cent. to anyloid degeneration, etc. A more recent English statistic of 320 cases showed a mortality of 40 per cent. Jacobson has increased Leiszink's statistics of 176 cases to 250 cases, and finds a mortality of 40 per cent. The result of conservative treatment was even worse. Of 63 conservatively treated cases in Copenhagen, 73 per cent. died, and 27 per cent. recovered. An English statistic of 384 conservatively treated cases, in all of which abscesses were present, showed a mortality of 67 per cent., a recovery of 33 per cent.

If abscess was not present, 69 per cent. recovered. Grosch (1882) found a mortality of 28 per cent. under antiseptic treatment.

Koenig states in a recent work, that it is an exception that a patient dies after resection of acute or chronic sepsis. In spite of the decreased mortality following resection, surgeons still differ in regard to the advisability of conservative or operative treatment. Two English surgeons of large experience, Marsh and Wright, represent well the different opinions. Marsh is strictly conservative, and considers excision uncalled for. Continued rest, he says, gives a mortality of only 5 per cent., and 70 per cent. recover, with slight lameness and loss of motion. Even when suppuration has occurred he gives a mortality of only 6 and 8 per cent.

Dr. Wright, on the other hand, with an experience of more than one hundred cases of excision, of which only three died as a result of the operation, strongly advocates excision as soon as external abscesses occur, yes, even before the capsule has been perforated. He maintains that excision cuts short the disease, saves pain, lessens time of treatment, and gives a better functional result. Osteomyelitis once established, nothing short of excision can, in his opinion, prevent the progress. Nature can, of course, get rid of the caries and necrosis, but the children who can survive the elimination are few, except among the well to do. The decreased mortality and the better functional result are the result of our increased knowledge of pathology and improved operative methods. Formerly we simply excised the head and perhaps neck and trochanter, but we left the tuberculous synovial membrane and discredited the operation, because, as might be expected, suppuration continued or increased, and our patients died of marasmus, amyloid degenerations, tuberculous meningitis or phthisis. Modern pathology has taught us that coxitis is primarily an osteitis, secondarily a tuberculous synovitis and arthritis, and that it is necessary not only to remove the bone affection, as we formerly did, but to remove the tuberculous synovial membrane just as well. If anything is left of that, relapse is sure to occur. The same is true about the tuberculous pyogenic membrane covering an abscess. If all diseased tissue of bone and synovial membrane is removed, we may get healing of the wound by first intention even, just as we see it in operations on the knee-joint. I am even inclined to go a step farther than Wright, and advocate still earlier operation in order to remove the local focus before diffuse inflammation of bone and joint has occurred. I tried this shortly ago in the case of a little girl, who had been sick six weeks and who had considerable infiltration around the neck. I made an anterior incision (Barker's) between the sartorins and tensor vaginæ femoris muscles and exposed the neck with ease, the extensor quadriceps femoris being pulled inwards. I found under this muscle a great mass of tuberculous material, which had not yet broken down into pus, and removed it, but I could not find the local focus, although by flexing the hip-joint I could examine the whole lower surface of the neck. I closed the wound with sutures and it healed by first intention. She did not improve, and three weeks after I resected the joint, found a sequestrum 3·4 inch long near trochanter and a completely disorganized joint, diastasis of the epiphyseal cartilage, etc. The patient left the hospital recovered in three weeks. I show you the preparation here.

Mr. W. H. Battle reports a similar case in the London Clinical Society. He successfully removed the local focus, washed out the joint, and the child recovered in four weeks.

If the disease commences in the acetabulum (and according to Haberern this should occur in 5 out of 8 cases) operation would be still more indicated as the dangerous complication of intra pelvic abscess is apt to follow. This complication has formerly been considered an absolute indication for resection, but Bardenhener, of Cologne, has several times resected the acetabulum in such cases, by aid of his symphyseal incision (extraperitoneale explorations-schnitt). But even if it is possible, yes, comparatively easy, to resect the