

removed. The wool, so cleansed, was laid out just before the operation on a towel, to the depth of about six inches, and thus ready to be slipped without loss of time under the stump, and lapped over the end and along its upper surface as soon as the sutures were completed. It was broad enough to envelop the limb, and was firmly bound round the latter with a bandage for a long distance up. Now, what measures had we taken that the wound itself should have been put up within the wool in a really clean state? First, the hands of all participating in the operation were well washed in a five per cent. carbolic acid solution, about the properties of which I must assume we are all agreed. The whole limb both above and below the seat of operation was similarly treated, as also all instruments and appliances used during the latter. When this was completed in the usual manner, and the vessels secured with carbolized catgut, the Esmarch's bandage was removed. The wound was then sponged with iced carbolic solution, perhaps, I since think, with unnecessary energy on my part. After this, I wiped it over in the three first cases with five per cent. of carbolic oil before stitching it with antiseptic silk, and inserting an ordinary drain-tube. A strip of lint about as broad as the limb, dipped in the same oil, was then laid along the under surface of the stump, over its end and along its upper surface. Over this, the wool was now quickly folded as described.

These precautions ought to have secured a clean wound. As the spray was not used, the carbolic oil was employed as described. It was thought that it would adhere to the raw surfaces and flaps longer than the watery solution, and so render harmless any dust or invisible dirt which might fall upon them before they were enveloped in the wool. Should the same have fallen on the latter during our manipulations, the oiled lint would meet it, and render it innocuous for the wound. The dressing so applied was left undisturbed as long as possible. By this, I mean until either the thermometer indicated undue fever, whether from possible tension or toxic absorption, or the dressings began to give off an unpleasant odour.

Now, as to the three questions of cleanliness,

drainage, and rest, what does our experience seem to teach us here?

Generalizing on these four cases, the first point that strikes us is the large amount of complete rest secured to the wound and to the patient; a far larger, I must admit, and more perfect than I have ever attained by any other method. In Case 1, an amputation of the leg for sarcoma of the foot, the patient, a woman, aged 21, enjoyed the most perfect rest for ten days, until the first change of dressing; then for seven more, when the second dressing was applied, after which she was practically well, the wound having healed almost straight off, except where the drainage-tubes lay. In Case 2, an amputation of the thigh for disease of knee in a man aged 26, we had perfect rest for four days, then for two, when he had the only distress complained of. On the fifteenth day, after a few more dressings, he was up by the fire (the wound being almost healed), and was about on crutches a couple of days later. In Case 3, a patient aged 45 (amputation of breast for cystic disease), we had perfect rest for six days; then change of dressing, and again at intervals of four or five days, until an early cure. In Case 4, a patient aged 55 (an amputation above the condyles of the femur), we had complete ease from the date of operation until the end of the case. The dressings were only removed on the tenth, sixteenth, and twenty-third days. Now, except in Case 2, the patients were, from the beginning to the end, almost absolutely free from pain. And that the wounds were at rest was seen in the absence of almost every trace of reaction and of contraction in the flaps (which was peculiarly striking), and in the small amount of secretion found in the dressings; also by the temperature-chart. We had, then, freedom from pain, except in Case 2, before the second dressing. This pain was in his phthisical chest, however, and not in the wound. We had no tension from lack of drainage, as indicated by this absence of unpleasant sensations in the part and of marked temperature-disturbance. But, quite as important as this, the patients were spared, at the most critical time of the case, all the dread and worry of having the dressings changed and the wounded part handled. They lay quietly as