and inflamed condition. Upon inquiry, we learned that a pass had been given contrary to orders; that he had been walking about the city during the day, and returned to his ward in this state as a consequence. The result was, sloughing again ensued worse than before, with accompanying irritative fever.

March 3. Wound sloughing badly, patient feverish, has no appetite, and is unable to sleep on account of pain in the wound. The same treatment was adopted as before, but destructive inflammation went on deeply and rapidly, and on the 4th of March hemorrhage occurred from the external circumflex to the amount of 8 or 10 oz. With some considerable trouble the profunda femoris was secured deep in the wound, and a ligature placed about it.

Reaction from chloroform prompt, and patient encouraged. He had two slighter bleedings during the night, which had been controlled by his ward-surgeon, Dr. Goddard, by plugging the wound. At this recurrence he became very much alarmed, but as soon as he understood that the artery was tied, and there was no immediate danger, he became assured, resting calmly and quietly after the operation. After persistent efforts in search of the exact location of the hemorrhage, we gave up the attempt, hoping our present effort would succeed. We were unable to find the distal end of the open vessel without cutting down into healthy structure, and trusted to one ligature.

8th. Sloughing checked in outer side of the wound, and healthy granulations springing up; but patient does not rally; is feverish and restless, with pulse frequent and feeble.

10th. At 12 o'clock, midnight, we were called up to the case, and found that the femoral had given way, causing a loss of 15 oz. to 20 oz. of blood. Ligated the femoral at middle third in healthy structure; patient surviving this operation only three days, gradually becoming more and more feeble until he died of exhaustion. The slough by this time had become extensive, burrowing wide and deep until one-third of the thigh became involved, and it is doubtful if the man could have lived had there been no hemorrhage.

By many I believe these sloughs were considered as hospital gangrene, about which we heard considerable. I did not so regard them. In fact, I only saw what I should consider true gangrene either wet or dry, in more than five or six instances out of some 20,000 patients seen during the war. Persons are warranted, however, by the descriptions given by some writers on military surgery, in calling a bad sloughing gunshot wound hospital gangrene.

ART. VIII.—*Simultaneous Dislocation of Both Hip-Joints. Reduced by Manipulation.* By J. M. BOISNOT, M. D., Philadelphia.

ON the 22d of September, 1865, I was called to see a case of injury, which proved to be of considerable magnitude; the manner in which it was received, the course pursued for its relief, and the result are interesting.

Mr. W., æt. 40, was standing on the sidewalk awaiting the descent of a

bundle of wool weighing over 100 lbs. from the fourth story of a factory ; desiring to place it in his wagon, he prepared himself to receive it in his arms and prevent its reaching the pavement ; with that view, he was standing on the east side of Sixth Street facing south, with his left side toward the building on that side of the street ; in order to receive the descending handle he would naturally raise both hands, while his left foot would be somewhat advanced and the right placed back a little and *turned outward*.

The bundle had scarcely cleared the doorway when it became detached from the hook of the hoisting rope, and descended upon the head of Mr. W., felling him full length upon the pavement ; being unable to rise, he was picked up and placed on a settee in the same position he occupied underneath the bundle, *i. e.*, on his right side ; he was in this position when I first saw him, and detecting dislocation of the left femur upon the dorsum of the ilium, I directed that he should be carried home and placed upon the floor. As he was a man of nearly 200 lbs. weight and of great muscular development, it was thought advisable to give an anæsthetic to prevent the great rigidity following each attempt at handling ; the quantity and quality are specially referred to in the accompanying letter from Prof. Maisch, who tested both anæsthetics before they were used.

Assisted by Surgeon Du Bois, U. S. A., Dr. Gruel, and Prof. Maisch, of this city, besides others whose names I do not recall, I proceeded to reduce the aforesaid dislocation in accordance with Reid's plan, by manipulation, which I consider but a simple though a very correct method, of bringing the rounded head of the bone to rest upon the edge of the cup-shaped depression which is to receive it, whence it must proceed to its natural position if it be sufficiently supported ; in other words, the difficulty in reducing any dislocation, is, that the *neck* of the bone is impinged against some projection, and *only that rotation* is requisite which shall bring the *rounded head* there instead.

Entire relaxation having been produced by ether, the reduction from off the dorsum of the ilium was rapidly effected.

Stimuli were given, as he seemed somewhat overcome by the anæsthetic, and when consciousness returned he was about to be placed upon his back in order to bring both legs together ; this being impossible, an examination as to the cause revealed the fact that the right femur was dislocated also, the head resting upon the pubes and forming a distinct prominence there.

By this time consciousness had returned, and the pulse became normal. The patient was then informed of his condition, and the necessity for further anæsthesia ; his consent given to the latter, ether was administered as before ; this failing in effect as also the supply on hand, the chloroform provided was resorted to ; this was used in small quantity with free access of air at first, but the length of time consumed, with continued muscular rigidity, induced me to use more, and confine it more closely to the patient ; embracing the first opportunity afforded by relaxation as communicated through the limb which I held in my hands, I restored by rapid manipulation the head of the bone to its natural position, almost at the same instant that the patient commenced snoring ; at this juncture, the respiration, pulse, and general appearance required attention to restore their healthful functions and condition ; the use of ammonia, ice, and hot water which I had had provided, were used alternately, followed by stimuli when he was sufficiently aroused to swallow.

The usual care was taken after this as after all other reductions ; such

as quiet, single position, anodynes, nodyne liniment, &c. On the 20th of October following he was discharged, entirely well, and from that time has enjoyed as good health and use of his limbs as before the accident.

In reference to the exact manner in which this accident produced its effects, it may be stated, that a bundle falling and striking the left side of the head and neck would tend to double up the body and complete the twist (so to speak) which was made in taking the braced position; and the inclination would be forward and to the right side for the upper part of the body, and backward and to the left, for the pelvis; the left knee taking position in the right popliteal space when the body was pressed to the pavement; this will explain how and why the head of the left femur was thrown upon the dorsum of the ilium and that of the right upon the pubes. The following letter from Prof. Maiseb, previously referred to, explains itself:—

"In answer to your inquiry regarding the anæsthetics used in September, 1865, in a case of dislocation of the hips, I would respectfully state that both ether and chloroform were perfectly pure and of official strength, the former having the specific gravity of .728, the latter 1.492.

"The quantity of ether used was half an avoirdupois pound, or nearly twelve fluidounces, and of the chloroform, about one and a half ounce or one fluidounce was administered."

It would have been impossible to have reduced these dislocations without anæsthesia, and yet it became at one time a serious question as to whether we should persevere until it was obtained or not.

The brandy which was administered between the reductions was in large quantity, and no doubt retarded the action of the chloroform, and yet, I believe it would have been unwise as well as unsafe to have proceeded without it.

An important era in the use of anæsthetics will that be, which shall afford us the method of a combination, which can be regulated in its administration, and made applicable to the peculiarities of the patient.

ART. IX.—*Cephalic Version in Shoulder Presentations.*

By R. STEWART, M. D.

DR. WRIGHT, of Cincinnati, asserts that cephalic version is always practicable. Professor Peurose, of this city, in citing an instance, in 1856, in which he tried it, expressed his gratification at the facility with which he had succeeded in effecting it. Of the following seven cases, three occurred in my own practice, the others were in consultation.

As vertex presentations are more favourable than breech, if facility of ope-