

He died thirty-six hours after the first appearance of the gangrene, the entire side having become swollen, red, œdematous and vesicated.

A post mortem examination revealed nothing in the state of the viscera to account for death.

I must confess I was not a little surprised by the sudden and fatal termination of this case for which I was totally unprepared. I regretted when too late, that I had not bled him, and I determined if ever such a case, or one approaching to it in similarity of symptoms, again came under my notice, I would give the remedy a trial, and with what results the next case will show. The application of the mineral acid gave him intense and *long continued* pain increasing the local irritation. There was nothing to account for the origin of the gangrenous action in the state of the atmosphere of the ward, as the latter had just been erected and he was the first patient who had been placed in it.

Case 2nd. A young, and previously healthy soldier was carried in from the trenches to the field hospital, in the early part of the month of July, 1855, at which period many of the wounded were suffering severely from hospital gangrene. The man had been struck by a large fragment of shell over the region of the right kidney; integument to a considerable extent, together with part of the *latissimus dorsi* muscle having been carried away by the missile. Scarcely any hæmorrhage resulted, but the man when he reached the hospital was almost pulseless from the violence of the shock sustained. About an hour after admission, he passed a quantity of urine largely mixed with blood. From the depth and appearance of the wound, it was much feared, the kidneys had been touched by the missile, and thereby injured, but after events proved that such could not have been the case; however, no one who saw the case soon after admission looked for a recovery, as it was supposed the degree of subsequent sloughing necessary to the throwing off of the disintegrated part, must inevitably lay open the cavity of the peritoneum, or at least induce inflammation of the membrane which would with other causes carry off the sufferer. Poultices were applied and a large amount of slough separated without any unfavorable symptoms other than the continual presence of hæmaturia and considerable debility, but the wound itself on the ninth day was covered with healthy granulations, and secreted sound pus. On the morning of the eleventh day after the receipt of the injury, a remarkable change was found to have taken place, the previously granulating surface had assumed a dry curly yellowish appearance, and from its margin alone secreted a fœtid sanious discharge with the surrounding edges and integument highly inflamed and vesicated. The