

other child was able to walk without assistance at the end of the second month. A case in which Mr. Barwell excised the hip-joint recovered very rapidly, much more rapidly than any case that has come under my observation.

If the disease be not arrested, destruction of the joint follows, with extension of the disease to the bones forming it. Abscesses form, and may point in any direction. It was a fixed rule never, whether deep-seated or superficial, to open them with a knife. Usually they were allowed to burst and discharge themselves gradually; occasionally, when superficial a small amount was drawn off with a trocar and canula, the opening was then closed, and at the end of a fortnight a little more was drawn, and so on, until the abscess was emptied. I have never seen one opened under carbolic acid, nor have I heard of any case treated in that way in London, although I believe in Scotland the practice is becoming very common, of treating all chronic abscesses by opening them under a solution of carbolic acid.

With regard to cases where the hip-joint was excised, the practice was to make a crucial incision, remove the diseased bone, and then plug the wound with lint, soaked in a solution of carbolic acid. Many London surgeons, however, prefer to clean the wound thoroughly, and to bring the edges accurately together with sutures, leaving a small opening at the most pendant part. I believe the latter to be far the better way. The limb was then either placed between sand bags, as is the custom of Mr. Gant, of the Royal Free Hospital, who has been very successful in cases of excision of joints.

2. An interrupted liston was applied, which is a very objectionable mode of treatment, as the patient is sure to become deformed, especially if long treated in this way.

3. A well padded wire cradle which fixes both legs and pelvis reaching as high as the arm pits. There is an opening at the side, and one underneath so that the wound can be dressed, the patient can be placed on a bed-pan, carried from one room to another, or even taken out in the open air without the slightest movement of the lower limbs or pelvis. Extension can be readily applied by using a perineal bandage, so that there will be very slight shortening and no deformity of the body, as in cases treated by an ordinary outside splint.

4. Mr. Barwell's splint, which has been described. By abducting the limbs, the amount of shortening will be very slight. To a certain extent want of success in this operation as compared with other major operations is due, in London hospitals at least, to the

fact that cases are not sent into hospital until the time most favorable for operation has gone by. I had the charge of a case on which Dr. Sayre, of New York, operated subperiosteally. On the third day, I think it was, the periosteum sloughed and came away. I saw two cases operated on according to his method, in another hospital. All three did very well, more from the fact that the soft parts were less disturbed, owing to the great care necessary in removing the periosteum, than from the fact that the periosteum was preserved, as in the first case mentioned I know it was not.

THE ABORTIVE TREATMENT OF SMALL-POX.

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In view of the loathsome character of this disease, its excessively contagious nature, its mortality in persons unprotected by vaccination, the hideous deformity and disfigurement which is a frequent result of its attacks, on the one hand; and on the other, the many evidences of its entire dependence upon a *particular disease germ*, engendered, preserved and multiplied under certain favourable conditions; as shewn by the success with which it can be destroyed, prevented and controlled by attention to habits of cleanliness, ventilation; and especially its destructibility by disinfectants, there seems to be not a shadow of doubt, so far as experience can guide us, that this *entity*, be it emanation, germ, or fungus, is incapable of resisting the destructive action of certain chemical agents, when brought into direct contact with it. Considering the constitutional disturbance, fever, and eruption, which characterize this disease, evidences of the presence and operation of this poison in the human system, which must have been introduced in infinitesimal quantity by the lungs, or by the stomach, and which must therefore, have been multiplied an indefinite number of times in the system, according to the degree of susceptibility of the patient, or the suitability of the soil in which it was thus transplanted, by being taken into the system. Moreover, as it is evident that nature treats this as it does every other morbid poison, by at once making efforts to cast it off as an enemy, or alienate it, I determined to try what success would follow an attempt to destroy the poison in the blood, and prevent the continuation of its ravages in the system, by bringing in direct contact with it in the circulation, substances which, when used as disinfectants, had not only succeeded in destroying its contagiousness, but also in eradicating the disease itself.

I have proceeded upon the hypothesis, that if the