

the time of peace may be advantageously treated in a hospital, will in the period of war give rise to hospital gangrene. Not only do the numbers of the patients, but the gravity of the cases and the constant succession of such cases, increase the hygienic exigencies. The rule is, that the wounded soldier requires space and air in proportion to the gravity of his wound; and when hospital gangrene is once set up in a ward, the dispersion of the subjects of it is a measure alike beneficial to themselves and the other patients. As long as the medium remains unchanged, the treatment is but tentative, and the results are uncertain.

In order properly to appreciate the instability of the results of treatment, we should bear in mind that, if epidemic hospital gangrene may be an essentially local affection, it is frequently during a campaign, but the expression of a general modification of the economy, of a true intoxication, the energy of which, intimately dependent upon the salubrity of the locality, and the number and nature of the wounds treated therein, is increased or diminished, revived or extinguished, with the increase or diminution of the number of the patients, with their agglomeration or dispersion. Means which in isolated cases of gangrene may act heroically—as the actual cautery, sulphuric acid, perchloride of iron, and in milder cases, citric acid, carbon, iodine, etc., are in the epidemic form either powerless or only of temporary benefit. It is this which explains the differences of opinion that prevail treatment of this disease.

In respect to the local affection considered separately, we must recognize an acute and a chronic form, a distinction of importance as regards treatment. The acute form is denoted by the conversion of the tissues into a pulposus or putrilaginous magma, and which, as soon as the destructive process is arrested, becomes detached through a series of eliminatory processes. The ulcerative is the chronic form of the disease. The putrilaginous form is almost always primary, and is found almost exclusively in recent wounds; while the pulposus form, though often also primary, is also often met with in old wounds, and it does not pursue the same rapid and destructive course as the putrilaginous form. The ulcerative form is almost always consecutive to the two other forms, appearing especially in the case of old wounds, or after amputations these have necessitated. In the putrilaginous and pulposus forms the most appropriate measures are those which hasten the separation of the parts affected, and stimulate the reparative process. Of these, the actual cautery, sulphuric acid, and the perchloride of iron occupy the first rank. In an hospital in which there are at least 300 cases of hospital gangrene at the same time, the application of the actual cautery is made with difficulty, while, although it is just as painful as the other