

Among ordinary persons, those that are the thinnest. When, as is commonly said, their bones are ready to start through their skin; the amount of tissues between the skin and projecting point of bone is so small that it soon, as it were, wears away, and bed-sores ensue. Those again in a state of fever, such as the lowest kinds of typhus, can scarcely by any means be saved from them. Their whole system is so poor and degenerated that sloughing takes place without any pressure at all; and you may see the ends of the nose, ears, &c., sloughing from the bad supply of blood. Continuous hectic fever is a state in which they appear, being an exception to the general class of consumptive patients, who, though they may lie in bed for months, rarely have bed-sores. They manage to move slightly and thus avert them. Pyæmia is another source, and is illustrated by a case in the Hospital: a man who was admitted with phlegmonous erysipelas of a limb and was treated for it. On account of some misconduct he was discharged: after a while he came back with pyæmia and an enormous bed-sore. His skin is very pallid and soft and does not properly discharge its functions, and there is every reason to believe that every other organ of his body is in a similar state. His lungs may be auscultated and his urine examined, and nothing at all found wrong with them, and yet I venture to state that neither the lungs or kidneys are performing their functions as they ought. A pyæmic subject, being so ill-nourished, is especially liable to bed-sores. Intense fever is also a productive agent. The man, whose thigh was amputated a short time since, had a most acute and intense attack of fever, and large bed-sores appeared. Now the fever is gone, the local disease is removed, and the bed-sores are healing very rapidly. The risk of bed-sores in the old with fractured neck of femur is chiefly in the first week, therefore treatment with a view to preventing them should commence immediately the patient takes to bed. After the first week the risk is not nearly so great. There is one peculiar class in which bed-sores rapidly appear, and that is rapid destruction with inflammation of spinal marrow. If in a fracture of the spine, a portion of the spinal cord, below the seat of fracture be irritated and inflamed, sloughing will ensue in those parts to which the nerves given off below the irritated part proceed. And this will take place in two or three days. Sir B. Brodie mentions a case in which a large slough formed on the heel in twenty-four hours. No doubt there were other causes for this. Two or three days is the usual time. The same takes place in diseases of the spinal cord, especially in acute pyelitis. There is not so much risk of sloughing in parts deprived of nerve force as in parts whose nerve force is irritated and disturbed.