

obtained at the expense of some damage to the knife, which had to be kept very close to the bones about the knee, the femur was divided one inch above the condyles. The patient being allowed to lapse from the influence of chloroform, and without using any water or antiseptic lotions to the flaps whatever, they were simultaneously brought together, the left entirely by interrupted silk sutures and the right mostly by silver ones, with the view of testing side by side their comparative merits. The results was as follows: The right stump with lateral flaps and silver sutures healed almost entirely by the first intention, and without the slightest swelling, inflammation or suppuration, except close to the silk and at the lower angle of the wound about an inch extent which had been purposely left open to facilitate and admit of drainage. The wire maintained its hold longer and better than the silk, and did not appear to excite any visible ulceration of the tissues, while all the silk sutures that were used (some alternately with the silver) did so. What was most remarkable in this stump (the right) was that, from the first, he could move it about in every direction, and raise it almost at right angles with his body, and without any assistance, when being dressed with adhesive plasters. So complete was reunion at the end of two weeks that most of the stitches were removed, and scarcely a drop of suppuration had taken place. Not so desirable, however, was the behavior of the left stump by the circular method: here after 24 hours we had excessive swelling and tumefaction, extending up to the groin. The slight bruise on the top of the knee, before mentioned, had to be comprised in the flap; from this we expected some trouble, nor were we disappointed: a strip about 3 inches long by one in width became gangrenous on the third day, and established a large and deep sloughing surface, which, by stimulating and antiseptic dressings and frequent poultices, favored its early separation, so that on the 9th day it was entirely removed by the scalpel, sufficient flap remaining, however, to secure their potency, which was effected by the insertion of a few silver sutures, and at the end of five weeks from the time of the accident was almost entirely healed. The only topical application applied to the stumps was a weak solution of carbolic acid and water at each dressing, after

the third day adhesive strips sufficiently tight to relieve tension from the stitches only, together with the roller bandages and pads or compresses over dependent parts of the flaps to prevent accumulation of fluid. Internally, from the first day, the treatment was sustaining, such as beef tea, milk and brandy, ale and porter. Occasionally an opiate was given at bedtime to procure sleep, and a saline purgative to open the bowels, which throughout were inclined to be costive.

The femoral artery alone of the right leg and the femoral and a muscular branch of the left were all that required ligatures. By employing the elastic bandage not a drop of blood was lost during the whole operation, a point which could not fail to have a favorable influence on the success of the case. I will here give its daily progress; July 16th (day after the operation), pulse 100, temperature 100, tongue furred; has passed urine freely, and had some disturbed sleep. July 17th, pulse small and rapid; bowels moved; opiate produced 4 hours sleep; wounds dressed; edges of flaps of right stump healthy and in perfect apposition, a quantity, of blood-colored serous fluid distending left flaps; left stump enormously swollen up to the groin. Ordered bladders of ice to the thigh and warm water dressings to end of stump, opiate to be given at night, milk punch and chicken broth to be taken at short intervals. July 18th, bruise on left flap looking gangrenous, stump still greatly swollen; were again dressed, and pad and bandage applied so as to prevent collection of fluid, also drainage tube inserted at lower angle of wound; pulse 90, becoming quieter; tongue clean; takes milk punch and beef tea every 3 hours; bowels continue costive, ordered saline purgative; right stump healing almost entirely by the first intention. July 19th sleeps better, pulse 98, temperature 101; takes nourishment freely, ordered glass of Bass ale night and morning; bruise on left flap going to slough; sits up and feeds himself; bowels moved, July 21st, pulse 85, temperature 100; swelling in left thigh continues, right looks well; continue treatment. July 23, pulse 80, temperature 99; left stump discharging pus pretty freely, swelling going down; a weak solution of carbolic acid injected into wound of stump; right stump healing rapidly, no discharge from it. July 25th, much the same, sleeps well, is cheerful and hopeful. His affianced has assured him that