utmost importance to make a thorough examination on admission, to decide whether amputation should be performed or not; for if secondary symptoms are allowed to come on and to progress to a great extent, even though amputation be performed, there is little or no chance of recovery. And, therefore, in such cases, I have established the rule with myself to put the patient under chloroform, to ascertain by a careful examination of the parts whether an attempt should be made to save the limb, or amputation at once performed.

We have had cases of compound fracture and dislocation at the elbow, at the ankle, and very frequently in the fingers. You are all aware of the great danger of a large open articulation. Possibly you are not quite so much alive to the danger when the open articulation is a small one. All that time will permit me to do is to remind you of the great importance of performing excision in all cases of open articulations, whether large or small, as by this you diminish very much the hazard of the accident. A woman fell from her chair, and dislocated and fractured the end of the humerus, throwing it upon the front of the forearm. We performed excision, and in the course of a little while she recovered, with the limb in a condition very little worse for the accident. In the case, too, of a man whose ankle was excised, he left with a useful foot in a short time. A similar result was obtained in a little girl, in whom the soft parts in front of the ankle were completely divided. At