

with a brief summary of the views advanced on periostitis, endostitis, ostitis, caries, necrosis, &c., he passes in the second part to give such views on bone and nerve surgery, as cases that came under his notice, while an active participant in the war, seem to warrant. Before noticing one or two things in the second part of the work, we would allude in favourable terms to a method of operating to relieve the great pain of acute periostitis when you have reason to believe suppuration has not occurred, which is, we believe, alone recommended by Dr. Nott. Gross and other surgical writers recommend, whether fluctuation can be detected or not, when great pain exists, to cut down through the skin, and relieve the pent up matter. Dr. Nott says: "In periostitis, accompanied by severe pain and effusion of lymph and serum, with a tendency to suppuration, it is proper to make a small opening, at the lower part of the swelling, introduce a probe-pointed knife flatwise, pass it along between the skin and periosteum to the upper border of the swelling then turning the cutting edge towards the periosteum, and while withdrawing the knife, divide the periosteum subcutaneously down to the bone, through the whole extent of the swelling. When we are sure suppuration has occurred, it is better to make a free incision through the skin." In the second part of the work, alluding to gun-shot injuries, he says: "My general rule has been thus; if a patient comes to me two or more months after a gun-shot injury, with a fistulous opening, unless contraindicated by an inflammatory condition of the part or an unhealthy condition of the system. I cut down boldly in the direction of the sinus, laying it opening to the bone, and then introduce my finger and explore it fully so as to ascertain, certainly what is the condition of the bone, and whether I am justified in removing the dead portion * * * * *

In the majority of cases I find balls, clothing or other foreign bodies, and the patient is relieved at once by the removal." Dr. Nott, in alluding to what sometimes occurs in flap operations, but more particularly in circular operations according to Gross—viz., exposure of the bone, either from sloughing or from sufficient covering not having been left, says:

"In those cases where the bone projects from the stump, the inexperienced surgeon is often tempted to interfere, not only unnecessarily, but injuriously with the operations of nature. I have been often consulted to know whether it is not best to saw off the projecting bone; but though a contrary opinion has recently been advanced by an army surgeon, I unhesitatingly say *no*. Where a bone projects from an open, suppurating stump, under any circumstances, it will require at least a month, and probably six or eight weeks, before the stump can be healed, whether the bone is on or off. Experience teaches that nature will amputate the bone, and generally at a very good point, by the time the rest of the wound