riosteum as little as possible, and the soft parts, having been carefully replaced, are treated ns a suppurating wound ; the deficiency of the bone is filled up by a ligamentous expan­sion, incorporated with the granulating integument. When a large portion of the skull has been removed, it is well to afford support to the cranial contents, by the application of a compress and bandage.

There is no more successful caterer to the amputating knife than erysipelas inertly treated ; destruction of bones and joints has been too often its result. The improved treatment by incision, however, now in general use, saves many a limb entire and unscathed. So soon as tension of the surface indicates that the cellular substance is so infil­trated as to threaten destruction of the tissues, free incision must be immediately had recourse to ; the knife is used not only to evacuate matter, but to anticipate its formation, and prevent its baneful consequences. In the milder cases,—and in erysipelas of the face, where incisions cannot be practised with propriety,—sufficient relief is obtained by making, with the point of a lancet, numerous punctures in rapid succes­sion ; effusion from which is encouraged by hot fomentations. In most cases, even when severe, division of the integument and subjacent cellular tissue suffices; but if the infiltration has extended to the inter-muscular tissue, the knife must follow : its free use may appear harsh, but is in reality a valuable kindness. The burrowing of matter is prevented, and consequently also sloughing of the soft parts, the open­ing up of bursæ and articulations, and the denuding of bones by destruction of their periosteum, ending in necrosis more or less complete. Museums were at one time copi­ously enriched with splendid specimens of necrosis of the long bones, throughout almost the whole extent of the limb, all the result of neglected erysipelas ; but the bistoury has superseded the amputating knife, and such preparations for­tunately are now become valuable by their rarity.

Similar remarks will apply to the early opening of ab­scesses in general. “ Pointing’’ is not now waited for ; be­fore that takes place, irretrievable mischief may have been done. The *tactus eruditus* having acquainted the surgeon with the existence of purulent formation, it must be reached by his bistoury, at whatever depth, if it be in the neighbour­hood of joints, bones, or vessels, and more particularly if close to important cavities or canals. The mere contact of puru­lent matter will not injure these, but its pressure will, and from it they must be relieved, lest their functions be inter­fered with or their structure destroyed. For example, puru­lent collections in the fauces are evacuated by the bistoury before the patient is threatened with suffocation ; and ab­scesses in the perineum, and neighbourhood of the anus, are drained by an external opening before they have be­come troublesome fistulæ.@@1 The knife must of course be used cautiously when the abscess is deep, lest the vessels and other important parts be wounded ; but let not the fear of this deter the surgeon from relieving abscesses in their immediate neighbourhood, for “ the vessels and nerves are displaced by the morbid accumulation, and the knife is passed safely, in their course, to such a depth as would great­ly endanger them in the healthy state of the parts.” The opening should in all cases be made sufficiently large to af­ford a free exit to the matter; it should be placed in the most dependent part of the cavity, with which view the prevail­ing position of the patient should be considered ; and some­times more than one opening should be made at once, to prevent the necessity for future counter-openings, or the formation of sinus,—as when the abscess extends over a con­siderable surface, and cannot be made to discharge through one aperture. After evacuation, in assisting which no pres­sure or squeezing should be employed, fomentations and the water-dressing are applied. When the rule of early opening has not been attended to, and the abscess in con­sequence has become chronic and of large size, free incision should still be made at the most dependent point of the tumour, notwithstanding the advice of the late Mr Aber­nethy to the contrary ; for experience has shown that the Abernethian treatment of chronic abscess is more likely to produce constitutional disturbance, with unhealthy excite­ment of the cavity, than when the matter is allowed a free and constant drain, and the parts are at the same time duly supported. In establishing an artificial abscess, or issue, the modern caoutchouc seton is a great improvement on the skein of silk or cotton formerly used, requiring no re­newal on account of decay, and absorbing no discharge.

Ulcers, like wounds, are now treated more simply and better ; and better because more simply. The healthy suppurating sore is covered, like a suppurating wound, with the plain and light water-dressing ; simple in the first in­stance, afterwards medicated by gentle stimulants or not, according as the progress of the sore may seem to require. When stimulants are used, their solution is at first weak, and is increased in strength very gradually, lest the discharge should be suddenly suppressed and the sore consequently inflame ; the object is simply to moderate discharge, and check weak exuberance of granulation. An inflamed ulcer is subdued by the hot-water dressing, combined with anti­phlogistic regimen, rest, and elevation of the part. An ir­ritable ulcer is soothed by the water-dressing, and occa­sional slight application of the nitrate of silver to the jag­ged angry edges of the sore ; or the lint may be dipped in a bland anodyne solution. In all such dressings, the lint is kept constantly invested by a portion of oiled silk, larger than itself, to prevent evaporation of the fluid in which the lint has been soaked. When granulations prove exuberant, they are to be reduced to the proper level by the application of sulphate of copper, or may be shaved off by the rapid sweep of a thin sharp bistoury ; or the surface may be compressed by dry lint and bandage. An indolent ulcer is stimulated to healthy action by pressure and support, combined if necessary with a direct stimulant application. This last description of sore is the most common, and is usually found afflicting the labouring classes, to whom the restoration of a limb is of more importance than to any other class of patients ; a speedy cure is therefore of no little consequence. It is best effected by the method first recommended by Mr Baynton. When the patient applies for relief, there is usually considerable excitement around the sore, and this must in the first instance be corrected by the usual means. Then the foot and lower part of the leg, for it is the part commonly affected, having been uni­formly supported by bandage, the sore is compressed by adhesive plaster, applied in strips encircling the whole girth of the limb, and with their extremities crossed over the sore ; if this is large, and pouring out much discharge, it is well to cut a small hole in the plaster where it covers the ulcer. The application having been made to extend about an inch on each side of the sore, a little fine tow is placed above it, to absorb discharge, and the whole is retained

@@@1 Dr Radcliffe has probably few imitators at present in bis clumsy method of emptying abscess of the fauces. “ He was once sent for into the country to visit a gentleman ill of the quinsy. Finding (supposing) that no external or internal application would be of service, be desired the lady of the house to order a hasty pudding to be made; when it was done, bis own servants were to bring it up. While it was preparing, he gave them instructions how they were to act When the pudding was set upon the table, the doctor said, ‘ Come, Jack and Dick, eat as quickly as possible; you have had no breakfast this morning.’ Both began with their spoons ; but, on Jack’s dipping once for Dick’s twice, a quarrel arose. Spoonsful of hot pudding were discharged on both sides ; handsful were pelted at each other. *The patient wot seized with a hearty fit of laughter, the quinsy buret, and the patient recovered,"* A moment's use of a straight sharp-pointed bistoury would have saved both time and the pudding.