colour was not restored by dilute muriatic acid, which would restore that of Prussian blue, except when in small quantity. Muriatic acid removed the blue colour, but without producing a pink solution. Immersion of a piece of the stained linen in dilute nitric acid removed the colour.

1st April.—The secretion of pus has diminished in quantity, but the linen is stained as before. The microscope revealed corpuscules and granular matter, monads in abundance and absence of milk globules. The pus possessed a fœtid odour.

6th.—The wound is fast closing, but a deep sinus, about 3 inches long, still remains. Dry lint has been applied for the last three days, and the bluish-green discharge continues.

11th.—For the last two days the discoloration was not so marked, and to-day it has entirely ceased, although the discharge of pus has not diminished since the 6th.

4th May.—The bluish discoloration has again appeared. She has not been upon any medicine internally.

30th July.—The discoloration ceased before her discharge from Hospital at the end of May. She presented herself a few weeks after as an out-patient, and stated that it had re-appeared, continuing a short time before it again ceased. She then returned to the country, whence we learned that an abscess had formed higher up and nearer the axilla than the last, which had been opened by a surgeon. Three fistulous openings still remain, which, from the suspicious appearance of two or three large granulations, most probably communicate with a carious rib, in which opinion I am supported by my friend Dr. Peltier, who has watched the progress of the case. On a future occasion, however, I may bring forward the result of the case, as to the accuracy of our diagnosis.

Some months ago, I read, in the London Lancet, the details of a case of compound comminuted fracture of both bones of the forearm, which were subsequently brought before the notice of the Surgical Society of Ireland by Mr. Butcher,* with the interesting and remarkable fact of the presence of Cyanuret of Iron in the purulent discharge. The case has been most accurately detailed and described by its talented author, and was brought to a successful termination.

The patient was a healthy labourer, admitted into Mercer's Hospital, Dublin. A good deal of inflammation followed the accident, which was subdued by active treatment, and suppuration was quickly established. The case progressed favourably, with, however, profuse suppuration; and on the twenty-seventh day, for the first time, the dressings were coloured of a bluish-green. Next day the edges of the wound were tinged of the same colour, as well as the soft dressings and bandage; the sponge and also the splint were similarly affected. Every precaution was taken that no foreign matters should come near the limb, and the wound was dressed with dry lint. Up to the seventh day of the blueish discharge, the day on which the case was reported, the progress towards the healing of the wound was very rapid, and two ounces of pus were secreted in the twenty-four hours; the patient was enabled to leave his bed on the same day. No internal remedies whatever, such as iron or other metal, likely to produce such a discharge, had been administered throughout the progress of the case.

Mr. Butcher submitted some of the bandages and dressings, where deepest stained, together with the squeezings of the sponge collected in a bottle, to Professor Apjohn for analysis, whose experiments were as follow, and based upon which were my own in the case heading this paper.

"First, the colour of the stains could be discharged by caustic potass. The same effect would be produced on Prussian blue. The colour was not restored by dilute muriatic acid, which would restore the colour of Prussian blue, *except* when the quantity is very small.

* Dublin Medical Press, 1849.