6th. Purulent arthritis, caused by Osteo-Myelitis, is seldom established before the 12th day of the disease. The following conclusions relate to the diagnosis: 1st. a hard and painful swelling, terminating abruptly at the end of the limb, is a pathognomonic character of the disease. 2d. The sub-aponeurotic pus, in Osteo-Myelitis, is always mixed with oil globules. 3d. The differences between Osteo-Myelitis and sub-periostial abscess, are the following:

A. In sub-periostial abscess fluctuation precedes tumefaction; in Osteo-Myelitis it is the reverse.

B. The painful swelling which accompanies Osteo-Myelitis terminates suddenly in a hard margin, just at the point where the disease in the bone ceases.

C. Osteo-Myelitis is accompanied with diffuse phlegmon, and with suppurative periostitis. Sub-periostial abscess neither indicates medullary suppuration of the bone, nor purulent infiltration of the limb.

D. Osteo-Myelitis extends upwards along a bone, from the base of the limb Acute sub-periostial abscess generally remains stationary.

4th. The different characters of Osteo-Myelitis and of diffuse phlegmon, are: 1st. The nature of the swelling. 2d. Presence of oil globules in the pus.

The following are the conclusions in reference to treatment:

1st. In Osteo-Myelitis incisions are both diagnostic and therapeutic; if the affection is doubtful, the incisions should penetrate the enveloping aponeurosis only; if pus is found under this they should be extended to the bone.

2d. In Osteo-Myelitis, amputation is the only chance of cure

3d. Amputation should be resorted to as soon as the diagnosis is made out.

4th. The operation should be performed by the flap method.

5th. The place of election is the first well joint above the diseased bone.

6th. Contra-indications are unhealthy suppuration, the disease extended to several members, and general typhoid poison.—*Philadelphia Medical and Surgical Journal*

ON WOUNDS OF THE INTESTINES.

By G. J. Guthrie, Esq., F.R.S.

When an incised wound in the intestine is not supposed to exceed a third of an inch in length, no interference should take place; for the nature and extent of the injury cannot always be ascertained without the committal of a greater mischief than the injury itself When the wound in the external parts has been made by an instrument not larger than one-third, or from that to half an inch in width, no attempt to probe or to meddle with the wound, for the purpose of examining the intestine, should be permitted. When the external wound has been made by a somewhat broader and longer instrument, it does not necessarily follow that the intestine should be wounded to an equal extent; unless it protrude, or the contents of the bowels be discharged through the wound, the surgeon will not be warranted in enlarging the wound, in the first instance, to see what mischief has been done. It may be argued that a wound four inches long has been proved to be oftentimes as little dangerous as a wound one inch in length, yet most people would prefer having the smaller wound, unless it could be believed that the intestine was injured to a considerable extent. Few surgeons even then would like to enlarge the wound, to ascertain the fact, unless some considerable bleeding, or a discharge of fæcal matter, pointed out the necessity for such an operation.

If the first two or three hours have passed away, and the pain, and firm but not tympanitic swelling in the belly, as well as the discharge from the