after a free dejection on the 19th, she had no further diarrhœa.

For obvious reasons, only those cases have been cited in which watermelon was the only treatment.

If these are cases of *post hoc*, as they may be, relief came immediately after a much pleasanter and less injurious treatment than often resorted to in such complaints, and their histories may furnish fruitful suggestions to the considerate and thoughtful practitioner who may wish to avoid "Abuse of the Alimentary Canal."

PRIMARY DRESSINGS AFTER AMPUTATIONS.

By T. H. SQUIRE, M.D., Elmira, N. Y.

In the Boston Medical and Surgical Journal for Aug. 19, 1869, some surgical cases occurring in the service of Dr. Geo. Derby, Boston City Hospital, are reported by Mr. Geo. Stevens.

The title of the first case is—"Amputation of the Thigh for Injuries; Death from Pyæmia."

In speaking of the dressing, the reporter says:—"The skin of the flaps was extremely tense. Nine ligatures were applied, the flaps brought together with silk sutures, and the face of the stump covered with a cold compress and a tight bandage. * * * Three days after the operation, the sutures were removed; the edges of the flaps were then looking black and sloughy. * * * For a little more than three weeks everything went on as favorably as could be expected; a large abscess formed on the outer side of the thigh, but incisions evacuated it; the sloughs of the flaps separated, and the face of the stump presented a healthy granulating surface. * * * On the twenty-fifth day after the operation, the patient was seized with a severe chill in the morning, and again in the afternoon. One week later he had another chill, vomiting, diarrhœa, and pain in the abdomen, which was somewhat tympanitic. * * * In two days more the discharge from the stump had nearly ceased, and its face presented a dry, shiny appearance. He died the next day."

The title of the second case is—"Amputation of Thigh for Chronic Disease of the Knee-joint; Death from Pyæmia."

"The thigh was amputated at the lower third, by the circular method. An unusual number of vessels required ligatures. Silk sutures; cold compress; tight bandage. In two days the bandage was removed; the flaps were in perfect apposition, with no

tension of the sutures. Three days later, the patient had a severe chill; the removal of the sutures let out a considerable amount of thin, watery pus. On the following day he had another chill. He continued to fail during the next three days, and he died on the ninth day after the operation."

Now, there are surgeons who, if called upon for an opinion in relation to the surgical dressings in these two cases, would say that they were directly calculated to favor the results which followed. There are those who believe we cannot, in such cases, entirely close the flaps over the sawed extremity of bone, with its injured medulla, apply a tight bandage, and then reasonably expect the whole to adhere and progress to a favorable termination, without any suppuration, granulation, or discharge. Surgeons, whose teaching, reflection and experience have led them to this belief, would recommend that, in amputating the thigh at the lower third, the operator, with a scalpel, first make two symmetrical, tegumentary flaps, sufficiently large to cover the included tissues, without strain or tension, and that, after circular division of muscles and bone, these flaps, with silver pins, be accurately adjusted throughout two-thirds of their extent, the other third being allowed to gape freely; and that, with plasters to complete the design of the pins, no other dressings be applied, save an evaporating cloth frequently wet in cold water—the stump during the process of healing being gently supported by a concave cushion, to favor union by first intention, to the extent desired; and, also, to favor union, by second intention, in the remaining part of the wound. The results in this mode of operating and dressing are usually very favorable.

If the surgeons of the Boston City Hospital sanction the complete closure of the flaps and the application of a tight bandage, in cases like those under consideration, they can, doubtless, refer to some lucid defence of the doctrine in standard authority, or bring forward statistics in support of the practice. Until such vindication is produced, it is believed that surgeons will prefer to leave the flaps gaping at one angle of the wound, and to dispense with all tight dressings.

IODINE GARGLE.—M. Cullerier prescribes the following in syphilitic ulceration of the mouth and throat, and in œzena;—Iodide pot. 1 part, honey syrup 30, and decoction of barley 120 parts.—*Union Médicale*.