

**CLINICAL REMARKS ON THE TREATMENT OF  
COMPOUND FRACTURES.**

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GENTLEMEN :—The treatment of compound fractures was, up to the period of the introduction of antiseptics, in a very unsatisfactory state. The surgeon always dreaded the occurrence of such fractures in his practice, knowing how uncertain the results of treatment were, and how often these cases died of blood-poisoning. If the external wound was small, good results frequently resulted by immediately scaling the wound with its own blood, collodion, or the compound tincture of benzoin, but not unfrequently the wound failed to close and suppuration ensued, often necessitating an amputation, which frequently ended in death. Occasionally there was not time for amputation, the patient dying rapidly of pyæmia.

If such results not infrequently followed fractures accompanied by slight wounds, in larger wounds, with much laceration of tissues, the leg was rarely saved, and if not amputated immediately, fatal pyæmia generally followed. The idiosyncrasy of the patient and not the surgeon and his methods had to bear the blame of the fatal issue. It was only with the knowledge of the principles of antiseptics and their influence in wound treatment that the cause of failure of success in the treatment of wounds was understood; then it was found that it was from external and not internal sources that danger was to be feared. Lister was the first to insist on the necessity of absolute cleanliness, not only of the wound, but of the surgeon himself and the instruments employed by him. He introduced the method of treating compound fractures by carbolic acid. It was first em-