

fault. If this is properly attended to the glands will soon subside.—**LARGE GLANDS** in the neck of adults or old people are very apt to signify that a malignant process is taking place in the neighborhood ; hence it is always well to examine the mouth, the tongue, the nose, and the throat carefully in such cases.—**IN GENERAL OPERATIVE** work, it is always useful to have two kinds of artery forceps, pointed and blunt-jawed. The pointed artery forceps are most useful for vessels in and near the skin, as they crush less tissue. The blunt-jawed forceps permits more rapid and efficient hæmostasis in the deeper tissues.—**IN THE TREATMENT OF FRACTURES** of the long bones, it is practically impossible to bring the broken surfaces end to end in perfect approximation. Our object is simply to accomplish this as nearly as possible, and in the lower limbs to secure such extension as will result in a bone of normal length.—**AFTER AMPUTATIONS** never wait to apply an artificial limb beyond the time when the stump is well healed and the patient is strong again. Disuse of the stump for too long a time makes it less able to stand the artificial limb. The only exception to this rule is when the operation was done for malignant disease, where early pressure and concussion might favor a return.—**IN INJURIES OF THE SKULL** requiring operation, it is well to remember that the prognosis depends a good deal upon the region involved. Thus in a series of over eight hundred cases it was found that the mortality was one to sixty when the anterior brain was affected, whereas it was one to thirteen in injuries of the central and posterior regions, and one to four and a half in those situated at the base.—*Internat. Jour. of Surg., N. Y. Med. Rec.*

INJURIES TO THE BRACHIAL PLEXUS AND ITS BRANCHES IN DISLOCATIONS OF THE SHOULDER.

In injuries of the shoulder a guarded prognosis should always be made, unless the surgeon is quite confident that nerve injury can be excluded. It is by no means infrequent for a surgeon to be called to the dislocation of a shoulder that may or may not be complicated by fracture. The diagnosis is easily and quickly made, the bone is replaced in its socket, and a retentive apparatus applied, and the patient is informed that the outcome will be favorable. When the bandages are finally removed, it is found that the arm is quite helpless, or even if there remains good motion in the