

Probable Cases of Gas Gangrene Receiving
No Serum Treatment.

Fred. Page.

G.S.W. Lt. Arm, severing Musculo-spiral nerve and Brachial vessels.
Arm amputated just below shoulder before bacteriological examination was attempted, on Oct. 18th. Arm was swollen and edematous. Slight crepitation on deep palpation. Incision over fore-arm revealed a subcutaneous tissue quite edematous, exuding a clear yellowish serous fluid. Muscles redder than normal and contained a slight amount of gas. Wound on inner aspect of arm, above elbow. Culture from wounded area gave Strep. and Welch bacillus. Evacuated in good condition.

Elmer Neeley.

Oct. 26th penetrating wound of Lt. Knee.

Oct. 9th wound draining very freely. Very malodorous. Thigh swollen and fluctuating. At operation on this date a pus pocket was opened extending almost to the crest of the Ilium. Culture from this pus gave: - Strep. Colon and Welch.

A second examination on Oct. 24th showed Strep. Colon and Welch. Patient running an evening temperature of about 102 degrees.

Owing to increasing septicemia of patient amputation thought advisable and was performed Oct. 26th.

Evening temperature still persisting.

Oct. 29th. Stump slightly swollen and very malodorous. Muscles blacken and but slight discharge, which showed on bacterial examination: - Strep. Colon Myscoides, Welch and Sporogenes.

Nov. 4th patient died from an progressing septicemia.

John A. Aho.

G.S.W. Rt. Leg, with F.C.C. Tibia extending into ankle joint.

Oct. 11th severe secondary hemorrhage.

Oct. 12th culture from swab gave Strep. only.

Oct. 17th a second culture showed Strep. Welch and Gr. - Diplococcus.

Oct. 19th leg was amputated just below knee. There were no symptoms of gas gangrene, except the secondary hemorrhage, but amputation was thought advisable from the shattered condition of the ankle.

Patient was evacuated in good condition.

Eugene DeSoto.

G.S.W. Lt. Shoulder.

Small penetrating wound, posterior aspect of Lt. shoulder. No wound of exit. Marked swelling, due apparently to accumulated blood clot under superficial tissue of scapular region. No crepitation, but slight odor.

Bacterial examination on Oct. 23rd showed Staph. and Welch.

Oct. 24th a counter incision was made in Lt. lower back, blood clot removed and drainage tube inserted. Irrigations of Hydrogen Peroxide.

Oct. 25th. Paracentesis obtained a bloody fluid, which gave on examination Strep. and Welch.

For one week following patient had a slight evening temperature, but was evacuated later in fairly good condition.

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than normal and contained a slight amount of gas. Wound on inner aspect
of arm, above elbow. Culture from wounded area gave Strep. and Welch bacillus
Evacuated in good condition.

Elmer Neely.

Oct. 28th penetrating wound of Lt. Knee.
Oct. 29th wound draining very freely. Very malodorous. Thigh swollen
and fluctuating. At operation on this date a pus pocket was opened extending
almost to the crest of the Ilium. Culture from this pus gave: Strep. Colon and
Welch.

A second examination on Oct. 24th showed Strep. Colon and Welch.
Patient running an evening temperature of about 102 degrees.
Owing to increasing septicaemia of patient amputation thought advisable
and was performed Oct. 28th.
Evening temperature still persisting.
Oct. 29th. Stump slightly swollen and very malodorous. Muscles flaccid
and put slight discharge, which showed on bacterial examination: Strep. Colon
Mycodes, Welch and Sporogenes.
Nov. 4th patient died from an progressing septicaemia.

John A. Aho.

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Oct. 17th a second culture showed Strep. Welch and Gr. - Diplococci.
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of gas gangrene, except the secondary hemorrhage, but amputation was thought
advisable from the shattered condition of the ankle.
Patient was evacuated in good condition.

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