treatment has been resorted to; but if not, it may go up the front of the wrist to the forearm, in which case the patient recovers after weeks of suffering, worn out by sleepless nights and profuse suppuration, with bent, emaciated fingers, and a stiff wrist, and nearly a useless hand. Should the disease not extend so high, or not be so violent, it may end with a stiff bent finger. I should say when there has been a suppuration the finger is invariably stiff, and usually bent, from adhesion of the integuments to the sheath of the tendons, and of the tendons to the inside of the sheath, while in the state of flexion. If the inflammation is very intense, the tendons die and protrude through the natural or artificial opening that has let out the matter, and throw off greyish white sloughs; where a portion of the flexor profundus is totally destroyed, the finger may be quite straight, being kept so by the extensor tendon. Such is the case in the man now in the house, who came to the hospital after having suffered from whitlow six weeks. I took away a dead portion of the flexor tendon, one and a-half inch long, from the sheath. I am going to remove his finger, as he presents a further step in the disease, viz., the periosteum is stripped from the bone of the first phalanx by effusion of pus, and the bone is killed.

The death of the bone is most common in the last phalanx, particularly of the thumb. In such a case you will find, though the matter has been let out by a free opening, the disease lingers, the part continues red and swollen, the opening discharges abundance of thin matter, and has large flabby granulations around it, and if you feel the end of the finger, there is a pseudo-fluctuating feel, as if it was extensively undermined; a probe passed in removes every doubt by grating against the rough bone. It is best not to wait till it separates of itself, but enlarge the opening, and seizing the dead bone with a forceps, divide any ligamentous connexions at the joint, while any are on the stretch. The parts soon heal, the finger shortened, bent forward, and clubbed at the end, the nail irregular, but still a useful finger. In one of the coachmen in Mr. Champion's establishment, in whom the disease had been very violent for three months before I saw him, I found through a long side incision, which had been made by a surgeon, the first and second phalanges dead and bare of periosteum, and the third projected through a sloughy opening at the end of the finger; though the bone was dead, the soft parts were alive. In other cases both mortify, and the whole or part of the finger becomes cold, black, and shrivelled, as in Phelan's case, and also in a woman in Mr. Adam's ward, now in the hospital. Last season I had to remove a finger, for this cause, from a woman in whom it had mortified a few days after the disease began. Indeed, I have had to perform the same operation frequently, the cases being those in which the inflammation had been most acute, and the early treatment neglected. The excessive and rapid effusion into the sheath, and the attendant sudden swelling before the parts can accommodate themselves to it, seems to produce a strangulation, the circulation is arrested in the vessels, and the parts die.

The fever, in deep-seated whitlow, often runs high, and I have known delirium at night, but I have never met with a fatal termination except in one case, a man who crushed his thumb while intoxicated; deep-