which was placed some lint folded square and dry absorbent cotton. The whole was kept in position by a short flat stick, placed across the palm and held firm by a figure eight bandage going round the two ends of the stick, and over the back of the hand. By this means good counter pressure was effected. The hand was now closed on the palmar pad and stick and bandaged firmly; the bandage was continued to near the elbow (which was flexed) and then carried round the forearm and arm, so that the elbow was fixed in a position of extreme flexion. The boy was sent home to bed, and a quarter of a grain of morphia was prescribed. The hand was left in this position for four days, during which time the boy's temperature kept at about 100½° F. There was considerable pain of a throbbing character, but a quarter of a grain of morphia at night always procured sleep. The bowels were kept open with calomel; at the end of the fourth day, an Esmarch having been applied to the forearm, the wound was examined, and the plug of cotton wool removed. It came away quite easily and was bathed in a healthy pus; the bottom of the wound was granulating freely. The skin in the neighborhood was perfectly healthy, with the exception of a small spot on the inner edge, from which a slough came away in a day or two. As there was much pus between the first and second metacarpal bones, and the only tissue at that point between bottom of the wound and the back of the hand was a thin skin, an incision was made through it, and a short drainage tube introduced. On loosening the Esmarch no hemorrhage took place. The large hole into which the wound was now converted was filled with absorbent cotton soaked in carbolic oil, and the hand was placed between two splints, well padded with absorbent cotton (dry), and carefully and firmly bandaged, and slung across the chest. That night the boy slept well without an opiate, and the case thenceforward progressed most favorably, the large cavity taking, of course, some time to fill up, which it did from the sides principally. After the first dressing, cotton wool saturated with iodoform was substituted for the carbolic oil dressing, and had the remarkable effect of almost preventing suppuration. By April 7th the wound was completely healed. When last seen the boy had only a little stiffness of the thumb. The cicartix was not very noticeable.

CASE II.—E. C., butcher, aged 58, whilst sawing a meat-bone, accidently cut his left thumb with the saw, on the back of joint, between 1st and 2nd phalanges. He paid little attention to the wound, and merely kept it tied up with a piece of rag, but after seven or eight days the wound began to inflame, and poultices were applied. I saw him for the first time two weeks after the receipt of the injury (Sept. 12th, '82). At that time the whole hand was œdematous, the thumb greatly enlarged, boggy to the feel, and covered with an erysipelatus blush. The wound was discharging a stinking pus. Temperature 102°F.; pulse 104. On examining further, it was found that the pus had burrowed up in the inner side of the thumb as far as the middle of the metacarpal bone. Two deep incisions were made, the one in the inner side of the first phalanx and the other on the back of the metacarpal bone, and a large quantity of pus was evacuated. The cavity was washed out with a 1 to 20 solution of boroglyceride and a drainage tube was put through the two incisions from the upper to the lower, and the thumb was dressed with lint soaked in boroglyceride; a well padded splint was placed on the palmar surface of the hand, and the whole evenly and firmly bandaged with a gauze bandage. On re-dressing the hand two days after this (Sept. 14) and withdrawing the tube, a free bleeding took place, the bleeding point not being found on enlarging the wound. It was plugged with cotton soaked in boroglyceride and glycerine, equal parts; over this a pad of boracic lint was placed, and the whole firmly bandaged to a pasteboard splint. By this means the hemorrhage was completely controlled. On removing the dressing three days after, the plug came away easily, and was bathed in healthy, sweet pus. No hemorrhage occurred. The hand looked much better, was reduced in size, and no erysipelatous blush was present. Temperature and pulse normal. Wound dressed as before with boroglyceride solution. The dressing was changed every third day, and all went well for more than a week, when suddenly an alarming hemorrhage occurred whilst he was straining at stool. The loss of blood was so great that he fainted. The friends partially arrested the hemorrhage by tying a silk handkerchief around the wrist. I was immediately sent for, and on arriving at the house I put on an Esmarch bandage and examined the wound. I again enlarged it, and cleaned it of clots, but on loosening the bandage, could not detect the bleeding point. The blood seemed to well up from the bottom of the wound, which extended the whole length of first phalanx. I reapplied the Esmarch, cleaned