ing may occur from extensive necrosis, or from spontaneous dislocation of the joints, and various deformities may arise from bending of the bones. In long continued suppuration the patient may succumb to exhaustion or to amyloid disease.

The treatment is almost purely surgical from the commencement. Calomel should be given to eliminate any poisonous material from the bowel. Salycilate of soda has been recommended by Kocher, but is of little use. The pain calls for opium. As soon as one has made a diagnosis no time is to be lost in operating. This should be done in a hospital if possible. The part should be thoroughly cleansed and made aseptic, and, under an anæsthetic, an incision made long enough to thoroughly expose the infected area. In most cases the periosteum has already been separated from the bone; if so, the pus is evacuated and the abscess walls swabbed with strong carbolic, followed by alcohol. In these cases the medullary cavity is easily reached, the bone being frequently already softened by the disease, so that the cavity can be explored through it and the pus and débris removed. In other cases, especially those operated upon shortly after the onset of the disease, pus may not be found beneath the periosteum and one may begin to doubt his diagnosis, but in these cases the periosteum is usually inflamed, and easily raised from the bone. When it is remembered that the disease begins in the medulla the operator should persevere, raise the periosteum over the part where tenderness was most marked, chisel through the bone, remove the infected medulla, and curette the whole cavity. Enough bone should be removed so that the entire infected area can be thoroughly treated. The cavity is now disinfected either with strong carbolic, perchloride solution 1 in 1,000, or hydrogen peroxide, then packed with iodoform gauze, and allowed to drain by means of the gauze brought out through the wound or wounds. An antiseptic dressing is applied on the outside, and the limb carefully put up in a suitable splint. Great care is required in this so as to prevent contractures in the future.

By this early treatment pain is relieved, the risk of septicæmia and pyæmia reduced, necrosis lessened, and in short, the patient may be saved from months of suffering.

Should the temperature remain up antiseptic irrigations should be employed and warm antiseptic compresses used.

In cases of extensive necrosis it may be better to make two or more incisions through the soft parts, raise the periosteum, and open into the medulla, rather than make one long incision, and gouge a long trough out of the bone. The infected medulla can be removed through the several openings and irrigated with some strong antiseptic. Where septicæmia or pyæmia threaten or are present, quinine should be given, and stimu-