

chronic abscess, by the surrounding leucocytes being converted into granulation tissue or still further into sclerosed bone, the skiograph in the former would show the location of the caseous process on account of the rarefaction, and in the latter, on account of the increase of calcareous deposit, would bring it out more distinctly than the rest of the bone.

Again in tubercular necrosis either from infarction or the rapidity of the process, the sequestrum being more rarefied than the surrounding bone could be accurately located. Thus the aid the use of the X rays offers in the diagnosis and treatment of tubercular disease of bone can be understood. In the early stage of the disease the exact site or sites for the introduction of antiseptics, such as iodoformized glycerine, etc., may be seen and the knowledge, in chronic abscess or tubercular necrosis, of their exact location facilitate operation.

The condition of both bones in tubercular osteo-arthritis may be appreciated, and where the caseous process has missed the joint and after perforating the periosteum opened on the exterior of the bone, the size of the cavity and its proximity to the joint estimated, as in a recent case in which the skiograph showed a large space in the lower end of the tibia, and yet the joint intact, after thoroughly scraping out the diseased tissue, I found a few lines only of healthy bone intervening between the cavity and joint.

NECROSIS.

I have no desire to enter into the pathology or symptoms of this condition, and merely wish to illustrate by a case, the beneficial effect of the use of aseptic decalcified bone chips as advised by Senn.

Edith F., age 12, came under my care in May last with a history of some disease of the humerus, lasting about five years. She had had four operations performed but it had never entirely healed. On examination I found the scar of an old incision on the upper and outer aspect of arm with a sinus surrounded by gelatinous granulations leading down to diseased bone, and so, on May 20th, an oblique incision was made parallel with, and through the posterior fibres of the deltoid. There was a large cloaca and the newly formed periosteal bone was about $\frac{3}{4}$ of an inch in thickness. After chiselling through this to enlarge the cloaca I removed a small sequestrum and thoroughly scraped out the granulation and surrounding tissue until healthy bone was reached. The cavity, having being dusted with iodoform, was packed with aseptic decalcified chips which had been dried in iodoform gauze after being removed from the alcohol in which they had been preserved. The periosteum which had previously been dis-