

dug out with a blunt instrument. This had to be done invariably before the application of the acid.

This gangrene was, in the majority of cases, of a mild form, and though it presented all local symptoms of the disease as described by Hennen, yet the constitutional were, as a rule, absent. The wounds were dry and hot and the limbs were much congested when it existed in them. The edges were swollen and everted, and sanies issued from them when the wound was of the black or brown variety. The first indications of improvement were alteration in the character of the discharged fluid, a disposition of the sanies to assume qualities of healthy pus, and the wound to become moist; these may be looked upon as invariably favourable. If these men had been crowded together in badly ventilated wards and nurtured by filth and food of a bad quality and insufficient in quantity, I have no doubt but that it would have assumed all the malignant symptoms of the disease as described by the above named writer. Every precaution was taken to prevent the spread of it from patient to patient; as soon as it made its appearance in a wound, the patient was immediately removed and placed in a room where there were no wounded. As I had many sick I placed these men in rooms with them, one to each room; those with healthy wounds were removed to another building; although I was obliged, for want of room, to retain many wounded in the same building with those infected, the gangrenous patients produced no bad effect upon the others. Each man had a separate sponge, basin, &c.; one nurse was detailed in each ward to dress the wounds of gangrenous patients, and he allowed to dress no others; the bedclothes were washed separately, and whitewashing the room was frequently and thoroughly done. The constitutional treatment was never lost sight of, roast beef and potatoes, beef-tea, chicken broth, eggs, milk, rice, much porter, bark, and opium were given freely with the most decided advantage. Those who were attacked last had it in its mildest form, and though wounds of some patients were disposed to assume an unhealthy character at first, they are at present all doing well; the gangrene may be looked upon as a disease that was, and the patients now all have healthy wounds.

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ART. VII.—*Report of Cases of Hospital Gangrene, treated at St. John's College Hospital, Annapolis, Md.* By Act. Asst. Surgeon H. O. CRANE.

CASE 1. Herman Tiarnor, private of Company F, 32d Indiana Volunteers, wounded at Murfreesborough, Tenn., Dec. 31, 1862, by a minie-ball passing through the latissimus dorsi of left side, over and exterior to the eighth rib, entering posteriorly. Patient was twenty-seven days in Libby Prison at Richmond, Va.; arrived here per steamer New York and was admitted Jan. 29, 1863, at which time the wound at the exit of the

ball was in a sloughing condition, and within twenty-four hours thereafter manifested all the symptoms of hospital gangrene. Constitutional symptoms present. Headache, nausea, quick pulse (130). Hot skin, with occasional rigors. Nitric acid was applied to the surface of the wound, and subsequently poultices of charcoal and yeast with chlorinated washes, and dressed twice each day with tinct. ferri chloridi.

*Feb. 5.* Ulcer looking more healthy; sloughing has ceased; dressings, solution of tannin, gr. xx, aqua 3j; poultices continued. Constitutional treatment, sesquioxidi ferri, quiniæ sulphas, bark, porter, beef-tea, and nourishing diet.

*20th.* Patient improving and treatment continued.

*28th.* Patient now well.

In the above case, the constitutional symptoms had preceded the unhealthy condition of the wound, though the application of the fuming acid arrested to a great extent the spread of the ulcer, yet the continued application of tinct. ferri chloridi was of marked benefit.

CASE 2. Private J. Loose, Company B, 5th U. S. Infantry, wounded at Murfreesborough, Tenn., Dec. 31, 1862, by a minie-ball passing through upper third of the tibialis anticus, and carrying away the spine of the tibia, having entered posteriorly. Patient arrived here from Richmond, Va., on the steamer New York, Jan. 29th, 1863, and was on that day admitted into this hospital. On admission, the wound was in a sloughing condition with extensive fetid discharges. Local treatment, constant application of lint saturated with tinct. ferri chloridi and free use of liq. sodæ chlor. injected into the wound.

