

1. K. B., age 12, was seen July 1896 with a history of disease of the humerus of several years duration. A number of operations had been performed in which iodoform gauze had been employed but a sinus remained after each one. On operation I stripped back the periosteum, enlarged the cloacae, thoroughly scraped the diseased tissues, packed the cavity with bone chips, and, sprinkling a mixture of boracic acid and iodoform among the layers of the chips and sutured the periosteum over the chips, leaving a few strands of catgut as a subperiosteal drain. In four weeks she left the hospital cured and when seen in May last there had been no trouble with the arm since the operation.

2. Geo. R., age 15, presented a history of a severe inflammation of the humerus, beginning some months previously. On chiselling the bone as above, a sequestrum of about five inches in length was removed in three portions and the cavity filled with chips. Recovery was uneventful and he left the institution in about five weeks.

3. Addie M., age 18, gave a history of severe boring pain in upper part of right tibia. The bone was slightly enlarged in this situation and a diagnosis of tubercular abscess was made, the walls of which on operation were thoroughly curretted and the cavity filled as above a speedy recovery ensuing.

4. W. S., age 12; necrosis of femur: Bone chips were employed with results equally as good as above.

The chips are more serviceable in necrosis than in caries, since, in the latter the tubercular process generally spreads for some distance into the surrounding bone and hence the asepsis of the bone chips can not be maintained, as a rule; besides it is advisable to have a periosteal covering to the packing as otherwise an insufficient supply of blood is the result, and in caries this periosteal covering is as a rule unobtainable, though in one case—caries of the femur—I used the chips with a good result in six weeks time, whereas, in another patient with the same trouble and in as good a state of general health apparently as the former, the defect was not filled until after three month's treatment with the gauze.

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