

deformities caused by injury of the nail-bed and the matrix are avoided. The entire nail is then removed. This is a method which does not always cause disfigurement of the nail, but it is painful, and leaves scars on the finger.

#### AUTHORS' TECHNIC.

Acute and chronic cases of paronychia requiring instrumentation are treated alike. The finger is first placed flat on the table. With the eye part of a probe held at right angles to the finger nail, the cuticle is very slowly pushed backward along its entire extent until the proximal portion of the nail appears. In some, before an attempt is made to force back the cuticle, soaking the finger in hot boric acid solution facilitates this step. It is important to push backward against the cuticle and not downward against the nail, as in the acute cases the latter procedure is always painful. Now the probe is hooked under the diseased nail at the proximal portion. It is surprising to note how easily and painlessly the nail can be lifted from its bed. The edge of the nail is cut longitudinally for a distance of one-eighth inch. Each side of the cut edge is grasped with either anatomic forceps or an artery clamp, and the nail is cut transversely, special attention being paid to the complete removal of the corners. Pain is seldom produced, as owing to the formation of pus and granulation tissue, there is a separation of the proximal portion of the nail from its bed. Attempts to remove more than this separated portion of the nail are always extremely painful. The distal portion of the nail remains untouched, as it protects the underlying nailbed, and is ultimately forced off by the new-growing nail. A wet dressing of boric acid solution is applied, and the patient sent home with instructions to bathe the finger, if it becomes painful, in hot boric acid solution every three or four hours.

#### ANALYSIS OF CASES.

An analysis of the large number of cases of acute and chronic paronychia which we have treated is worthy of discussion.

1. Eighty-five per cent. of our cases were of the acute type.
2. The thumb or index finger was involved in about 60 per cent. of the cases.
3. About 10 per cent. of the cases were accompanied by extensive superficial subcutaneous infections.
4. The *Staphylococcus pyogenes* was the predominating infective organism.