Such, in my judgment, is the only local treatment on which much reliance can be placed. It is true, as I mentioned a moment ago, that occasionally under very favorable conditions, and by the aid of appropriate internal remedies which I shall have occasion to refer to shortly, aided by hot external appliances, especially a strong lead and opium lotion, resolution may occasionally take place. But how is the surgeon to foresee this happy result? I know of no rule by which he can govern his action. Extended experience, and profound judgment may enable him to do so, but I fear he is just as likely to err as to hit the mark. My strong conviction is that early incisions through the entire depth of the morbid process, both arrests the progress of the disease and to a great extent limit the area of suppuration and necrosis, and preserve intact, stuctures which, if not so treated, would inevitably become greatly damaged, or even die. On the other hand, supposing the case to be one of the fortunate ones in which resolution would have supervened, and the surgeon has made his incisions. What damage has the patient sustained thereby? Simply little or none. Resolution will be if anything hastened. There will be slight suppuration from the surface of the incisions, but they will rapidly heal, leaving only a few white lines in the skin to mark the site of the battlefield on which disease and the surgeon have measured swords.

In considering the general treatment of such a case, we must not lose sight of the type of patient who is generally the victim of the disease. It is most common, I believe, in those who have been intemperate in eating and drinking. Next to these, I should place those whose health has been impaired by hard work and privation. In both cases, it is well to cleanse the portal system, and unlock the bowels. In the intemperate class, much benefit will accrue from a good, prompt emetic, followed by saline aperients. In the overworked class, I should omit the emetic, and administer warm stomachic aperients. Following this, as soon as the tongue begins to clear, I order tincture of iron, 15 to 20 drops every four hours. I do not possess the faith that iron is useful in cutting short erysipelatous inflammation, such has not been my individual experience, but I place it in the highest rank as the best drug we possess to restore the health of such individuals to its proper balance, and to hasten permanent convalescence. Quinine, mineral acids, and strychnia may also be necessary. This disease is one of those in which I say unhesitatingly, that the administration of alcohol is frequently, absolutely necessary. It has bridged over many a bad case for me, and is in my opinion, one of the most useful drugs we have in combatting the disease. Opium also in many cases is of great service as a stimulant.

I now pass on to the consideration of the treatment of carbuncle. Here again we have a spreading inflammatory condition attacking the subcutaneous cellular tissue, which rapidly runs into slough and suppuration. The slough is characteristic of the disease. The cellular tissue involved, breaks down into greyish or ash-coloured sloughs. The skin covering the part affected, becomes slightly elevated, assumes a purple or brownish red tint, becomes undermined, and gives way at several points, forming openings through which the ash-grey sloughs appear, and from which an unhealthy, purulent discharge, scantily issues. The extent of the disease varies from one to several inches across. The local treatment of carbuncle, is one in which great diversity of opinion exists. Sir James Paget, Mr. Le Gros. Clark, and others emphatically urge the expectant or do-nothing plan. Destruction of the diseased part by nitrate of silver or caustic potash has its advocates, while others regard the time-honored crucial incision as the best method. In view of such diversity of opinion, it may appear somewhat arrogant and presumptious on my part, to speak decidedly in favor of either plan, but every surgeon should have the courage of his convictions, and I have no hesitation in giving my allegiance to the crucial incision. The incisions should be made sufficiently free to reach healthy tissues, both at the base and the sides of the sloughs, and this is the point, to which the surgeon should direct his chief attention. If the incisions are carried short of this, the spreading of the disease will probably continue, and the operation prove in a great measure futile. If healthy tissue be reached by the point of the knife throughout the entire length of the incisions, the spreading of the disease will be immediately checked, the sloughs will be rapidly thrown off, and a healthy granulating surface appear. Profuse primary or secondary hemorrhage may occur, but as the