

of itself. The inflammation then began to extend up the arm, and on this account he was bled by the doctor before mentioned. The poultice was still applied, and in this state he consulted several physicians in Flatberg. Finding, however, that instead of healing it was becoming worse, he determined on coming to Montreal. When he was admitted, the finger was considerably ulcerated; the second and third phalanges being denuded of periosteum and exposed, there was very little inflammation in the hand itself, and the sinuses in the palma and on the dorsum, corresponding with the abscesses before mentioned, were so small as almost to escape notice. A poultice was ordered.

On the 30th, Dr. Fraser proceeded to remove the diseased bones. At the beginning of the operation, only the second and third phalanges seemed to be diseased, but it was soon found that the extremity of the first phalanx was so much diseased that it was necessary to remove it also. This was done, and the wound rapidly healed. The inflammation in the hand itself, however, began to increase, causing intense pain, although poultices and hot fomentations were kept constantly applied. The sinuses, formerly so small, soon acquired the peculiar fistulous appearance so characteristic of diseased bone.

About the 6th of June, it became apparent that the middle metacarpal bone was extensively diseased, and that the disease was spreading.—Dr. Sutherland was consulted, and agreed with Dr. Fraser that the removal of part or of the whole of the bone was necessary to prevent the disease from extending.

On the 8th of June, the patient being placed under the influence of chloroform, Dr. Fraser operated, and the metacarpal bone being found diseased throughout the greater part of its extent, was entirely removed. The operation was attended with a very trifling loss of blood, great care being taken to avoid injuring the palmar arches. A few branches which were bleeding, were tied, and when all oozing had ceased, the wound was brought together, and the patient sent to his ward. In about three quarters of an hour after the operation, however, the wound began to bleed freely, probably owing to the restlessness of the patient, which was extreme. Pressure was applied to the wound, and the brachial artery was moderately compressed by means of Signoroni's Tourniquet. This completely arrested the hemorrhage for the time, but it soon recommenced on the pressure being removed from the brachial. He was closely watched, and a sufficient amount of pressure maintained for several days, in hopes that when suppuration was properly established, the risk of hemorrhage would be at an end.

Suppuration commenced freely, as was expected, in a day or two, and on removing the compression all bleeding seemed to have ceased. The formation of pus, however, soon became excessive, and scarcely anything