

scraped and cleansed of its unhealthy lining of granulation-tissue. Then the wound in the skin is to be completely closed by sutures; firm pressure is to be evenly applied, and the part is to be kept absolutely at rest—by a splint if practicable. It is no news to most of you to be told that the success attending this line of treatment leaves, as a rule, little to be desired, or that for this important advance in practical surgery we are chiefly indebted to the patient researches of our friends with the smock frocks and the guinea-pigs.

5. I have failed to discover that iodoform is of any peculiar value in the treatment of tuberculous lesions. At any rate I have long since discarded it, and I have not noticed any falling off in the results of my practice in consequence. Iodoform is an irritant and a poison; it is apt to be septic, as germs can grow upon it, but I have no knowledge of the truth of the statement that mushrooms have actually been cultivated on it.

Some time since a lady was sent to me for my opinion about a tuberculous ulcer of the anus which a practitioner had long been treating with iodoform. She earnestly begged me to consider if I could not recommend some other local application, as she said that the smell of the yellow powder rendered her "socially objectionable." This was for her a very serious matter, as she kept a fashionable boarding house, and whilst many members of her household seemed to notice the peculiar odor, some few of her young men "paying-guests" actually appeared to recognize the drug itself.

I confess that I have a sort of feeling of sorrow for a surgeon who thinks that he cannot successfully carry on his practice without iodoform just as I have for the lady who deems patchouli to be indispensable for her toilet.

That tuberculous lesions often get well without surgical assistance, and sometimes even without their serious nature ever having been suspected by either surgeon or patient, is now a matter of common knowledge. It often happens that when a surgeon is examining an individual, for one purpose or another, he comes across unmistakable evidence of tuberculous lesions which have undergone permanent cure. It may be that an elbow or wrist is found synostosed; that a white scarring of the skin shows where a patch of lupus has undergone spontaneous cure, or that a small and shortened finger or toe gives evidence of a quiet, long-forgotten, tuberculous dactylitis.

THE FORCIBLE STRAIGHTENING OF CARIOUS SPINES.

The direct treatment of the angular deformity, resulting from tuberculous disease of the spine, is a subject that a few years ago was thrust somewhat vigorously upon us, not only by articles in the medical papers, but by the reproduction of photographic representations of ghastly clinical procedures in the pictured journals of the lay press. This is hardly the way in which one