*Feb. 5.* Sloughing arrested; granulations looking healthy. Local treatment continued. Constitutional treatment as in the above case.

*18th.* Patient still improving; treatment continued.

*28th.* Wound healed. The history of this case also shows that constitutional symptoms preceded the gangrenous condition of the wound.

CASE 3. Theodore Adams, private Company E, 21st Illinois Volunteers, wounded at Murfreesborough, Tenn., Dec. 31, 1862, by a musket-ball entering posterior portion of the deltoid muscle of the left arm, and traversing the trapezius muscle, making its exit near the spine. Patient arrived in steamer New York, Jan. 29, 1863, and was on that date admitted to this hospital. On admission, the wound looked well, though suppurating freely. Patient much debilitated, tongue dry, pulse 120 and quick, headache, diarrhœa and total loss of appetite. Ordered beef-tea, milk-punch, brandy-mixture, tinct. ferri chloridi gtt. xxv every four hours; also quiniæ sulphas, gr. iv every six hours, under which treatment the patient improved.

*5th.* Pulse one hundred, skin and tongue moist, and appetite returning. Condition of the wound the same.

*8th.* Constitutional symptoms the same, but the wound has become painful, and is commencing to slough; fetid discharges, &c. Applied poultices of charcoal and yeast with chlorinated washes.

*10th.* Sloughing continues; wound is injected with Labarraque's solution, full strength, repeated every six hours; poultice continued.

*12th.* Condition of the wound unimproved. Ordered dressings of tinct. ferri chloridi; poultice removed and liquor sodæ chlorinatæ applied.

*14th.* Wound commencing to granulate, discharge less profuse and more

healthy. Constitutional symptoms improved; continued dressings of tinct. ferri chloridi.

18th. Wound granulating freely; appetite good.

28th. Wound nearly healed, and patient will be well in a few days.

ART. VIII.—*Circumscribed Aneurism of the Walls of the Left Ventricle.* By PHILIP S. WALES, M. D., Surgeon U. S. N.

JOSEPH BROWN, ordinary seamen, age 25, born in Malaga, was admitted into the Hospital at Portsmouth, Va., Dec. 24, 1862, from the steamer Rhode Island. He was nearly comatose, and unable to speak or give any intelligible signs of his sufferings. The surgeon of his ship sent with him the following account of his case: "Admitted to my list Dec. 12, complaining of headache and pain in the back, with chills and cough. He improved and was discharged, Dec. 15. On the 20th of the same month again presented himself, having a cough and great difficulty in articulating properly. In the afternoon he had a chill, and another on the following day, at the same hour, succeeded by the usual phenomena of intermittent fever. Was put upon the use of the sulph. quini. During the morning of the 23d seemed comfortable; in the evening fell from his hammock convulsed, breathing short and hurried; pulse 102; semi-comatose." It is well to observe that the ship was in service in the James River, where malarial diseases are rife.

Immediately on his being made comfortable in bed, the following receipt was ordered: R.—Ammoniæ carb. gr. xx; whiskey fʒij; vitell. ov.; sacchari albi ʒij; aquæ fʒij.—M. Quarta pars quaque duo horâ.

25th. No improvement; pupils contracted; conjunctivæ insensible, with mucous threads collected upon them and on the edges of the eyelids. The corneæ dull and glassy in appearance; pupils motionless and about as large as ordinarily; the right eye convergently, and the left divergently strabismic, and both well turned up under the lids. The face and lips of a dusky or bluish color. No heat of scalp, nor were any motions made by the patient to direct our attention to any suffering on his part in the head. Tongue covered with a thin yellowish coating; mouth moist, and when the medicine was placed into it, several seconds elapsed before deglutition commenced, unless it was thrust well back with a spoon. Towards the last he made attempts to eject the mixture with his tongue. Bowels obstinately constipated, and have resisted the free use of stimulating enemata and drastic purgations.

26th. Continues pretty much in same condition; occasionally, when spoken to loudly, stammers out "better," and when asked to do so, attempted