closely approximate the deeper as well as the superficial textures of the wound.

Although the wound in this case was not closed by sutures, which would still more have pent up the septic material, yet pyæmia, nevertheless, rapidly set in. It is evident from this, that even approximating the lacerated muscles, *without interposing a tent* between their edges, is sufficient to confine the effusions and secretions, and thus lead to dangerous results. No *deep lacerated wound*, therefore, should ever be approximated, even gently, without first placing pledgets of lint, well oiled, between its lips, and down to the bottom, or a drainage tube through its track.

Would immediate or primary exarticulation of the thigh, at the hip joint, have saved the life of this man, and could it have been performed with any hope of success? It is not probable. For as the muscles up to the groin had all been subject to the crushing power, it is not likely that vitality in the stump could have been maintained. The closure of the lips of the wound, after exarticulation, would have subjected the system to the same poisoning process which it actually sustained by the close approximation of the edges of the original wound, because, in the first case, as in the latter, the crushed muscles would be buried, and the bloody extravasata, serous secreta and purulent collections, apt to form subsequently between the layers of bruised muscles, would be prevented from escaping. Life, then, could not have been saved in that way. A chance for life could only be offered in such cases, by leaving the large wound of the stump *open*, for the purpose of allowing all subsequent secretions to pass off as rapidly and uninterruptedly as possible; and by making, in addition, *a longitudinal incision* in the axis of the limb, through the dermis and fasciæ, with a view of relieving the tension of the injured tissues, and thereby preventing gangrene and pyæmic infection.

Case of Incised Wound of the Abdomen, With Transverse Division of the Small Intestine in two Places, and Division of the Mesenteric Artery.

By JAMES L. ORD, M. D.,
Santa Barbara.

October 7, 1867.—Was called to see B. O., a native Californian, aged thirty, who had received an incised wound in the left iliac region, over the spinous process of illium. Arrived about two hours after he was wounded. Found the small intestines protruding enough to fill a hat, and cut in two places transversely, and a large branch of the superior mesenteric artery divided and bleeding profusely. The bowels were red and much congested; some of the fæces had exuded from the intestines. Tied the artery with white silk, and sewed up the intestines with common *sewing cotton*, and a fine needle; gradually reduced the bowel.

In tying the artery and sewing the gut, left about four inches of the thread, intending to leave the ends out, but in reducing the bowel they went in together. The external wound was partially closed by two sutures, leaving the lower part open, so as to let out the blood, etc., that might have collected in the cavity of the abdomen. There was considerable time occupied in reducing the bowels; as the opening was small, a little of either end was reduced at a time. No chloroform was used.

Gave Dover's powder, gr. xx., there being considerable pain and tenderness of the abdomen.

Next day gave hydrag. sub. mur., gr. xx; there still being much abdominal pain on breathing.

October 9th.—Saw the man to-day; doing well; pulse, 86; breathing, 36; not as much abdominal pain on breathing; gave hydrarg. and tart. antim. to check peritonitis, and act on the bowels; considerable sanious discharge from the wound; gave no food, except water and corn meal gruel on the second day.

October 11th.—Had an operation from his bowels yesterday; little or no abdominal inflammation; appetite improving; ordered his diet to be increased; discharge from the wound still great; yesterday gave sulph. magnes. zss., in divided doses.

October 15.—Doing well, asked to get up; external wound smaller; discharge not so great; little or no tenderness on pressure of the abdomen, and no pain in breathing; at night complains of some pain which disturbs his sleep; gave sulph. morph., gr. j., at night; requested the attendants to notice if any pieces of thread pass the bowels.

November 10th.—This man rode to town to-day on horseback, distance about five miles, to report himself perfectly recovered. His attendants did not see anything of the pieces of thread that were used in sewing up the wounds, and so I think they must have been absorbed.

October, 1868.—This man has since died (September, 1868,) with phthisis; was not able to make a post mortem, being absent at the time of his death.—*Cal. Med. Gazette.*

Gun Shot Wound—Ball Lodged in the Astragalus.

By W. F. McNUTT, M. D., M. R. C. S. E., L. R. C. P. E., etc.

Late U. S. N., Surgeon to S. F. Dispensary, etc.

Ezra B., executive officer United States Sloop Choctaw, aged twenty-six, constitution impaired from frequent attacks of remittent fever. March 5th, 1868—"Admitted on sick list for vulnus sclopeticum; received while on board the United States Ship Ouachita, during an attack on Harrisonburg, La., on the 2nd inst.

Mr. B. was standing on deck, directing the fire of the guns, when he received a wound in the right foot, a little below the internal malleolus. The ball penetrated a heavy balmoral boot, and deeply into the astragalus. Dr. Francis, of the Ouachita, says that Mr. B. experienced no collapse, but was sick at the stomach a few hours after receiving the wound. Dr. Francis, finding that the ball could not be extracted without enlarging its track, applied water dressing, and ordered the patient to be kept quiet." To-day. March 2nd, on returning to his ship, he has no fever, very little swelling of foot, and no pain. I find the ball deeply imbedded in the bone, and cannot be extracted without enlarging its track, and conclude to continue the water dressings for the following reasons, viz:

The track of the ball usually suppurates. The