The following is an outline of the method used in my cases:

1. The hand and forearm of patient is thoroughly washed with (i) soap and water and a brush, (ii) alcohol or ether, and (iii) with corrosive sublimate solution, strength of 1 part in 1000.

2. Towels wet with 1.2000 sublimate solution are placed under the hand and around forearm.

3. Instruments are soaked for fifteen minutes previous to use, in a 5 per cent. solution of carbolic acid.

4. Ligatures and sutures are soaked in 1.1000 bichloride solution, containing 25 per cent. of alcohol. These are of catgut, and are kept in the oil of juniper berry; sizes Nos. 0 and 1.

5. If a finger is to be amputated, cocaine ʒ ss. of 4 per cent. solution is injected, and the circulation arrested by a rubber band which has previously been sterilized by a sublimate solution. During the operation the wound is frequently cleansed with 1.2000.

The dressings consist of (*a*) protective, (*b*) iodoform, (*c*) moist bichloride gauze, (*d*) bichloride cotton, splint and bandage.

If the wound is simply a clean incised one it is sealed with a solution of iodoform in collodion (ʒi to the ℥i). The moist dressing is used on account of its being more reliable as an antiseptic dressing, and its power of readily absorbing discharges. In making a solution of corrosive sublimate some tartaric or citric acid is added. The following combination is recommended by Johnston & Johnston, of New York: Hg. Cl_2 gr. 7.5; tartaric ac. 37.5; boiled H_20 Oi. = 1.1000. The following cases on which I practised conservative surgery, illustrate the wonderful power nature has of restoring injured tissues.

Case I.—M.J., a French girl of 17, working in an umbrella factory, presented herself with a lacerated wound of the index finger; about ¼ of an inch of the end of the finger was almost entirely separated, only perhaps $\frac{1}{16}$ of the attachments being left. The natural indication seemed to be to remove the almost detached portion, make suitable flaps and proceed as usual in such cases. However the unusual perfect symmetry of the patient's hand with its taper fingers suggested the thought that nature, who had given such a shapely extremity, might lend herself to its repair without a curtailment of its symmetry. We made the demand of the kindly dame (by thoroughly cleansing the parts in the usual manner, checking all hæmorrhage, and bringing the several edges neatly into apposition and dressing as usual), and the result has been most satisfactory, showing her protest against the insatiate monster's machinery and heroic surgery.

Case II.—W. R, age 8, injury. A compound fracture of the second phalanx and crush of third phalanx of the middle finger. The third phalanx of ring finger was also partially removed. The fracture was an oblique one into the joint and the superficial tissues were very much torn and impregnated with small particles of dirt. The wound extended around about two-thirds off the finger, the flexor and extensor tendons however, were fortunately preserved intact. The mother of the boy informed me that two different physicians had seen the hand and had said that the finger would have to be amputated. From the general appearance this seemed to be what was indicated, but on further consideration I decided to call on nature to save the finger. The parts were carefully cleansed, every visible particle of dirt removed, ragged edges trimmed and dressed in the usual manner; the forearm and hand being suspended in a sling. In putting on the splint it is important to let it extend beyond the digital extremities as children, and even men, are very apt to get their fingers knocked unless they have some such protection. The hand was dressed on the third day and about every other day for the first two weeks, care being taken to always play on the finger a small stream of 1.2000 sublim. solution. The dressings were removed much oftener than necessary perhaps, but I was very anxious to watch the result, which indeed was excellent, he having at the end of a month a good finger with movable joint.

Case III.—J. B., age 35, injury. The third and part of the second phalanx of the middle and ring fingers had been removed by a sharp cutting instrument. Treatment: the sharp edges of the bones were trimmed off and the ends allowed to heal by granulation. After ten days the skin was pulled down by means of strapping, thus bringing the edges more nearly in apposition, and although it took longer for the fingers to heal, the stumps were just as good as could have been obtained had flaps been made, and with the great advantage of longer fingers. But really, why do