

summoned, the patient still suffering from the shock, as evidenced by a quick and small pulse, a feeling of prostration, great thirst, and comparative absence of pain. There had been neither chill, fainting, vomiting, nor even sickness of the stomach, the surface of the body being moderately warm, without perspiration. I met the medical attendant there, and requested the removal of the dressing, to which he consented, though reluctantly—a surgeon, who preceded me, having endorsed all was done, without even looking at the wound. This having been accomplished, the ragged integumentary rent was seen gaping for about an inch, while the torn muscular substance appeared in apposition. Some oozing of high-colored blood was still going on, and the limb retained its normal temperature.

Aware of the highly dangerous nature of the injury, I advised the immediate removal of all confining dressings, the reopening of the deep muscular wound already agglutinated, and the interposition of a strip of oiled muslin deeply between its lips and at the angles, for the purpose of allowing all bloody effusions and serous secreta to pass out as speedily and uninterruptedly as possible. Next, I insisted on enveloping the whole limb in a tepid linseed meal poultice, in order to encourage the much-desired outward flow of bloody extravasata from the injured textures, and at the same time to foster vitality in the member, which had been greatly lowered by the force of the injury. For the sake of promoting the comfort of the unfortunate patient, a well-cushioned sheet-iron splint, upon which the entire limb might be placed, was likewise offered. All these propositions were objected to, however, on the ground that the wound, being dressed, should not be any more interfered with, and that Nature should not be forced to overaction, which poulticing was alleged to produce. The prompt use of stimulants, too, with opium and quinine in repeated doses, as support to the system and antipyæmic agents, was suggested, and free ventilation of the room, and the strictest cleanliness in the surroundings of the limb and person, were emphatically urged, as absolutely indispensable hygienic agents. Unable, however, to convince the doctor of the fearful nature of the injury, and the importance and rationality of my views, which ample experience had tested, I left the patient, apprehensive of his speedy dissolution.

He got a dose of morphia during the night, and was reported next morning to have rested but poorly, his sleep having been in short naps, interrupted by startings and painful sensations of the limb. His mind, too, was found wandering; there was great thirst, and an offensive smell emanating from the limb, and the bandages surrounding it were profusely saturated with blood; otherwise, he was said to be doing as well as could be expected. No report was given of the condition of the wound and the limb, as the dressings had not been disturbed. What treatment, if any, was instituted during the day, I could not learn, but it was said that a light linseed meal poultice had been applied over the front of the femur in the evening. The following morning, June 21st, I received a telegram from his physician, requesting my immediate attendance, as there was fear of mortification setting in. On repairing to the place in the forenoon, life, so strong

and buoyant but a few days before, was seen just passing away; for stupor had already appeared, with sunken features, coldness of the surface of the body, and tympanitis, the pulse departed from the wrist, and the heart but feebly beating. The limb was enormously swollen, and purplish in color from the groin to below the knee, with dark venous blood and bubbles of air issuing from the gangrenous wound, which emitted a most disgusting odor; the bed-clothes, too, being impregnated with blood and ichorous fluid, thus adding to the patient's discomfort. There was a most sickening, putrefying stench pervading the whole room, no disinfectants having been used. Death quietly closed the scene a few hours after.

I need not express the mortification which I felt in not being able to convince the physician in attendance on the case, that, if the limb and life were to be saved, all interference by closing the integumentary and muscular wounds, bruised and lacerated, should be scrupulously avoided, and that genial warmth to the whole limb be offered by an emollient poultice, with the early and liberal use of quinine and opium, and stimulants. The wound, however, had been closed, and had been left so, undressed and uncleansed, for more than twenty-four hours, and no wonder that putrefaction, evolution of septic material and its absorption into the system, should have so rapidly occurred, considering the size, depth and nature of the frightful breach, lacerated and crushed, and the heat of the season; the patient, moreover, being confined in a small room, with low ceiling, not easily ventilated. Unwilling to contend that the life of the limb and of the patient would certainly have been preserved if the deep wound had been left open, its edges prevented from agglutinating, and freely ablated with aromatic and antiseptic lotions, and if natural temperature in it and the limb had been maintained by tepid emollient applications, frequently renewed, with support to the system by anodynes, quinia and stimulants, yet it is but reasonable to infer that pyæmia, the immediate cause of the patient's death, would thus have been prevented, and that, in all probability, limb and life would have been saved.

Nature has implanted in animals the instinct of cleansing their wounds, which generally are of a bruised and lacerated character, by frequent licking with their tongues, thereby preventing them from closing too hastily, and allowing all extravasata and secreta to be promptly removed; and man would do well to heed this lesson, and follow her dictates instead of his own pernicious notions.

The melancholy result of this case, therefore, will serve as a warning never to be forgotten, that breaches of surface of the limbs, produced by crushing forces, should not be closed, but left open, and kept thus by the interposition of a tent; and that they should merely be cleansed, and trusted in Nature's cure so long as those bloody and serous effusions continue, which require free and immediate removal. With the advent of suppuration and granulation, however, the danger of septic poisoning diminishes, and gradual closure of the wound can be attempted: Nature herself, by agglutinating the corpuscula carnea which have formed, then pointing out that the time has arrived when the surgeon can safely interfere, and more