

As to the propriety of operative interference in cases of frost-bite, the views of authorities differ. In a quotation from Macleod's *Surgery of Crimean War*, in Holmes' system, it appears that medical officers gave up all kinds of interference, the most trifling operations in dividing skin, tendon, &c., being fraught with danger during the campaign. Mr. Syme considers it best to steer a middle course (*Principles of Surgery*, page 35), "and to avoid interference until the soft parts are nearly detached." Erichsen's opinion coincides with Mr. Syme's; he states amputation should be performed when the line of separation is fully formed. In J. B's. case, had amputation been performed when the line of separation first became distinct, the edematous condition of tissues from which the flaps were to be formed would have rendered Syme's, or Chopart's at most, the only feasible operation; nature, more conservative, saved an additional joint. However, as soon as the line of demarcation has reached the bone, the sooner amputation is performed the better, as, while erosion of the bone is going on, the chronic inflammation and ulceration in the neighbouring soft parts greatly deteriorate the tissues out of which the flaps have to be formed.

A diagram of his temperature subsequent to the amputation is annexed.

Resection of Elbow Joint after Compound Comminuted Fracture of Lower End of Humerus. By R. W. JACKSON, F.R.C.S.I., &c. Reported by JAMES THOMPSON, L.R.C.S.E., Assistant Surgeon 100th Regt.

CASE II.

Private J. D.—100th Regiment of Foot, aged 28 years, 10 years in the service—had been drinking and fighting on the evening of the 15th May, in Water street, and states that he was pushed over the pathway, falling to the ground between 10 and 12 feet. He thus received an injury of right arm. I saw him in hospital at eleven o'clock p.m. same night. On examining the arm, two small transverse penetrating wounds were found on the posterior surface of right elbow joint, just above olecranon. These communicated with the joint and the comminuted fragments of the lower end of humerus were felt by the finger in the wound. The swelling was trifling, but there was considerable oozing of blood. Dr. Jackson decided to stuff the wounds with lint until the P. M. O. could be referred to. Next morning, after consultation with Surgeon Major Young, 60th Rifles, and Dr. Armstrong, 1 Batt. 16th, &c., it was agreed to resect the joint, which Dr. Jackson did, after the patient had been put under the influence of chloroform, by making a longitudi-