

great change had taken place during the night; the face was no longer flushed, but pale, and covered with a cold perspiration; pulse 140, and very irregular; breathing quick and laboured. Upon auscultation I discovered murmurs at the apex, over the body, and at the base of the heart, and coexistent with the first sound; the murmur was also transmitted up the carotids; the heart was not enlarged, the apex could be distinctly seen beating in its normal position. I now considered that I had a well-marked case of acute endocarditis to deal with, not having been preceded as is almost invariably the rule, by acute rheumatism. The patient said he had never had rheumatism, and there certainly was no evidence of the joints being affected at this time. I ordered *tr. verat. viride*, gtt. iij every hour; this was afterwards increased to five every hour, the effects being closely watched; the old fashioned prescription of *hyd. chlor. mit.*, *opii* and *ipecac* was also given. When the patient had been under this treatment ten or twelve hours, his condition was much improved; the heart's action was less violent; the breathing much easier; the pulse had diminished twenty beats per minute; the patient altogether more quiet and comfortable. This treatment was persisted in four days, the doses being increased or diminished as the symptoms seemed to require, the patient gradually improving, with every prospect of recovery; the heart murmurs, however, increased in intensity, and remained very loud after convalescence. On the twentieth day of the disease the patient was enabled to leave his bed. From this time he took slight exercise each day, and was discharged the service some two months subsequently with hypertrophy and valvular disease of the heart. No enlargement was observed until several days after the discovery of the valvular trouble. The murmurs were unusually loud, being heard over the whole of the chest with the first sound of the heart, evidently the combined aortic direct and mitral regurgitant.

*March 31. Amputation of the Thigh followed by the Formation of a Large Sequestrum.*—Dr. J. FORD THOMPSON reported the following case:—

Albert Paris, aged 24 years, admitted into Providence Hospital, Dec. 22, 1865, with wound of right knee-joint from a pistol-ball injury received on the night of December 14. Ball entered at the external aspect of joint, between the patella and external condyle of the femur, opened the joint and lodged. Upon probing the wound a small piece of the condyle was found chipped off, but the ball could not be found (this examination being made on the eighth day after the receipt of the injury; previous to his entrance into the hospital he had been treated with purgatives and cold lotions locally applied). Limb very much swollen both above and below the joint; the joint itself being distended with synovia and pus, a little of the latter was oozing from the wound. Patient with high inflammatory fever; restless and sleepless, with a quick pulse. Was of a good constitution, having up to this time enjoyed excellent health. After a consultation with Drs. Lincoln and Ford, and with the consent of the patient, it was decided to amputate the limb, but first a long incision was made into the joint partly for the purpose of ascertaining the point at which the ball had lodged and to see the condition of the joint; a large quantity of synovia mixed with pus escaped, which had been pent up on account of the small valvular opening made by the ball not being sufficiently free to admit of its exit. Synovial membrane intensely inflamed and softened, but there was no injury to the bone except the pieces chipped off from the external condyle as already noticed; the ball, however, was not found.

Amputation was then performed by the conical circular operation at the junction of the lower and middle third of the thigh; chloroform was administered and four ligatures applied. Hemorrhage slight and patient rallied in a short time from the effects of the chloroform and operation, feeling quite comfortable. Wound closed transversely by wire sutures and supported by a bandage.

On third day stump was dressed, union having taken place over a considerable portion; at that time, and during the interval since the operation, the patient's condition was good with the exception of a very quick pulse.

After the sixth day no dressing was used, and on the twelfth day the ligatures were taken away, the flaps having united except in the middle where a suture had been removed on the third day to allow of the exit of pus; in a few days this had filled up, leaving a small sinus from which there was a slight discharge. During this time the quick pulse continued with an irritative fever. One month after the date of admission, being anxious to leave the hospital, and the wound having healed with the exception of the small sinus mentioned (which was supposed to be due to the presence of a ring of exfoliated bone), he was allowed to return home.

Several days after the patient left the hospital he sent for Dr. Thompson, who found him suffering from a very high fever, with the limb swollen, hot and shiny in appearance. He diagnosticated the presence of an abscess as the result of diseased bone. Ordered fever mixture and applied hot fomentations to the stump. On the next day patient's condition very much improved, there having been a large discharge of offensive matters from the sinus during the night. On introducing a probe into the sinus diseased bone was felt, which, however, was quite firm and not entirely detached.

*March 1, 1866.* Considering sufficient time had elapsed to allow of the detachment of the diseased bone, although it appeared to be quite firm to the touch of the probe, an incision was made upon either side of the sinus sufficient to uncover the end of the bone, and, on the application of necrosis forceps, steady traction was made in the line of axis of the bone, and with the exercise of no great force the sequestrum was removed. The sequestrum was six inches in length, extending, doubtless, up to the base of the trochanters, having the size and shape of the femur; quite firm, honeycombed in appearance, and having new bone in considerable quantity thrown out all around it. A large quantity of fetid pus was discharged at the time of the removal of the bone, and some hemorrhage ensued, but, on the application of a sponge compress for a couple of hours, the latter was checked. On the next day, the fever and swelling of the stump having very much subsided, the patient expressed himself as much relieved and more comfortable than he had been since the amputation. The cavity left by the extraction of the bone has filled up, and the stump is apparently as firm as ever.

After the amputation had been performed the knee-joint was carefully dissected out, and a small, round pistol-ball found imbedded in the tissue of the ligamentum patellæ.

Dr. Thompson, in commenting on the case, referred to the means employed by surgeons in order to prevent the exfoliation of bone after amputations, and stated that in this case he had been careful to dissect back the periosteum sufficiently to entirely cover the cut end of the bone, but he thought that at the time of the operation the periosteum with its surrounding tissues was already inflamed.