Do not fret if, on making incisions to the bones, you evacuate but little pus in periostitis. It makes no matter, the relief afforded is often the same.

Remember the golden rules of removing segments from long bones after necrosis:

1. Do not wait for the periosteal sheath (new bony sheath) to have acquired strength enough to preserve the continuity of the limb.

2. Always remove the sequestrum as soon as possible, for it is:

(*a*) A permanent source of irritation.

(*b*) A danger to the adjacent parts.

3. Do not leave any dead bone behind.

4. Always splint carefully and bandgage to maintain the parts in apposition and prevent fracture.

Never forget that there is no periosteal sheath in the necrosis of the popliteal space, and that the exfoliated bone lies close under the popliteal artery.

In removing such avoid four things:

1. Joint.
2. Artery.
3. External popliteal nerve.
4. Rough manipulation.

Scratch with finger nail and handel of knife. Do not use the knife.

BREAST.—Never forget that a "tumor" in a young woman's breast is not usually a *chronic* abscess.

Never procrastinate about a tumor of the breast in a female over forty.

Never excise a mammary tumor of doubtful character before cutting it across.

Never remove a true carcinoma of the breast without clearing out the axilla.

Never be too anxious to make your flaps meet, and look well in removing a cancer of the breast. Your vanity will often tempt you to leave a flap in which cancer may lie concealed.

BURNS.—Do not neglect opium for the shock of burns in children, but use it cautiously; afterwards do not stint fresh air, food or warmth.

Never give a hypodermic in burns of children; you cannot recall it. Give it by mouth.

Beware of strong application of carbolic oil in burns, and if it be used at all, watch the urine for absorption signs.

Do not dress too often; but never let the dressings foul.

Never uncover the entire wound at once; do it piecemeal.

Never omit chloroform or opium in the first dressing of extensive burns.

Always have the tracheotomy instruments at hand in burns or scalds of mouth, because of œdema of glottis.

CHEST.—Do not be very solicitous in obtaining crepitus of a fractured rib. Treat it as such.

In manipulating either side of a fractured rib to obtain evidence of undue mobility, do not handle portions of two different ribs.

Never forget that all penetrating wounds of the chest, not involving fracture, should be closed at once.

Do not forget that it is a good practice in severe cases of fractured ribs, and those in which the lung is wounded, to strap the chest and apply ice externally.

[Bandage is said to be contra-indicated if there is much comminution or tearing of the parieties of the chest; or:

1. If dyspnœa increases, on its application.
2. If pain is caused by it.]

Do not strap or bandage if there is much surgical emphysema.

Always regard rib injuries in old people with anxiety.

[There may be, and usually is, pre-existing emphysema and bronchitis, which will hamper the breathing greatly.]

Never tap a chest in paracentesis without making certain, by auscultation and percussion, that you are on the right spot.

Do not neglect to secure your drain tube from slipping into the thorax. Let it be sufficiently, and only sufficiently, long to enter the cavity. Longer is needless.

Always use an exhaustion syringe in tapping the chest.

Never forget in this, as in all other aspirations, to run some carbolic or hydrarg. perchlor. solution through your canula and exhaustion bottle before operating.

Always use an exploring syringe first, if you are in doubt.

Do not forget your landmarks (upper border of lower rib).

Always remember that you aim at the lung ris-