behind his shoulder, as in the first position for "chucking it," as one would do in throwing a stone, and he did this suddenly and with a jerk. He felt his arm break, and it and the grenade, which had not yet left his hand, dropped. The officer in charge and several other men, saw the accident happen, and there is no question as to this having been the exact method of its occurrence. The patient was an exceedingly muscular man, with thirteen years' service, who had never had any serious illness nor previously broken a bone. The roentgen-ray, operation, and a postmortem, a month and a half after the operation, showed the comminuted fracture.

Flavine and Brilliant Green.—Browning, Gulbransen, Kennaway, and Thornton (British Med. Jour., January 20, 1917, p. 73), working in the Bland-Sutton Institute of Pathology, the Middlesex Hospital, say that they have, in the course of the past year and a half, examined an extensive series of substances, comprising the principal antisepsics in common use and also other compounds, some of which have not hitherto been recognized as antisepsics or applied as such. A substance belonging to the acridine group, flavine, has been found to possess extremely powerful bactericidal and antiseptic properties, which are enhanced rather than diminished by admixture with serum. In this respect flavine differs from all the powerful antiseptics in common use. In the presence of serum, flavine is the most powerful bactericide of all those investigated for both Staphylococcus and B. coli, and it is equally efficient for the enterococcus and for anaerobes such as B. edematous malignus. Flavine, in relation to its bactericidal power, is very much less detrimental to the process of phagocytosis and less harmful to the tissues than the other substances; hence much higher effective concentrations can be employed without damaging the tissues or interfering with the natural defensive mechanisms. Brilliant green also compares most favorably with the other antiseptics in these respects. Clinical results have substantiated the estimate of the therapeutical value of flavine and brilliant green based on the characters above noted. The duration of septic conditions is in general reduced to at least a half, the stimulus to connective tissue to form granulations is a very outstanding feature, and these antiseptics can be applied in considerable amounts with the minimum of interference with the normal tissue functions. As regards the comparative merits of brilliant green and flavine, the latter is considered both the more efficient and the more rapid in action.

Flavine and Brilliant Green in the Treatment of Infected Wounds.—Light (British Med. Jour., January 20, 1917, p. 78) says that for over a year he has employed flavine compounds and brilliant green in septic cases under his care in the Middlesex Hospital. Upward of 150 cases have been treated, about 50 per cent. of these being war wounds. In the case of suppurating wounds the procedure followed has been to secure adequate drainage by free incision when necessary, and then to irrigate with a 1 to 1000 solution of the antiseptic in normal saline, finally the wound is covered with gauze soaked in the solution, and protective applied to prevent evaporation. Where there has been a cavity it has been packed lightly with gauze soaked in the solution. A considerable diminution of the discharge of the pus may be expected