

frequent intervals by means of an Esmarch's wound-douche. The water in this irrigator is impregnated with crystals of carbolic acid, and, after this ablution, balsam of Peru (which makes a fine stimulating application) is poured over the granulating surface. The discharge which falls from the wound is removed every few hours in order to secure perfect cleanliness; and it is a fact worthy of observation that this discharge will not decompose when exposed to the open air, but that it requires a warm temperature, such as exists in the stump itself, in order to develop putrefaction. The pus, thus coming away from a nidus of putrefaction which would otherwise be formed, falls upon a piece of sheet-lint where the temperature is cooler, and thus does no harm. The stump is then washed at frequent intervals until suppuration has nearly subsided in the wound, and then the flaps are gradually approximated by means of strips of adhesive plaster. Too much importance cannot be attached to this method of operating by the lateral skin-flaps. It affords the best facility for free drainage, and makes the most serviceable stump. It is important to dissect the flaps very long, when they are subjected to the open treatment, as shrinkage often follows exposure to atmospheric influences. This lateral-flap method of amputating Dr. Wood has employed for many years in private practice with uniform success. The line of incision is comparable to a Baron Larrey amputation at the shoulder-joint. Dr. Wood has used this style of flaps on the thigh, leg, arm, and forearm, and has in every case found the stump to be a most satisfactory one. In all the cases reported this style of flap has been cut, with one exception, and mention will be made of this in the history of the particular case. Esmarch's elastic bandage has been employed in every case, and in no instance has sloughing, or any other complication, occurred. The stump after a week is capable of being moulded into any shape, which the surgeon's taste may suggest. During the entire healing of the wound the greatest possible care is exercised in reference to the use of the instruments necessary to perform the dressing of the stump. No sponges are ever used in the wards. Each patient has his own bottle of balsam of Peru,

and every instrument used in the dressing of one stump is thoroughly washed in carbolic-acid water before it is employed in the dressing of another. So far as has been practicable, a different set of scissors, dressing-forceps, and other instruments employed in the manipulation of a dressing, has been used, so that each patient had his own instruments, and in this way absolute cleanliness is secured. Each dresser invariably washes his hands in carbolic-acid water after dressing one case before undertaking another, and anyone who is dressing unhealthy wounds in the pavilion, or making autopsies, is not allowed to even assist in the daily dressing of healthy wounds." This mode of treatment is of course better suited to Hospital cases than those in private practice, as Pyæmia, Septicæmia, and local abscesses occur more frequently in the former than in the latter. The advantages gained by it, according to the writer are,—(1) That suppurative fever is very much modified, and in some cases almost obviated. The temperature in none of the cases was higher than 103°, whereas it often rises to 104° or to 105°, and in some cases even to 106° in those treated in the ordinary way. (2) It prevents all possibility of the formation of abscesses in the neighbourhood of the stump, and at the same time lessens the tendency to Erysipelas. In illustration of this, two cases are given which entered the Hospital at the same time and under very similar circumstances. In the one treated by the old method, Erysipelas and Abscesses followed, whereas in the case treated according to the new plan no such bad consequences ensued. It was not found that flaps sloughed, or that secondary hemorrhage ensued to a greater extent than in stumps treated by sutures and adhesive plaster. The honour of introducing into this continent this plan is due entirely to Dr. J. R. Wood, of New York.

The opinions of surgeons have of late years changed considerably as to the propriety of allowing the entrance of air into wounds. Billroth, in the latest edition of his "Surgical Pathology," says that "free air does no harm; imprisoned air is dangerous." He further says, "the idea that air was injurious to a wound rests chiefly upon the observation that the entrance of air to abscess cavities with rigid