

knife if necessary, in order to give more opportunity for perfect adjustment. Two pins are usually sufficient. After the pins have been adjusted and the sutures twisted about them, do not neglect to place a piece of adhesive plaster beneath the point of the pins to prevent irritation and excoriation. Next, long narrow strips of adhesive plaster are to be adjusted in a manner to give support to the pins in holding the lips of the wound in coaptation. These strips, passing above and below each pin, should be carried far back upon the sides of the face and neck. Carefully adjust the edges of the wound a second time, as the plaster is carried over them. The pins are to be removed within 48 hours at most after the operation. To do this without disturbing the wound, seize the pin at the head with a pair of pincers, and carefully turn it round once or twice before making the least traction. With this precaution the pins can be withdrawn without disturbing the threads or plasters, which together with the crust, are left remaining, and should not be removed for some time. Unless the pins are removed before ulceration and suppuration have been established about them, scars will be left at the points of insertion and exit; but with this precaution scar can be avoided.

CASE IV. Ingrowing Toe-nail.—Here, gentlemen, is a case which belongs to the every-day practice in surgery. It is important, therefore, that you should understand how to manage successfully such little cases. Almost any one can cut off a limb, but it is not every professed surgeon even who successfully manages these painful cases of ingrowing toe-nail. It is quite fashionable, especially in cities, to recommend these people to go to some *specialist*, who "knows all about corns, toe-nails, etc.;" and one of these cases is scarcely ever met here but what has been more or less treated by that class of men. Narrow-soled shoes and boots are the great prolific sources of this difficulty. A great many people imagine—and we are sorry to be obliged to say that the greater proportion of this class is made up of ladies—that a narrow foot and high instep are elements of beauty. The result, however, of these efforts to distort the foot is the toe-nails cut their way into the tissues, and the tissues becomes hypertrophied. The appearance very commonly presented is a large mass of fungous granulations rising up from the side of the nail, as you can see very well illustrated in this case.

The toe cannot be cured until this redundancy of flesh is gotten rid of. Sometimes it becomes necessary to employ the knife in the removal of this superfluous growth. Nitric acid is a very good application, and nitrate of silver is another.

Immense relief can be afforded by applying a few threads of cotton beneath the cutting-edge of the nail, in such a manner as to protect the excessively tender tissues from irritation produced by being crowded in contact with it. When the cotton is properly applied, pressure upon the ball of the toe will give no pain. The proper instrument with which to apply it is a narrow thin knife-blade with-

out cutting-edge. With this instrument draw a few threads of cotton down between the nail and the mass of granulations, and so on until they are carried beneath the cutting-edge of the nail. This operation will give some pain during its performance, but the relief which will be afforded by it will be most marked. After the application of the cotton, pencil the fungous granulations over freely with nitrate of silver, or with whatever may be used for the purpose of destroying them. Repeat the application as often as the destroyed tissues separate, until the exuberant growth is all destroyed.

CASE V. Fracture of the Forearm, Phlegmonous Erysipelas, and Inflammation of Wrist-joint. The next case I present to you, gentlemen, is one of considerable interest. This man first suffered from a fracture of the forearm. Phlegmonous erysipelas attacked the limb a short time after the accident; and you will here notice the many openings which have been made for the free escape of pus, numbering, as the house-surgeon says, thirteen. The wrist-joint has also become involved in the inflammatory process. The case was one set down for amputation, but I resolved to make an effort to save the limb.

The difficulty involving the wrist-joint was the chief obstacle to be overcome. The thing desired was to place the joint perfectly at rest, and at the same time remove all pressure from the articular surfaces. How was this to be done? Take a piece of sole-leather, long enough to reach from the digital extremity of the palm of the hand to near the flexure of the elbow, and wide enough to half or two-thirds surround the arm. Dip it in cold water, and make it thoroughly flexible. Cover it with a piece of adhesive plaster, plaster side out, long enough to go completely around it lengthwise, and lock. Now, having covered each opening with a piece of oakum, apply the leather-lined plaster to the palm of the hand, mould it, and secure it with a roller bandage as far as the wrist. Having arrived at that point, grasp the hand already covered, while an assistant grasps the arm near the elbow; then making extension and counter extension, until the patient tells you that all pain is relieved, bring the remainder of the leather-lined plaster against the forearm, and secure it with a continuation of the bandage. In this manner all pressure is removed from the articular surfaces, pain is relieved, and an apparatus is afforded which retains everything at perfect rest. It is almost impossible to devise any means for meeting the indications in this case which is simpler than this. The leather is much better adapted to such uses than a board, for the reason that it can be more perfectly moulded to all the inequalities of the limb. The plaster lining holds it securely in position, in such a manner as to prevent slipping. Since the application of this splint the œdematous condition of the limb has passed away, and the question of amputation is no longer present for consideration.

—*Medical Record.*