

his pulse was 80, and full and strong. A saline aperient was given him, and arrowroot diet. Later in the day, there was slight arterial excitement, and his bowels had not been relieved. His pulse was controlled by small repeated doses of tartar emetic, and enemata of warm water were administered, followed by fecal discharge.

On the 16th he was doing well, and was transferred to the U. S. Naval Hospital at Portsmouth, Va.

Subsequently, I learned from Surgeon Wales, U. S. Navy, who attended him whilst there, that, after several days in the hospital, decided peritonitis followed, which yielded to opiates and general antiphlogistic treatment.

His recovery was delayed by repeated imprudence in his diet during his convalescence, but he eventually recovered, and it seems the cure is radical.

Fracture of the Thigh by a Minie Ball. BY ARMISTEAD PETER, M. D., Ass. Surg. U. S. A., Seminary Hospital, Georgetown, D. C. (Extract from a letter to the editor, dated June 11, 1863.)

My attention has been called to an article in your journal of April, 1863, by Dr. Carothers, on fracture of femur, and in justice to myself and associates I must take upon myself to correct Dr. C.'s views concerning the case which he saw at the Seminary Hospital.

Lieut. Joseph Tall, 86th N. Y. volunteers, was wounded in the seven days' fight, Pope's campaign. Having laid in an old bar for *ten days*, he was brought to our hospital September 9th, and placed in my ward. Upon examination I discovered a fracture of the right femur, about two inches *below the trochanters*, and not extending *into* the trochanters (also another wound immediately below the left clavicle, the ball making its exit above the left scapula; this wound healed kindly, and gave but little inconvenience). The fractured femur was immediately placed in one of Professor Smith's anterior splints, and the leg suspended. Although a man of indomitable pluck, he was very weak when I first saw him. My patient for two weeks did remarkably well, when he complained of pain at the fracture. I assisted Surg. B. A. Clements, U. S. A., when he readjusted the splint, which had become slightly displaced; pain was relieved, and the patient did well for several days, when symptoms of pyemia set in. Under judicious treatment the pyemia subsided, and he was once more cheerful, *when unfortunately the adhesive strips which supported the splint and leg became displaced, very little, it is true, but still enough to move the upper suspending cord above the point of fracture.* This caused the upper fragment to become depressed, whilst the lower one was raised in proportion; the consequence was that apposition was wanted, and the rough serrated edges of the two bones being brought in contact with the muscles, intense irritation ensued. Sunday, 28th September, I discovered the cause of complaint, and reported the circumstances to the surgeon in charge, F. Hinkle, late of the U. S. N. We immediately concluded to etherize the patient and make a thorough examination, which we did, and found but one piece of bone separated from the shaft, and that was *perfectly square*, about *an inch (not more)* in diameter. This was removed. We found the fracture to be oblique, and the edges roughly serrated. The leg was very painful at this time. Dr. H. and myself expressed our opinion freely about amputating and exsecting, but concluded to wait until the next day, Monday, September 29th, when Surgeon Clements (who had charge of all the hospitals here) would see the case again. Lieut. Tall was perfectly satisfied to have his leg amputated, and so expressed himself. Dr. Clements ex-

mined the case, and, upon consultation, we three determined to run the risk of reapplying the wire splint. A. A. Surgeon Warner, from Baltimore, Md., who had seen Dr. Smith apply his invention, was called up from the second ward, and he and myself refixed the leg. Together we watched it carefully, and from that day up to the 22d of December, 1862, when he left for home, he continued to improve. His leg is about two inches short, but he manages to walk very well with the aid of a cane. Dr. W. deserves the credit of the cure, for his untiring devotion to the Lieutenant I really think was the means of saving the limb.

DOMESTIC SUMMARY.

Bromine in Hospital Gangrene, Erysipelas, &c.—Dr. J. H. BRINTON, Surg. U. S. V., appointed by the Surgeon General to investigate the character of the Hospital Gangrene, Pyæmia, and Erysipelas prevailing in the U. S. Hospital at Louisville, and the different modes of treatment there employed for those affections, has made the following interesting report:—

On my arrival in Louisville, I called on Surgeon M. Goldsmith, U. S. V., the Medical Director of the Louisville Hospitals. In company with him I visited the principal military hospitals in the city and vicinity, and carefully examined the various cases of hospital gangrene and erysipelas therein contained. The type of the former affection at the period of my visit was somewhat similar to that which I had previously observed in the U. S. A. General Hospitals at Annapolis, but, although of analogous form, the disease did not appear to me to be of so virulent a grade; whether this was due to the original character of the affection or to the effect of the remedial measures employed, I am not prepared properly to decide. Nearly all the cases observed by me were in the stage of reparation, and but very few in the period of progress. The shape of the ulcers was characteristic, as was also the appearance of the gray slough, but the tendency of the sores to burrow deeply, and to extend rapidly, was not well marked at the time I examined the cases, some thirty in number.

The treatment almost universally adopted in the Louisville hospitals is that originated and introduced by Surgeon Goldsmith, U. S. V. It consists in the direct local application of bromine, either pure or in solution, to the surfaces of the sloughing sore. Due care is always taken first to remove as thoroughly as possible the sloughs, so that the agent may act on the living tissues, and permeate them to some extent. In cases in which the burrowing is so extensive and deep-seated as to render the application of bromine difficult or incomplete, Dr. Goldsmith resorts to hypodermic injections of bromine at the circumference of the sore. The punctures with the point of the syringe are made at intervals of from one-half to three-fourths of an inch, and one drop of pure bromine is thrown into the tissues at each application. The mode of dressing the surface of the sores with the bromine was exhibited to me by Dr. Goldsmith. From my observation of the immediate effect of the reagent upon the diseased tissues, and of the condition of the sores upon which it had been previously applied, I am inclined to look upon the remedy as one of great value, and well deserving of a fair and extended trial.

Surgeon Goldsmith declared to me that in forty-eight hours the specific character of any sore, the result of hospital gangrene, can be destroyed by a thorough use of the bromine. The arrest of the virulent process is at once evinced by the absence of the peculiar odour, and by the marked change for the better which immediately ensues in the constitutional symptoms.

From conversation with Surgeon Goldsmith I inferred that he regarded hospital gangrene as essentially a local affection, and that as soon as a decided local impression is produced upon the sore all danger to life is averted.

The whole number of cases of hospital gangrene treated in the Louisville hos-