

diately disappeared. After swabbing out the mucus I made careful search for any abrasion, but was unable to find any. Iodoform in glycerine was instilled and the patient sent to Charity Hospital.

Next morning he came to my office and insisted upon going home. He said he had no pain but was feeling a little weak.

His family physician, Dr. Yoder, informs me that when he saw him the day after his return home, which would be September 21st, pneumonia had developed in the right lung. The patient is now entirely well.

As to what caused the pneumonia, I am not in a position to say, but I think that the foreign body was the exciting cause. During the entire operation no blood was seen and the patient had absolutely no pain. This is the first case of pneumonia I have had or seen, following the removal of a foreign body.

If these cases could be seen immediately after the accident, I feel confident that the danger of pneumonia following is very slight.

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THE surgeon should not wait for redness before making a diagnosis of palmar abscess. Owing to the density of the fascial structures this sign is often lacking in the early stages.

THE radiography of the elbow of a child shows shadows of humerus epiphyses. One inexperienced with X-ray plates is very apt to mistake one or more of these for fractures. When examining the skiagraph of a child's elbow suspected of fracture or dislocation, it is, therefore, important to have the normal picture in mind, or better yet, in hand, for comparison.

AMPUTATION of a finger gangrenous as the result of carbolic acid application should not be performed until the line of demarcation is well established. The necrosis may be superficial and in such an instance the finger may be saved by means of skin graft.

IN "Ludwig's angina," the cardinal principle in the treatment is extensive incision. An incision that passes no matter how deep into the substance of the submaxillary gland proper, will prove of little avail unless the tissues within the wound have been broken up until they are practically pulpy.—*American Journal of Surgery.*