Hence it may fairly be said, without prejudice, that the fulfilment of the fair promises held out by the distinctively operative treatment were not realized.

Immediate healing often occurred, and these cases were sent home sometimes in a month or less, with the operation wound closed.

Compared with the old discharging sinuses which continued to discharge for months or years, this was apparently a most satisfactory and gratifying result, and calculated to beget a hope that, by operative measures alone, these cases could be cured in a short time.

Further observation showed recurrence of the disease in a large proportion of the cases, and that other ills followed, consequent upon this treatment. Even under the most careful management, untoward results, even death, sometimes followed as the direct consequence of the operation. In the cases which took the most favorable course possible, it was found that excision of the femoral head in itself is a cause of no slight disability. In a considerable portion of the cases, the focus of disease at the hip was not the only one in the body, and tuberculosis manifested itself elsewhere. In still other cases the large extent of fresh surface exposed became a menace, because it served for the ready absorption of the tubercular virus.

There are serious hindrances to the successful accomplishment of this purpose. One of the epiphyses, the one most frequently invaded, primarily is so situated as to be entirely within the joint. Its removal calls for an excision which in all cases greatly invalidates the joint function, and permits the limb to slide upward, thus becoming insecure for the purpose of weight bearing.

If the primary focus be in the floor of the acetabulum, as it is in a considerable proportion of cases, it cannot be reached without excision.

Should the primary focus be found at an early date at either of the trochanters or in the synovial membrane, there is a better prospect of its removal without serious interference with the integrity of the point.

Such definiteness of diagnosis is, however, at present, impossible. An early diagnosis can be made, but to determine the exact location of the primary focus is impossible. Exploratory incision will not help us, because at an early period the disease is hidden in the interior of the bone or in the floor of the acetabulum.

Early operation has been warmly and extensively advocated. During the years 1879-87, Volkmann in his clinic at Halle made many early excisions, but gave up the practice in the latter year as results were not satisfactory. Dr. Geo. A. Wright,